



D R I V I N G O N W A R D

Harnessing the Strength of Regulatory Leadership

2012 ANNUAL MEETING

DALLAS, TEXAS ★ AUG. 8 - 10, 2012





About this Illustration

*"Strength does not come from physical capacity. It comes from an indomitable will."
Mohandas Karamchand Gandhi*

The inspiration for the 2012 NCSBN theme, ***Driving Onward: Harnessing the Strength of Regulatory Leadership***, is derived from the enduring spirit of the "Wild West" that still imbues the essence and culture of the vibrant state of Texas. Its urbane and cosmopolitan present coupled with its past on the edge of the American Frontier makes this state almost larger than life.

The illustration, with its palette in shades of burnt orange, saddle brown and twilight purple, brings to mind the varied topography of Texas and honors the western heritage of the state. The horses on the horizon signify the ability to run ahead of the pack with fresh ideas and concepts. The drive onward is powered by the freedom to explore new paths and the ability to capture previously untapped sources of strength and wisdom.

The human element, represented in the graphic by the hands on the reins, directs, controls and guides the strength of forward movement. The goal is to balance a pioneering character with the need for reflection and evidence-based regulation.

The Lone Star, the nickname of Texas and one of the graphic elements in the state flag, anchors the illustration and stands as a beacon for the apex of accomplishment and the ultimate aspiration of nursing regulatory leaders – protection of public safety and welfare.



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Membership

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members.

Mission

The National Council of State Boards of Nursing (NCSBN) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Vision

Advance regulatory excellence worldwide.

Values

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

Excellence: Striving to be and do the best.

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

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

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

Purpose

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

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

The National Council of State Boards of Nursing (NCSBN) provides education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

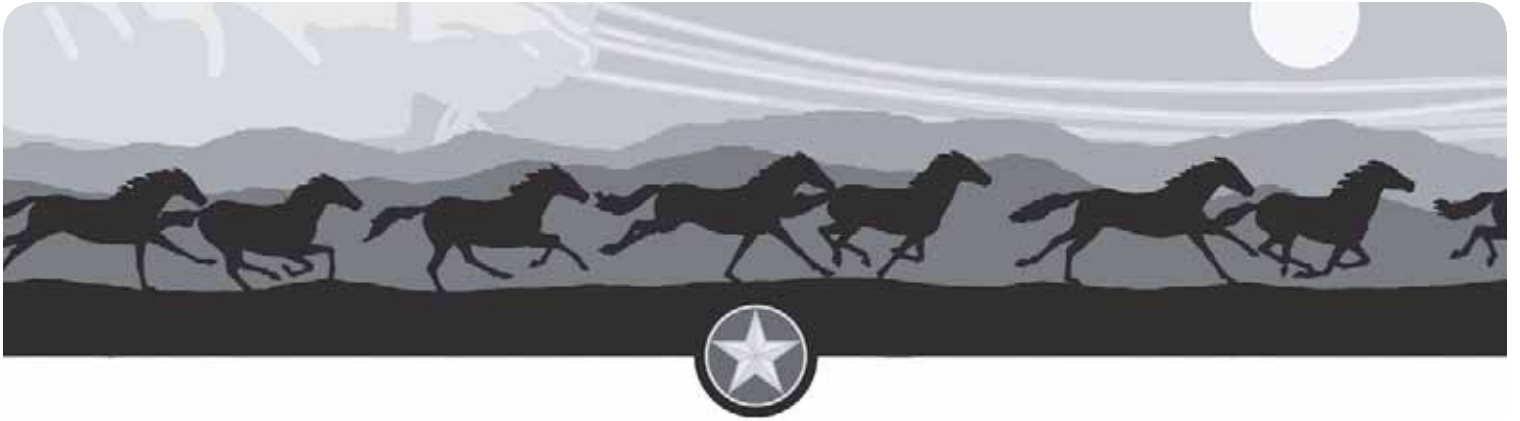
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2012 NCSBN Annual Meeting Mobile App Your Offline Mobile Event Guide

Use the Mobile App to:

- Build your personal daily schedule.
- Plan your day by selecting sessions from the visual schedule, categories or via search and hit the schedule icon in the session detail view.
- Receive reminders and updates.
- Keep an eye on your dynamic home screen to see important messages, upcoming events or sessions about to start.
- Contact speakers or attendees, find exhibitors or share via Twitter.
- Use the search, filters and maps to find sessions and exhibitors.
- Manage content in the app via keyword filters or bookmark any item with a star to, for example, see a list of all the exhibitors you want to visit or liked.
- Take notes.
- Make the most of your app and take notes directly to sessions, speakers and exhibitors. If PowerPoint slides are included, write notes on the slides. At the end of the event, export all notes and starred items via email.

How to Download

- Visit www.ncsbn.org/events and select 2012 Annual Meeting. Click on the mobile app image.
- **iOS App Store**
 1. On your device, open the App Store app.
 2. Search for NCSBN.
 3. Install and run.
- **Google Play (formerly Android Market)**
 1. On your device, open Google Play (formerly Android Market) app.
 2. Search for NCSBN.
 3. Install and run.
- **All other devices:** Enter <http://ativ.me/ncsbn> in your device's browser address bar (not the Google search bar). The Web app is designed for mobile viewing and requires continued Internet access to run.

Help! I Can't Download the App

- **Is your device connected to the Internet?** You must have a working Internet connection to download and install the app.
- **What's the app store login?** Check with the person that set up your phone for you to find out what your username and password is. If you cannot retrieve your password, use the Web version of the app (using your browser on the mobile device.)
- **I don't have an iPhone, iPad or Android device.** Use the Web app by entering <http://ativ.me/ncsbn> in your browser address bar.
- **I have entered the web app URL, but it's not opening a Web app page.** Make sure you type the URL in the browser address bar, not the Google search field.

- **What is my event code?** Check your email for messages from event organizers, ask in the Twitter feed, try entering the event name or ask the event staff at the registration desk.

This App is Your Swiss Army Knife for the Event

Find out what the buttons mean and the cool features available in the app. Use the **More** tab to find the **App Help** link.

Mobile App Tips

- Explore everything the app has to offer - simply try out all the buttons to see what they do.
- Use filters to only see items that are pertinent to you. Be sure to turn the filter back off in order to view the full conference schedule.
- Check the visual schedule for empty time blocks to maximize your time at the event.
- Take notes on any item and export all notes in an email after the event.
- Star mark items you like and don't want to forget about; you can filter by star and have them included in your notes email.
- Network with fellow attendees. Create your digital business card and share via Bump if you have Wi-Fi or use a QR code if you don't.
- See QR codes anywhere? Use the QR code reader in the app to find out where they link to.



Manage your schedule Download the free app

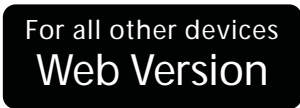
Scan the QR code or enter the URL in your device browser to download



<http://ativ.me/17x>



<http://ativ.me/17y>



<http://ativ.me/ncsbn>



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EventPilot App Support Questions

Installation Questions

How do I install the app?

iOS: Open the App Store app and search for the app by entering NCSBN 2012. Press the Free or Install button.

Android: Open the Google Play app and search for the app by entering NCSBN 2012. Select **Download** and open the app after the download has completed.

Kindle Fire: From the **Home** screen, select **Apps**, select **Store >** and enter the NCSBN 2012 in the Search field. Select **Free**, then **Get App** to install.

BlackBerry (version 5.0+) or Windows Phone 7: Open the browser on the device. Navigate to <http://ativ.me/ncsbn>.

I don't have an iPhone, iPad, or Android device - what do I do?

On your mobile device or laptop, use the web app by entering <http://ativ.me/ncsbn> in your browser address bar.

I don't remember my iTunes password?

In your browser, go to <http://iforgot.apple.com> and enter your Apple ID. Either answer the security questions or receive a temporary password in your email.

I don't know my Apple ID?

On your Apple device, open the **App Store** app, select the **Featured** tab, scroll to the bottom to see your Apple ID.

I have entered the web app URL but it's not opening a web app page?

Ensure to type the URL in the browser address bar, not the Google search field. Internet access is required for the web version. Ensure your device is connected to the Internet.

Functionality Questions

What do the icons mean?

Select the **More** tab and then **App Help** to see the icon legend. A working Internet connection is required.

How do I find Abstracts or PowerPoints for sessions?

From the app, select **Search** and search for keywords in the Abstract or PowerPoint title.

Or, via **Search** or **Program**, find the session you are interested in - if slides or abstracts are available for this session, they'll be listed in the session details at the bottom of the page.

How do I find where my session is located?

Visit the details page of the session you'd like to attend (either

via your **Schedule**, **Search**, or **Program**). If the room or booth location has been mapped, the map icon displays: 



EventPilot App Support Questions

Select the map icon to see a pin drop on the map image location of the session or booth.

How do I find my notes that I wrote?

You can view all notes by selecting the **More** tab and then **Email Event Notes**. All your notes and star marked items appear and can be emailed.

How do I sync my iPhone with my iPad or Android schedule in the app?

This implementation of the app does not synchronize across devices. Please submit this as a feature request to the organizer to enable next year.

Internet Connection Issues

Why isn't my app updating? How do I fully restart the app?

You must have a working Internet connection to download content updates. If the network connection is slow or overloaded, the app might temporarily wait searching for available data updates.

To receive data updates: 1.) ensure you have a good network connection and 2) force close and restart the app:

On iOS (iPhone/iPad): Press the **Home button** (the only physical button at the bottom of the iPad or iPhone) then double press the **Home button** to pull up a tray of all running apps. Select and hold the app in the tray until it "wiggles", then select the red badge in the upper left hand corner to shut it down. Start the app and the latest data will be downloaded.

On Android: Keep pressing the back button on the device until the app asks you if you'd like to exit. Press **OK**. Then restart.

Why isn't my app displaying the videos or web pages?

Some features and functionality require Internet connection. Please ensure you are connected to view linked content.

The PowerPoint slides take a long time to load?

We recommend accessing the PowerPoint presentations of the sessions you wish to attend when you have a good Wi-Fi connection (your hotel room, Starbucks cafes, other high-speed Wi-Fi hotspots, etc.). Those slides will then be downloaded quickly and available during the session even if the network is overloaded or limited at the venue.

For any other questions, submit via the App Feedback form or email support@ativsoftware.com



SAVE THE DATE

2012-2013 UPCOMING EVENTS

Sept. 11, 2012

Scientific Symposium

Arlington, Va.

Sept. 24, 2012

NCLEX® Conference

Boston

Oct. 17-18, 2012

Tri-Regulator Symposium

Washington, D.C.

Nov. 8-9, 2012

Operations Conference

Chicago

Jan. 14-17, 2013

**Annual Institute of Regulatory
Excellence Conference**

New Orleans

March 11-13, 2013

2013 Midyear Meeting

San Jose, Calif.



FOR MORE INFORMATION, VISIT
www.ncsbn.org/events



Directions for Obtaining Continuing Education (CE) Contact Hours for the 2012 Delegate Assembly

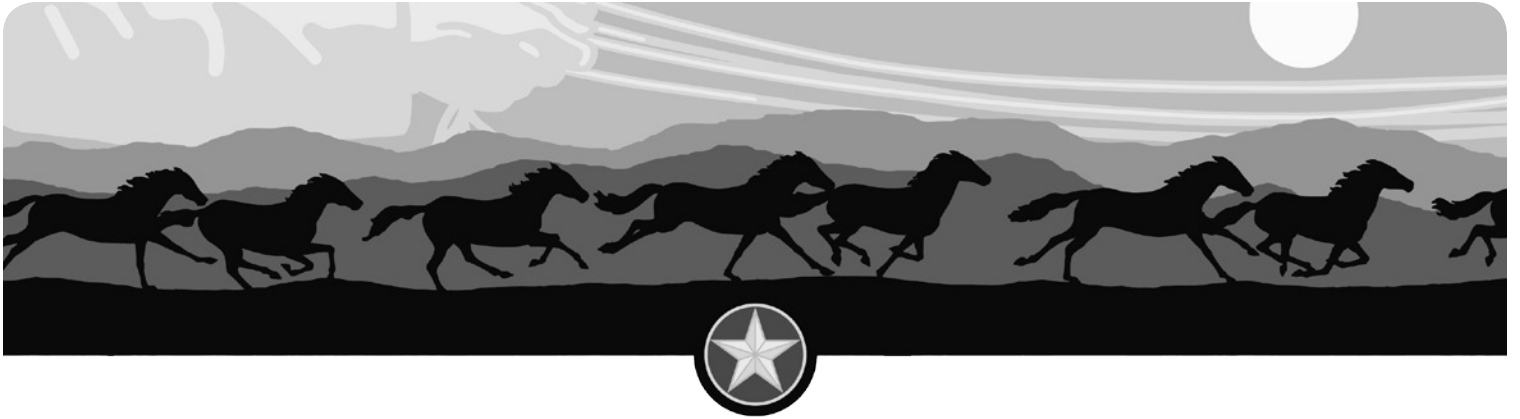
In an attempt to streamline the CE process, as well as to be environmentally responsible, we will award your CE certificates electronically:

Please follow these directions carefully if you'd like to receive your CE contact hours:

1. Sign the CE roster at the registration desk. This is critical for obtaining CE contact hours. If you don't sign in, we won't be able to send you an electronic evaluation form.
2. Attendance at designated CE sessions is required to obtain contact hours, along with completion of the evaluation form pertaining to those presentations.
3. After the meeting concludes, NCSBN will email the electronic evaluation form, which must be completed in order to obtain CE contact hours.
4. Once we receive your electronic evaluation, NCSBN will send you an electronic CE certificate. The deadline to complete the electronic evaluation is Friday, Aug. 31, 2012.
5. If you have any questions, email Qiana Hampton at qhampton@ncsbn.org.

Provider Number: ABNP1046, expiration date October 2014





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Business Agenda of the 2012 Delegate Assembly

Special Note

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

Wednesday, Aug. 8, 2012

10:00 am-2:45 pm

OPENING CEREMONIES

- Introductions
- Announcements

OPENING REPORT

- Credentials Report

ADOPTION OF AGENDA

REPORT OF THE LEADERSHIP SUCCESSION COMMITTEE

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

PRESIDENT'S ADDRESS

CEO'S ADDRESS

NCLEX® EXAMINATION COMMITTEE FORUM

MODEL ACT & RULES COMMITTEE FORUM

Thursday, Aug. 9, 2012

3:00-3:30 pm

ELECTION RESULTS

Friday, Aug. 10, 2012

10:45 am-12:00 pm

NCLEX® EXAMINATION COMMITTEE RECOMMENDATIONS

- Adopt the proposed 2013 NCLEX-RN® Test Plan.

BOARD OF DIRECTORS' RECOMMENDATIONS

- Adopt the proposed revision to the NCSBN Model Practice Act and Rules.
- Adopt the Saskatchewan Registered Nurses' Association as an Associate Member of NCSBN.
- Adopt the College of Licensed Practical Nurses of Nova Scotia as an Associate Member of NCSBN.
- Adopt the Nursing Council of New Zealand as an Associate Member of NCSBN.

NEW BUSINESS

CLOSING CEREMONY

ADJOURNMENT



Annual Meeting Schedule

TUESDAY, AUG. 7, 2012

1:30–5:30 pm
Gold Room

Nurse Licensure Compact Administrators (NLCA) Meeting
Open to members of NCSBN and the NLCA.

2:30–5:30 pm
Regency Ballroom Foyer

Registration Opens
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

4:00–5:30 pm
Royal Room

New Candidate Interviews with the Leadership Succession Committee (LSC)
Those candidates anticipating being nominated from the floor must submit a nomination form and meet with the LSC. Contact nominations@ncsbn.org to schedule a time.

6:00–8:00 pm
**Shuttles depart at 5:15 pm and 5:45 pm*

NCSBN Welcome Reception: Southfork Ranch
NCSBN welcomes all attendees to the 2012 Annual Meeting by hosting a networking reception at the Southfork Ranch. Internationally renowned as the filming location for the “Dallas” television series, Southfork Ranch is known worldwide as America’s most famous ranch.

Tickets will be included in the registration packets of those who opted to attend during online registration. The reception is open to attendees only. Tickets must be presented to enter the reception. Note: The ranch is 30 minutes from the hotel; **continuous shuttle service will not be available.**

WEDNESDAY, AUG. 8, 2012

7:30 am–5:00 pm
Regency Ballroom Foyer

Registration
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:30–10:00 am
Regency Ballroom Foyer

Exhibit Showcase
Stop by the Exhibit Showcase to learn about products and services pertinent to the work of boards of nursing.

7:30–9:30 am
Regency Ballroom Foyer

Continental Breakfast

8:00–8:30 am
Regency Ballroom

Resolutions Committee Meeting
Open to Resolutions Committee members only.

8:30–9:30 am
Gold Room

Delegate Orientation
Open to all attendees.

10:00–10:30 am
Regency Ballroom

Delegate Assembly: Opening Ceremony

Welcome from the Texas Board of Nursing.

- Opening Ceremony
 - Introductions
 - Announcements
- Opening Reports
 - Credentials
 - Adoption of the Standing Rules
- Adoption of Agenda
- Report of the LSC
 - Presentation of the 2012 Slate of Candidates
 - Nominations from Floor
 - Approval of the 2012 Slate of Candidates

10:30–10:45 am
Regency Ballroom

President's Address

Myra Broadway, JD, MS, RN
President, NCSBN Board of Directors
Executive Director, Maine State Board of Nursing

10:45–11:00 am
Regency Ballroom

CEO's Address

Kathy Apple, MS, RN, FAAN
CEO, NCSBN

11:00 am–12:00 pm
Regency Ballroom

Candidate Forum

Sue Petula, PhD, MSN, RN, NEA-BC
Chair, NCSBN Leadership Succession Committee
Board Staff, Pennsylvania State Board of Nursing

12:00 –1:00 pm
International Ballroom

Lunch

1:00–2:45 pm
Regency Ballroom

Delegate Assembly

NCLEX® Examination Committee Forum

Janice I. Hooper, PhD, RN
Chair, NCLEX® Examination Committee
Board Staff, Texas Board of Nursing

Model Act & Rules Committee Forum

Nathan Goldman, JD
Chair, Model Act & Rules Committee
General Counsel, Kentucky Board of Nursing

2:45–3:00 pm
Regency Ballroom Foyer

Exhibit Showcase Break

3:00–5:00 pm

Area Meetings: NCSBN Members Only

NCSBN Area Meetings I-IV are open to NCSBN members and staff only. Note that there is a meeting open to external organizations. Associate members may attend the area meeting of their choice.

The purpose of NCSBN Area Meetings is to facilitate communication and encourage regional dialogue on issues important to NCSBN and its members.

Parisian Room

- Area I members include: Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming.

Gold Room

- Area II members include: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin.

Venetian Ballroom

- Area III members include: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.

Oak Room

- Area IV members include: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and U.S. Virgin Islands.

3:00–5:00 pm

External Organizations Meeting

Continental Room

Join other external organizations for a networking session. Open to all NCSBN nonmember attendees.

3:00–5:30 pm

Parliamentarian Office Hours

Crown Room

Take this opportunity to ask the parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 5:30 pm.

THURSDAY, AUG. 9, 2012

7:30–8:00 am

Election Voting

Regency Ballroom

Open to delegates only.

8:00 am–3:30 pm

Registration

Regency Ballroom Foyer

8:00–9:00 am

Exhibit Showcase

Regency Ballroom Foyer

Stop by the Exhibit Showcase to learn about products and services pertinent to the work of boards of nursing.

8:00–9:00 am

Continental Breakfast

Regency Ballroom Foyer

9:00–9:30 am

Just Culture Model for Regulation

Regency Ballroom

*Maryann Alexander, PhD, RN
Chief Officer, Nursing Regulation, NCSBN*

9:30–10:30 am

Criminal History Task Force

Regency Ballroom

*Maryann Alexander, PhD, RN
Chief Officer, Nursing Regulation, NCSBN*

*Victoria Priola-Surowiec, PsyD
Department Chair, Forensic and Police Psychology
Adler School of Professional Psychology*

10:30–11:00 am

Regency Ballroom Foyer

Exhibit Showcase Break

Stop by the Exhibit Showcase to learn about products and services pertinent to the work of boards of nursing.

11:00 am–12:00 pm

Regency Ballroom

Dialogue with the NCSBN President

*Myra Broadway, JD, MS, RN
President, NCSBN Board of Directors
Executive Director, Maine State Board of Nursing*

12:00–3:00 pm

Knowledge Network Lunches

NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends and issues.

Choose from the following options:

Gold Room

- NCSBN Executive Officers
Open to NCSBN Executive Officers only.

Parisian Room

- NCSBN Board Presidents
Open to NCSBN Board Presidents only.

Venetian Ballroom

- Regulatory Network
Open to all attendees.

2:00–4:00 pm

Crown Room

Parliamentarian Office Hours

Take this opportunity to ask the parliamentary questions and/or submit resolutions. Resolutions must be submitted by 4:00 pm.

3:00–3:30 pm

Regency Ballroom

Delegate Assembly: Election Results

4:00–4:30 pm

Crown Room

Resolutions Committee Meeting

Open to Resolutions Committee members only.

6:00–6:30 pm

International Ballroom Foyer

Awards Reception

Evening Cocktail Attire

6:30–9:00 pm

International Ballroom

Awards Ceremony followed by Dinner

Evening Cocktail Attire



FRIDAY, AUG. 10, 2012

8:00–9:00 am

Regency Ballroom

Pearson VUE Sponsored Breakfast and Networking Tables

Join fellow NCSBN members for breakfast in informal networking groups.

- *APRN*
- *Board Governance*
- *Discipline*
- *Education*
- *Independent Boards*
- *Leadership Development*
- *Licensed Practical/Vocational Nurses (LPN/VNs)*
- *Practice*
- *TERCAP®*
- *Umbrella Boards*

9:00–10:30 am

Regency Ballroom

Results of National Surveys of APRNs, MDs, the Public and Health Policy Thought Leaders

Peter Buerhaus, PhD, RN, FAAN

Professor and Director of Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health, Vanderbilt University Medical Center

10:30–10:45 am

Regency Ballroom Foyer

Break

10:45 am–12:00 pm

Regency Ballroom

Delegate Assembly

- *New Business*
- *Closing Ceremonies*

11:30 am–12:30 pm

Regency Ballroom Foyer

Boxed Lunch

12:00–2:00 pm

Gold Room

Post-Delegate Assembly Board of Directors Meeting

Fiscal year 2013 (FY13) NCSBN Board of Directors only.



NCSBN Awards Schedule

On Aug. 9, 2012, NCSBN will recognize its dedicated and exceptional membership and guests at its annual awards ceremony. The following award recipients will be honored:



R. Louise McManus Award

*Sandra Evans, MAEd, RN,
Executive Director, Idaho Board
of Nursing*

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 purposes of NCSBN.



Meritorious Service Award

*Debra Scott, MSN, RN, FRE
Executive Director, Nevada
State Board of Nursing*

The Meritorious Service Award is granted to a board or staff member of a Member Board for significant contributions to the purposes of NCSBN.



Exceptional Contribution Award

*Julia Gould, MS, RN
Board Staff, Georgia Board of Nursing*

*Sue Petula, PhD, MSN, RN, NEA-BC
Board Staff, Pennsylvania State Board of Nursing*

The Exceptional Contribution Award is granted for significant contribution by a board staff member (not an executive officer) or board member (not a board president).



Regulatory Achievement Award

Missouri State Board of Nursing

The Regulatory Achievement Award recognizes the Member Board that has made an identifiable, significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.





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Summary of Recommendations to the 2012 Delegate Assembly with Rationale

The following summary outlines proposed recommendations for adoption by the membership:

Board of Directors' Recommendations

Adopt the proposed revision to the NCSBN Model Practice Act and Rules.

Rationale:

The newly revised Model Act and Rules are the result of two years' work on the part of the Model Act & Rules Committee, beginning in fiscal year 2011 (FY11). The model revisions include efforts by the committee to update, streamline, clarify and better organize the existing model. Language has been added to coincide with already adopted NCSBN policies and guidelines, including the Uniform Licensure Requirements, Substance Use Disorder Guidelines and the APRN Consensus Model. Adoption of the new model will allow all boards of nursing (BONs) to more easily adopt and implement consistent laws by using the model as example legislative and regulatory language. The revisions were shared with the membership at the Midyear Meeting and revised according to feedback received.

Fiscal Impact:

None.

Adopt the Saskatchewan Registered Nurses' Association as an associate member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a "nursing regulatory body or empowered regulatory authority from another country or territory." The bylaws require approval of membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

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

Adopt the College of Licensed Practical Nurses of Nova Scotia as an associate member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a "nursing regulatory body or empowered regulatory authority from another country or territory." The bylaws require approval of membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

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

Adopt the Nursing Council of New Zealand as an associate member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a "nursing regulatory body or empowered regulatory authority from another country or territory." The bylaws require approval of membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

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

NCLEX® Examination Recommendation

Adopt the proposed 2013 NCLEX-RN® Test Plan.

Rationale:

The NCLEX® Examination Committee (NEC) reviewed and accepted the report of findings from the *2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* as the basis for recommending revisions to the *2010 NCLEX-RN® Test Plan* to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from the members boards and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the proposed 2013 NCLEX-RN® Test Plan.

Fiscal Impact:

Incorporated into the FY13 budget.

Leadership Succession Committee Recommendation

Adopt the 2012 Slate of Candidates.

Rationale:

The Leadership Succession Committee has prepared the 2012 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose of NCSBN. Full biographical information and personal statement for each candidate is posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present himself or herself at the Candidate's Forum on Wednesday, Aug. 8, 2012.

Fiscal Impact:

Incorporated into the FY13 budget.



Report of the Leadership Succession Committee (LSC)

Recommendation to the Delegate Assembly

Adopt the 2012 Slate of Candidates.

Rationale:

The LSC has prepared the 2012 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees and attention to the goals and purpose of NCSBN. Full biographical information for each candidate can be found in Appendix A. Each candidate will present himself or herself at the Candidate's Forum on Wednesday, Aug. 8, 2012.

Background

In 2007, the membership voted to adopt a bylaw revision that transformed the Committee on Nominations to the LSC. The LSC developed and implemented a plan to assist members in developing their regulatory expertise and to further their leadership competence. The LSC believes leadership development for all members will benefit the work of member boards and NCSBN by identifying and developing qualified leaders.

During fiscal year 2012 (FY12), the LSC met in four face-to-face meetings and had two conference calls. With a focus on leadership development and succession, the LSC has developed several innovative strategies to highlight the dynamic and evolving nature of the Leadership Development Program, which is located in the board member portion of the NCSBN website, as well as activities to inform and engage members in the process of learning about and potentially seeking an elected NCSBN office. The preparation of an annual slate of candidates is now reframed as a membership engagement process in which members are being encouraged to not only identify themselves as potential leaders who may be interested in running for election, but also to identify other potential leaders.

The LSC has become a visible participant in engaging members in their leadership journeys by enhancing members' awareness of the Leadership Development Program, along with assisting in the identification of potential leaders to run for NCSBN office. The LSC strategies included meeting with the BOD, presentations at NCSBN conferences and revision of key elements associated with the nominating and candidate campaign processes. In addition, strategies have been developed and implemented to encourage member leadership development to include initiation of a Leadership Development Network, and development and distribution of three new documents: the frequently asked question (FAQ) sheet on leadership succession and application, a leadership nomination/engagement brochure and the Leadership Development Guide.

The LSC began FY12 by holding a joint meeting with the BOD. During this meeting, a generative discussion occurred related to LSC processes, the candidate nomination and interview process, membership engagement and leadership development, and future strategies.

FY12 Highlights and Accomplishments

LSC charges:

Charge #1: Recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.

- The process for identifying potential leaders was reviewed and revised based on membership feedback. These revisions resulted in discontinuation of the Potential Leader Index Cards, elimination of the kiosk at Annual Meeting with candidate recordings, and the institution of a strategy in which LSC members were assigned to and attended NCSBN conferences to discuss leadership succession and development opportunities.

Members

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

Louise Bailey, MEd, RN
California-RN, Area I Member

Lisa Emrich, MSN, RN
Ohio, Area II Member

Brenda McDougal
North Carolina, Area III Member

George Hebert, MA, RN
New Jersey, Designated Member
(Employee of NCSBN Member
Board)

Lorinda Inman, MSN, RN
Iowa, Designated Member
(Former NCSBN Board of
Directors Member)

Mark Majek, MA, PHR
Texas, Designated Member
(Current or Former NCSBN
Committee Chair)

Suelynn Masek, MSN, RN, CNOR
Washington, Designated Member
(Board Member of NCSBN
Member Board)

Staff

Kathy Apple, MS, RN, FAAN
CEO

Linda Olson, PhD, RN, NEA-BC
Institute of Regulatory Excellence
Associate, Nursing Regulation

Kate Doyle
Manager, Executive Office

Meeting Dates

- Sept. 27–28, 2011
- Oct. 31, 2011 (Conference Call)
- Nov. 9–10, 2011
- Jan. 9, 2012 (Conference Call)
- Feb. 28–29, 2012
- April 10–12, 2012

Relationship to Strategic Plan

Strategic Initiative B

NCSBN advances the engagement and leadership potential of all members through education, information and networking.

- Several strategies were developed and implemented to encourage member leadership development. A Leadership Development Networking group was initiated with three network conference calls/webinars held. The purpose of these calls/webinars was to discuss the leadership experiences of NCSBN members, former members and recognized community leaders, as well as to demonstrate the resources of the NCSBN Leadership Development Program. These 2011–2012 network calls were well attended and follow-up evaluation feedback from attendees indicated an interest in continuing the Leadership Development Network.
- A communications strategy for member engagement and leadership development was created and implemented with the assistance of the NCSBN Marketing & Communications department. Three documents were developed, published and distributed at Midyear Meeting: an FAQ fact sheet on leadership succession and leadership application processes, a Leadership Nomination/Engagement brochure and the Leadership Development Guide.
- Additional communication strategies for member engagement and leadership development were implemented. The LSC developed the Leadership Perspectives column to be featured in NCSBN's *Council Connector* newsletter. It includes interviews and favorite leadership quotes of current and former NCSBN members in an effort to portray their leadership style and experiences.
- A survey of NCSBN Leadership Development Resources was conducted to determine member awareness and use of the Leadership Development Program. Of 93 respondents, 62 (67 percent) stated they were aware of the resources, while 31 (33 percent) said they were not aware of the resources. Of those who were aware of the resources, only 15 (24 percent) reported using them. Several narrative comments were received, identifying additional leadership development resources. As a result of this feedback, the LSC recommended development of additional e-learning courses on such topics as fiduciary responsibilities of board members, leadership theories and styles, communication, strategic planning, parliamentary procedures, and *Robert's Rules of Order*. These have now been identified as part of the plans for future NCSBN Interactive Services department development.
- The LSC provided an update of its activities at the 2012 NCSBN Midyear Meeting. Results of the survey were presented by LSC Chair Sue Petula as part of a presentation on LSC strategies and charges, open BOD and LSC positions, and the Leadership Development Program.
- The LSC discussed an interface with the Institute of Regulatory Excellence (IRE) program, recognizing that the leadership of an organization needs evidence to support decision making. The IRE, through its research and evidence-based practice projects, can be a source of such evidence. The IRE also provides a means for board members and staff to further develop their leadership skills.

Charge #2: 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 entire nominating process was reviewed, resulting in a revision of the Electronic Form Submission Process, which facilitated easier submission of applications.
- The applicant interview procedure was reviewed and streamlined with the intent to have a more user-friendly overall process.
- The interview questions were refined to be more appropriate to the position the applicant was seeking and the overall number presented to the applicant was reduced to allow greater time for the applicant to thoughtfully respond.
- In addition to a conference call, the option of interviewing by video conferencing is now available to the applicant.
- Identification of nominees was discussed, and the outcome of the discussion was to withhold disclosure of the nominees' identities until publication of the slate.



- The candidate campaign process was reviewed and revised. Based on member feedback, the Candidate Connection session, as well as the audio recordings of candidate statements, was eliminated. Candidates will utilize the Candidate Forum process as the key event for presenting their candidate information to the membership.
- Based on membership feedback, the election process was reviewed regarding the timeliness of the announcement of election results.
- Data provided by board staff were reviewed related to the process of nominations from the floor; no recommendations were made to change the process at this time.
- LSC policy and procedures were reviewed and revised.
- A full slate of candidates has been prepared for presentation at the 2012 Delegate Assembly.

Attachments

- A. 2012 Slate of Candidates
- B. Frequently Asked Questions (FAQs) on Leadership Succession
- C. Leadership Development Guide
- D. Nomination Brochure
- E. NCSBN Leadership Development Resources Survey
- F. Leadership Succession Committee Policy and Procedure
- G. Annual Meeting: Process and Role of Committee on Elections Policy and Procedure

Detailed Information on Candidates

Information is taken directly from nomination forms and organized as follows:

1. Name, jurisdiction and area.
2. Present board position and board name.
3. Date of term expirations and eligibility for reappointment.
4. Describe all relevant professional, regulatory and community experience. (300 word limit)
5. What do you perceive as the top two challenges to nursing regulation? Provide two or three strategies you would use to address those challenges. (300 word limit)
6. What leadership competencies will you bring and what will you contribute to advance the organization? (300 word limit)

Attachment A

2012 Slate of Candidates

The following is the slate of candidates developed and adopted by the Leadership Succession Committee. Each candidate profile is taken directly from the candidate’s nomination form. The Candidate Forum will provide the opportunity for candidates to address the 2012 Delegate Assembly.

Board of Directors

President

Myra Broadway, Maine, Area IV 35

Vice President

Pamela Autrey, Alabama, Area III 37

Shirley Brekken, Minnesota, Area II 39

Treasurer

Julia L. George, North Carolina, Area III 41

Director-at-Large (two positions)

Joe Baker, Jr., Florida, Area III 43

Gloria Damgaard, South Dakota, Area II 45

Sonia Rudolph, Kentucky, Area III 47

Julio Santiago, Illinois, Area II 48

Leadership Succession Committee

Area I Member

Vacant

Area II Member

Lisa Emrich, Ohio, Area II 52

Area III Member

Brenda McDougal, North Carolina, Area III 54

Area IV Member

Georgina Howard, New York, Area IV 55

Sue Petula, Pennsylvania, Area IV 56

A'lise Williams, Maryland, Area IV 58

Note: Candidates’ responses were edited to correct for spelling and have not been altered in any other way.

President

Myra Broadway, JD, MS, RN

Board Staff, Maine, Area IV

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

Education

- Franklin Pierce Law Center, JD, 1990
- Boston University, MSBA, 1982
- University of Colorado, MS, 1973
- Hunter College, BSN, 1967

Professional/Regulatory/Community Involvement

- Executive Director, Maine State Board of Nursing
- State of Maine Nursing Education Strategic Planning Group 2008 – present
- State of Maine Health Care Work Force 2005 – present
- State of Maine RWJ-PIN 2010 - present
- Liaison to Organization of Maine Nurse Executives 1998 - present

NCSBN

- Board of Directors:
 - President – Aug. 10 – Aug. 12
 - Vice President – Dec. 08 – Aug. 10
 - Area IV Director – Nov.-Dec. 08
 - Area IV Director – 2003-2007
 - Director-at-Large – 2000-2002
- NCSBN Committees:
 - Board Liaison to Disciplinary Resources Committee 2009-2010
 - Finance Committee Aug. 2007 – Nov 2008
 - Board Liaison to Member Board Leadership Development Task Force 2006-2007
 - Board Liaison to Examination Committee 2004-2007
 - Board Liaison to Commitment to Ongoing Regulatory Excellence 2003-2004
 - Commitment to Ongoing Regulatory Excellence 2002-2003
 - Board Liaison to Commitment to Excellence 2001-2002
 - Model Rules Subcommittee Liaison 2001-2002
 - Bylaws Committee Liaison 2001-2002
 - Awards Advisory Panel Liaison 2000-2001
 - Delegate Assembly Advisory Group Liaison 2000-2001
 - Commitment to Excellence Advisory Group 1999-2000



- Resolutions Committee 1999
- Mutual Recognition Member Board Operations Analysis Tool Working Group 1998
- Nurse Licensure Compact Administrator Executive Committee 2002-2003

United States Air Force

- 9019th Air Reserve Squadron 1976-1998

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

Two significant challenges to nursing regulation include a limitation of resources and the changing dynamics of health care delivery. Within the limitation of resources are the boards' challenges to do more with less in conjunction with a majority of states' budget shortfalls; further, a scarcity of nursing workforce and faculty is predicted if not already in existence. Changing dynamics of health care delivery precipitate variations among professional organizations, nursing regulatory bodies, and jurisdictional governments. Strategies to address these challenges include: monitoring activities of national and international organizations as well as collaborating with them in defined efforts consistent with NCSBN's mission; supporting research that is planned, developed and performed to enable boards to embrace and implement evidence based decision making in nursing regulation; developing member board competencies to effectively regulate nursing practice; involving member board staff and board members in various NCSBN activities in order to inform our decision making and to reflect, discuss and address issues confronting us with our collective wealth of education and experience; exercising our unique imaginations in finding creative and innovative solutions/methodologies; working toward uniform licensure requirements in order to assure the public's protection and make regulation less burdensome. It is important to continue our work with entry level and continuing competence mechanisms in order to appropriately influence policy makers and lend assurance to them and the public that nursing is suitably regulated; allowing for the normal growth and development of a profession while protecting the public.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I believe that I can contribute to the advancement of the organization through commitment to its mission, vision and strategic initiatives and in fostering decision making that is consistent with the mission, compliant with the vision and in concert with the strategic initiatives. Serving as president requires listening well to all perspectives, deliberating and discussing openly the challenges and issues that confront us as a national organization and as member boards. Further, I believe it is necessary to maintain flexibility in implementing the strategic initiatives so that as our environment changes we may respond accordingly and in kind by adapting strategy to meet the mission. Of great importance is the need to have critical and respectful discussion on difficult subjects. My leadership competencies include: openness; objectivity; directness; enthusiasm; and, a desire to debate with integrity and forthrightness as well as to understand others' points of view. I am neither afraid of asking nor of hearing challenging and hard questions. Among colleagues in my jurisdiction I am considered a clear thinker and communicator; a responsible, reliable, and resourceful person who is fair. I believe these competencies will contribute to the advancement of NCSBN. I would consider it an honor and privilege to continue to serve as your president.

Vice President

Pamela Autrey, PhD, MBA, MSN, RN

Board Member, Alabama, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

My educational journey began in 1976 with a BSN from the University of Alabama at Birmingham (UAB), followed by an MBA from Jacksonville State University (1991), PhD Health Services Administration (UAB 1991), and an MSN (UAB 2004). I have over 30 years of nursing experience in the healthcare setting with an emphasis in administration, quality, and safety. Currently I am the Administrative Director for Medical Nursing at UAB Hospital, with direct responsibility for 14 medical nursing units. I am a member of the Alabama Board of Nursing (ABN), re-appointed by the governor for a 2nd four year term that ends December 2014. I served as President of the ABN for 2 consecutive years. I currently serve as Area III Director and previous NCSBN experience includes: Director-at-Large, liaison to the NCLEX® Exam Committee and Discipline Resource Committee, and member of Disaster Preparedness Committee and Continued Competence Committee. My leadership experience also extends to other national and state organizations: Governance Committee for the Honor Society of Nursing, Sigma Theta Tau International; member and past-President of the Birmingham Regional Organization of Nurse Leaders; and technical advisor to the Health Subcommittee of the Governor's Commission for Action in the Black Belt and the Alabama Rural Action Committee. I continue to teach in the MSN and DNP programs at the UAB School of Nursing and University of South Alabama. In February 2011, I completed a one-year certification in clinical micro-systems for practice and educational quality and safety from the Dartmouth Institute for Health Policy and Clinical Practice. The results of that collaborative practice project were presented at the AACN Masters Education Conference and most recently at the Southern Nursing Research Society.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

There are many challenges that have been in existence for years and persist, and new challenges emerging in nursing regulation. We still have issues with the role and scope of advanced practice nurses which will undoubtedly (hopefully) change in the era of healthcare reform and access to vulnerable populations. But there are those states that are resistant or want to impose regulation, not from a board of nursing, but from another entity, such as a board of medical examiners, to determine what advanced practice nurses can and cannot do. It presents an all or none approach, especially to prescriptive authority and required collaborative practice. As a result, proponents for less restrictive practice have pulled their bills again this year from the legislative process. Through the work of NCSBN, there is now promotion of a system of mutual regulatory recognition not only intrastate, but interstate as well. The opportunity for change is to balance practice needs and opportunities with issues of physician opponents (and some "consumers") to a broadened scope of practice and potential new national models of nursing regulation. NCSBN is frequently cited as the expert in this area as well as other nursing regulatory issues. This leads to the second challenge or question: how does NCSBN promote evidenced based models of regulation without stepping on the toes of the state? Understanding fully the differences between national and federalized models of regulation, as well as socialized versus universal health care is the answer. Ultimately what is best for the patient, all patients, should guide our decision making and innovation in nursing regulation in an effort to promote consistency and quality in patient safety.



Date of expiration of term:
Dec. 31, 2014

Eligible for reappointment:
No

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

Learning about nursing regulation and board governance has been cumulative over a 5 year period with extensive exposure to NCSBN governance and the Alabama Board of Nursing. Not only do I see the world of regulation from the practice side, but also from the educator and consumer viewpoints. I am results-oriented and an analytical thinker, applying evidenced based rationale for all decisions, while at the same time considering feasibility and practical applications. I enjoy and appreciate the thorough discussion of an issue even when on the opposite side of the majority viewpoint. Once the decision is made, however, I support the decision. I enjoy working as a team and do not have to be the formal leader, although I take that responsibility and accountability seriously when I am in that position. I am an agent for change, not only in the state of Alabama, but the nation as a whole, in terms of the role of boards and NCSBN in determining models of nursing regulation. Keeping the safety of the public as the core for our existence as boards guides what issues we must address and decisions that are made. I am committed to service and always have been; service is my passion and my experiences with my board and especially NCSBN has been most rewarding in terms of intellectual stimulation, visionary colleagues, self-actualization, and leadership effectiveness. Finally, I have personal integrity and require the same of others in an open and honest collaborative relationship. As I hopefully continue to serve as a board member for NCSBN, I hope to foster the growth and development of those who will follow me as leaders in nursing regulation. And I think it's important to have a board member on the leadership team to balance and incorporate all viewpoints and perspectives.



Vice President

Shirley Brekken, MS, RN

Board Staff, Minnesota, Area II

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been both a board member (board president) and staff person of the Minnesota Board of Nursing. I have served on several NCSBN committees, as a committee member and a chairperson. Each experience has increased my knowledge and commitment to effective regulation and the mission of the National Council. Involvement in the following NCSBN initiatives have been the most rewarding: participating in the development of Nursys® as a member of the Nursys® Advisory Group; contributing to the framework and implementation of the Institute of Regulatory Excellence as a member of the Member Board Leadership Development Advisory Group; advancing performance measurement and best practices through the Commitment to Ongoing Regulatory Excellence initiative; and sharing in the collectivism and governance of the organization as a member of the Board of Directors.

I highly value evidence-informed regulation and have been a co-investigator, collaborator and national advisory group member in research studies involving: congruence among LPN regulation, education and practice; LPN practice regulation and outcomes of nursing home care; comparing state regulations affecting nursing homes and implications for culture change, and a HRSA-funded nurse residency program. I appreciate collaboration in the interest of public protection, patient safety and the education of nurses. Thus, I have been a partner in several state efforts related to: patient safety and advancing a culture of justice, learning and accountability (Minnesota Alliance for Patient Safety Steering Committee); nursing excellence (Stratis Health Institute); nursing workforce (Minnesota Center for Nursing BOD, Minnesota Health Education, Industry Partnership Steering Committee and Governor's Healthcare Reform Workforce Subcommittee); technology (Governor's e-Licensing Steering Committee); and nursing leadership (MN Organization of Leaders in Nursing).

Experiences as a member of a school board, church planning committee, and other community organization boards have been opportunities for community service.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

State boards of nursing are challenged to maintain relevance to the purposes of regulation within a rapidly changing healthcare and patient safety environment and to achieve that goal with decreasing resources and increasing public expectation for smaller government. Relevance requires that regulatory functions achieve the purpose for public protection in today's world. Thus regulatory activities of boards should be based on evidence that results in protection of the safety of the recipients of nursing care. National Council's research in the areas of practice breakdown, discipline methodology, remediation and substance abuse help to provide that evidence. CORE helps boards of nursing establish benchmarks for operations and share promising practices to promote efficiencies and efficacy. Uniform licensure requirements will increase portability for licensees and facilitate public, nurse, and employer satisfaction and confidence in nursing regulation. Open and ethical debate will challenge us to carefully consider all perspectives of an issue and develop understanding varying vantages. Collaboration with other regulatory and non-regulatory stakeholders, including nontraditional partners will give us opportunity to draw upon creative and innovative solutions. Active engagement in the National Council's initiatives and utilization of services will help member boards to carry out their statutory mandates in spite of decreasing revenues.



WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

Leadership requires one to be passionate about a cause and a commitment to engagement and service. My passion for excellence in nursing regulation has resulted in opportunities to serve the purpose, mission, vision and values of the National Council. My sensitivity to the history of the organization keeps me grounded in the collective and individual needs of member boards. Historical knowledge is important, but it should not interfere with vision for the future of the organization. I embrace change and encourage others to explore new approaches needed for an evolving regulatory landscape. While member boards have a common purpose, the means to that end vary with the structure, authority and resources available to each. I endeavor to be respectful of these differences. I strive to find ways to bring diverse points of view to consensus. I am supportive of forging constructive partnerships within and external to the National Council through candor, respect and honest communication. Finding solutions often requires asking the hard questions, and I am open to having critical conversation when needed. I support open and healthy debate and encourage discussion. Leadership requires sincerity and personal integrity. I am committed to doing the right thing for the right reason and challenge others to do the same. I encourage and empower others to help solve problems. I am considered to be forthright, responsible, and high energy. I have learned much through my service as vice-president this past term and would be privileged to continue to serve.



Treasurer

Julia L. George, MSN, RN, FRE

Board Staff, North Carolina, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been a registered nurse for more than 38 years and have 16 years of experience in nursing regulation. I serve as the Executive Director for the North Carolina Board of Nursing. In this capacity, I am responsible for the Board's financial management, oversight of investments and internal controls. I routinely interact with financial advisors, leaders in the healthcare community and policy makers.

I have been active in NCSBN for 15 years. I have served on the Resolutions Committee, Practice Regulation and Education Subcommittee on Unlicensed Personnel, and as Board liaison to the Disciplinary Resources and TERCAP® Committees. I was part of the inaugural cohort of the NCSBN Institute of Regulatory Excellence Fellows. I am currently a member of the Nurse Licensure Compact Administrators (NLCA) Compliance Committee. I have served on the Board of Directors for the past 5 years, as Area III Director (4 years) and Treasurer for the past year.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

There are many challenges facing nursing regulation, but two worthy of discussion are: 1) implementation of uniform licensure requirements, and 2) the need for regulatory capacity for emerging models of care. It is widely recognized that standardization of critical components of licensure would provide better public protection and would facilitate mobility of nurses. For many member boards, implementation of the uniform licensure requirements (ULR) will require a change in either statute or rules. Since the ULRs were adopted by the 2011 Delegate Assembly, many of us have reviewed our state's law and rules to identify gaps and prioritize plans of action. NCSBN has worked diligently to provide a toolkit to assist member boards in implementing ULRs. I would urge you to use these resources to educate legislators and consumers about the need for uniformity and the value of the process. The second challenge is the increased pressure from business and consumers to move forward with telemedicine and other wireless models of care. Mobile digital devices have changed the way we take pictures, listen to music and communicate with one another. When the cell phone was invented in 1973, we would never have dreamed there would be over six billion cell phones by 2012. Continued advances in wireless devices will drastically change the way future healthcare is delivered. Nurses will be monitoring vital signs, blood glucose levels, cardiac functions, etc. via smart phones. Patients will be communicating from any location having wireless connectivity. As regulators, we must be prepared for a digital revolution in healthcare and not impose unnecessary barriers to emerging models of care. This will require us to critically review our licensure models and adapt to accommodate change.



WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I will bring over 38 years of experience as a registered nurse and 16 years of experience in nursing regulation. My educational background in business (undergraduate) and nursing (graduate), coupled with my experience in nursing administration and finance uniquely prepare me for the role of Treasurer. I have served on the Board of Directors for the past 5 years and served as Treasurer for the past year. I consider myself to be self-aware as a leader and to be a skilled communicator. I am responsive to the concerns of those around me and knowledgeable of the issues facing NCSBN. I pride myself on having both personal competence and social competence, skills inherent to emotional intelligence and critical for success. My past service to NCSBN speaks to my stewardship and fiduciary knowledge. I believe the combination of my business skills, communication skills and leadership abilities enable me to continue to serve this organization effectively in the position.



Director-at-Large

Joe Baker, Jr.

Board Staff, Florida, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have worked as the executive director for numerous regulatory boards since June 1995, both with the Florida Department of Business & Professional Regulation and the Florida Department of Health. I served as Interim Chief of the Bureau of Health Care Practitioner Regulation from 1998-2000 (the bureau houses all health care regulatory boards). I was assigned as Interim Executive Director for the Florida Board of Nursing on three occasions between 1997 and 2005 before beginning my service as Executive Officer in April 2010.

At the national level, I was an elected member of the Board of Directors of the Federation of Chiropractic Licensing Boards from 2005-2009. I also served as an officer of the Association of Chiropractic Board Administrators for eight years. In addition, I was an active participant with the Association of Regulatory Boards in Optometry as an appointee of the Member Board Executive Directors/Administrators Committee for many years. In April 2011, I was appointed to the Allied Health Advisory Committee of the National Accrediting Commission of Career Arts & Sciences. I am also serving my second year on the NCSBN Nursing Education Committee. I frequently attend the Federation of Associations of Regulatory Boards and Citizen Advocacy Center annual meetings and have spoken at several of their forums.

I am a former board president of Big Bend Cares, Inc., an eight-county HIV/AIDS education and support organization. I have also served as Vice-Moderator of my church's board of directors. I was elected as president of the Florida Southern College Alumni Association. I was an appointee to the Leon County Indigent Health Care Committee in the 1990s.

I have been a volunteer with Big Brothers and Big Sisters of the Big Bend, the local Guardian ad litem Program, and served as a site team leader for the Community Human Service Partnership.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

I believe the proliferation of proprietary educational programs and cash sweeps of board finances are two such challenges facing not only nursing regulation, but health care practitioner regulation in general.

As evidenced by the World Café™ gathering NCSBN sponsored in December 2011, we must continually dialogue with and educate one another about the critical issue of nursing education. All stakeholders must be brought to the table and engaged in meaningful discussions from their unique perspectives. This did not occur in Florida as well as it could have when recent statutory changes were made to the approval of nursing education programs. We now have a large number of new program applications to review at each bi-monthly board meeting – especially at the LPN level; the board has limited authority to deny the approval of new programs. I firmly believe all parties must be given the chance to address their concerns as part of any overhaul of existing programs and procedures. Failure to do so results in the various parties not having ownership of any of the solutions or changes which are imposed.

Florida's Division of Medical Quality Assurance has had \$62 million transferred to the state's general revenue fund during the last four fiscal years. The Florida BON's portion was \$20,404,595. These monies are from funds contributed solely by nurses and other health care practitioners, which are now used as a subsidy for balancing the state's budget. Relationships must be developed between the regulatory community and state legislators in order to educate them



and their staff members about the proper use of fees paid by licensees and applicants. These fees are important to funding licensure efforts, as well as combating unlicensed activity. Raiding trust funds should not be a common place activity to find money in tight budget years.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I have discussed my intent to run with both my supervisor and board chair; both of them have encouraged my interest in becoming involved with the NCSBN at this level of commitment. With their support, I will be able to travel to meetings and actively participate as a board member. I do not intend to run for an office such as this if I am not going to be able to fully participate and be at the table for all meetings and discussions.

Throughout my life, I have been an organized person with excellent time management skills. I am honest, ethical, and trustworthy with confidential or sensitive information.

I am confident that my nearly 17 years of knowledge and experience in regulation can be of benefit to the NCSBN board of directors, especially my prior experience with the FCLB where I served as the Executive Fellow board member.

I am passionate about regulation. I enjoy it. I thrive in its atmosphere. Working with colleagues towards goals of improving how we regulate and how we can improve our processes motivates me each day here at the Florida BON and in my interactions within the NCSBN. I have thoroughly enjoyed our Nursing Education Committee meetings and discussions as we formulate our recommendations to the board.

I believe my background as an Executive Officer who is not a nursing licensee should also be considered as a basis for election to the board of directors. The board should have a diverse representation of the Member Boards, not only geographically but also based upon education and other factors.

I look forward to continuing to be active at the national level in health care regulation and in our vision of “advancing regulatory excellence worldwide” as a NCSBN board member.



Director-at-Large

Gloria Damgaard, MS, RN, FRE

Board Staff, South Dakota, Area II

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

My nursing career began in 1975 following graduation from an associate degree nursing program. I worked in the clinical areas of medical surgical and psychiatric nursing. In 1978, I completed a Bachelor's degree nursing program at Moorhead State University in Moorhead, MN. Nursing education became my calling and I spent over 13 years teaching nursing at the undergraduate level in diploma, associate degree and baccalaureate level nursing programs. I received a Master of Science in Adult Health Nursing with a focus in nursing education from South Dakota State University in 1988. I received an appointment to the South Dakota Board of Nursing as a member from 1981-1986. I served as Vice-President and President of the Board as well as President of the Joint Board of Nursing and Medicine. I served as a member of the survey teams that conducted the on-site visits for the approval of nursing education programs. In 1991, I was hired as the Nursing Education Specialist for the Board, a position that I held for 11 years. In 2002, I was promoted to the position of Executive Director, the position that I currently hold. I maintain active membership in the ANA, SDNA and Sigma Theta Tau and the International Consortium of Parse Scholars. I have held leadership positions in my church community and have served on the advisory board of a health action model for partnership in the Sioux Falls community. My involvement with NCSBN includes various committees including Resolutions, Elections, Nursys® Business Design and currently CORE. I served in a leadership capacity for the Nurse Licensure Compact as Chair for four years and a member at large for four years.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

A challenge facing nursing regulators is to remain relevant to society in our mission of public protection. Health care environments are changing rapidly and demand regulators to be flexible, open-minded, innovative and visionary in their approach to the regulation of nursing. New models of care delivery are being developed to provide access to care within an economic model that maximizes resources and avoids duplication of services. Many times these models are technology based and pose unique issues for nursing regulators. As scope of practice evolves for licensed practitioners so does the demand for unlicensed providers to perform delegated nursing functions. This too challenges our current model of regulation. The Future of Nursing report challenges us to utilize our current licensed practitioners to the fullest extent of their scope of practice. This is true for all licensed practitioners from the LPN to the APRN. Boards of Nursing will need to be involved in the Regional Action Coalitions in each of our states to bring the regulatory perspective to these discussions. Evidence based decision making will be key to supporting the positions of public protection. The Center for Regulatory Excellence provides the resources and support to back our decisions with research. The Commitment to Ongoing Regulatory Excellence provides us with a framework to evaluate performance and benchmark with other states on our public protection functions. Issues are currently facing regulators as we seek to bring uniformity to the regulation of nursing. The Campaign for Consensus is a prime example of how an organized effort can move this uniformity forward. This will serve as a model for future action. Licensure enforcement and discipline is an area that we need to continually learn from one another and implement best practices. Hosting meaningful conversations on these issues of concern will assist us all to have a shared vision and to stay relevant as regulators of nursing in an ever changing environment.



WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

The leadership competencies that I will bring to the position include extensive experience and expertise in nursing regulation as well as nursing education and a strong foundation in clinical practice. My breadth of regulatory experience spans over 25 years. This includes actual experience as a Board member, staff and Executive Officer. In my role of Executive Officer, I have accountability for all programs related to the mission of public protection. I have developed skill in the area of governance, leading the strategic planning process for the Board and the operationalization of those plans. Partnership development is another skill that I will bring to this position and will encourage within the organization. Collective thought is what takes our decisions and actions to the highest level. Together, we can accomplish greater results than any one individual. I will advance a spirit of teamwork and cooperation with other organizations. Another skill that I will bring is the ability to analyze and synthesize large volumes of information to understand complex issues and bring them to a level where they can be openly discussed and easily understood. I will work to see that all members of the organization share that understanding. My commitment to the mission and vision of the NCSBN is unwavering yet I believe that all regulation takes place at the local level. The resources that have been provided to our state boards of nursing by the staff and volunteers within the organization have enabled us to achieve excellence in regulation in our states. As a member of the Board of Directors, I would work to ensure that all states continue to receive the support that they need to maintain this excellence. I am a very approachable individual and respect my peers regardless of their position on various issues. It would be a privilege to serve the organization a member of the Board of Directors.



Director-at-Large

Sonia Rudolph, MSN, APRN, RN, FNP-B

Board Member, Kentucky, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I am currently Nursing Division Chair overseeing the PN, ADN and LPN-ADN online programs on three campuses and teach courses at Jefferson Community and Technical College. I am also a practicing Family Nurse Practitioner with the Little Clinic here in Louisville, Ky. I am serving in my first term as a Board Member of the Kentucky Board of Nursing. I serve as the Financial Officer as well as on the Practice Committee and the Consumer Protection Committee. I serve on Hearing Panels on cases of reinstatement and disciplinary action as needed. I am active in the Kentucky Nurses Association and the Kentucky Coalition for Nurse Practitioners and Nurse Midwives.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

One very important challenge we face in nursing regulation is serving in our role to protect the public in a time where great healthcare reform is taking place. As these needs seem to be evolving almost daily, it will be important to be on the forefront of understanding what these changes will be, what impact will it have for all levels of nursing, and what will we need to do to adapt to those changes while upholding our charge to protect the public.

Another change I see as a major factor is meeting the challenge I describe above in a time where budgets are being reduced, affecting what funding is available to boards of nursing to carry out the crucial functions of the work of the boards. As we are being asked to do more with less in many areas of regulation and practice, creativity and problem-solving skills will be extremely important skills for any candidate to possess.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I feel I am a fair and balanced leader. I work to remain impartial in issues until I have all the information to make an informed decision. I am very interested in learning about the differences between the individual state boards and how we can work collaboratively to solve problems. I am creative and enjoy looking for creative solutions to problems. I feel I am very approachable and I enjoy talking and working with people from all different backgrounds. I am also a good listener which many times is even more important than being a good talker. I am an avid reader and enjoy researching areas that increase my knowledge in areas that can help me serve more effectively in my position. I feel that there is always room for improvement, room to be even better at what we do. Above all, nursing is my passion. It is my life. Therefore, regulation, collaboration and leadership is very important to me as we continue to grow our profession.

PHOTO NOT
AVAILABLE

Date of expiration of term:
June 30, 2012

Eligible for reappointment:
Yes



Date of expiration of term:
Nov. 7, 2014

Eligible for reappointment:
No

Director-at-Large

Julio Santiago, MSN, RN, CCRN

Board Member, Illinois, Area II

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

- Illinois board of Nursing member since 2005 and the chairperson for the last 3 years. Reappointed for another three years in Nov 2011. As chairperson for the Illinois Board of Nursing worked with the current board to make changes to improve the Nursing School approval process and to implement changes to help improve the discipline process.
- In September of 2009 I was appointed by NCSBN Board of director to the position of Director- at-Large, and in September 2010 ran for the position for Director-at-Large and was nominated to a two year term.
- Co-chaired the discipline committee as part of the Illinois Nurse Practice Act Sunset Committee working collaboratively with a large group of nurses to develop the guidelines for the process of disciplining nurses that are reported to the department.
- I'm currently employed at a Community College as an Assoc Professor in an Associate Degree Nursing program.
- My current job allows me to stay current in practice, have a working knowledge of nursing from the education perspective, bedside care and regulation.
- Educational back ground includes a master in nursing education and CCRN certification.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

Healthcare is in a state of change and chaos. Leaders of our nation are pulling in different directions and the profession of nursing needs to step up and make a statement:

- Work with different organization in order to build coalitions that can help to make positive changes in healthcare. Working together with other nursing organizations, citizen advocacy groups, physician organizations, pharmacist organization and any other medical group that have a voice in healthcare decision making.
- Continue to provide evidenced based research that helps to supports decision making policies.
- Reach out to nurses at the bedside and provide them with information that will allow them to be knowledgeable about the decision that are occurring in healthcare and provide them with ideas on how they can help support positive change.
- Lack of money and resources for boards of nursing is making it more difficult to regulate.
- Provide boards of nursing with technologies that allows them to work more efficiently. Continue to develop the Nursys program in order to provide up to the minute information about any nurse nationally and at no cost to the boards of nursing.
- Continue to provide boards of nursing with financial support in order to allow them to have the most up to date data and information about their nurses.
- Expand the research and continue to provide boards with "best practice" solutions in order to protect the public.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

- Co-owner and chief operating officer of a growing and successful Vascular Access Company. This experience has allowed me to learn about development of a business plan, creating a budget, fiduciary responsibility, development of policies and procedures and the importance of working collaboratively with others in order to meet the needs of the organization.
- Held positions during my nursing career as nurse manager, assist director of medical units and Rapid Response Team (RRT) member. All positions that require working together with others in order to be successful.
- I'm an active listener and can provide productive feedback to further the cause and goals of the organization.
- My nursing experience allows me to be thoughtful about the work of the organization and respectful of how I communicate the important work of the organization.
- I work collaboratively with the Nurse Executive Officer to help improve processes at the board level.
- Twenty years of varied experience in nursing from behavioral health to critical care and nursing leadership.



Leadership Succession Committee Area I Member **CANDIDATE WITHDREW**

Kennetha Julien, JD

Board Staff, Colorado, Area I

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been the Executive Officer for the Colorado State Board of Nursing since 2010 and oversee 96,000 licensees in the areas of licensing, enforcement and education. I was granted this honor based on my legal background and my 14 years of experience in health care as a surgical technician. Prior to my appointment, I was the Director of Expedited Settlement. In that office, I along with my staff of 4 handled over 700 cases per year that allowed for settlement of disciplinary cases avoiding approximately \$500,000 in litigation fees for those settled cases.

I currently serve on the Nurse Licensure Compact (NLCA) Policy Committee. The committee has reviewed and revised all of the policies and have had the majority of the proposals adopted. I am a representative of the Colorado Action Committee working to implement the IOM initiatives. I am an advisory member for the Colorado Centers of Nursing Excellence.

In my role, I have become very involved in educating the citizens of Colorado about nursing issues. I speak to educators, students, professionals and consumers on a regular basis. I thoroughly enjoy my current role as this is a very exciting time to be involved in the world of nursing.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

The two top challenges facing nursing regulation are education and acceptance of the Compact.

1. National licensure is an emerging reality and the acceptance of the Compact is now a necessity. The inconsistencies of regulatory oversight between jurisdictions may cause more detriment than success. The State Boards need to work together to envision consistencies they desire rather than those that will be imposed by the federal government. While we are gaining ground at the RN level, the movement is still slow. If we can get more states involved, we can assist in the movement of nurses so that those with the advanced educations can teach and mentor those that need to progress in their education. My strategy for Compact challenges is education for legislators, both state and federal, as well as employers and the public on the actual rules of the Compact and the benefits of such.
2. Education is crucial to the transforming the future of nursing. In its current model, clinical placement is necessary for completion of programs. With fewer and fewer clinical placements available, it is difficult to maintain the pace of students we have had in the recent past. In order to meet the IOM initiatives of increasing the number of BSNs and nurses with a doctorate by 2020, limitations for clinical education will need to be explored. It may be time to create new methods of clinical education through futuristic thinking and the use of innovative technology. My strategies for education would be to explore and evaluate futuristic ideas such as simulation, joint teaching through technology and other novel means of expanding the classroom.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I will be committed to advancing the organization as we continue our path of transforming the future of nursing with futuristic thinking and global perspectives.

I will be a good listener. I will listen to the suggestions and comments around me. I will absorb and develop the ideas in creative ways to share with others and help develop action plans for such ideas to come to fruition.

I will be a good communicator. I will communicate the views and recommendations I have heard and discovered with those that can carry them to fruitful means. I will communicate efficiently, effectively and elegantly with my constituents and colleagues.

I will be creative and think outside the box. Having a different perspective from the majority allows the ability to develop new, different and sometimes unique ideas. This also allows new eyes to look at some old ideas or ways of doing things and put a new twist on them and carry them effectively into the future.

I will be respectful, not only to others, but also to the historical perspectives and ideas of the organization. I will be respectful of the organization, its mission and staff. I am respectful of the profession and all it stands for and look forward to being a part of the new IOM initiatives and promoting the profession globally.

A true leader is broad with their vision and can envision greatness in the future. Not only greatness of self, but of project, organization and profession.



Leadership Succession Committee Area II Member

Lisa Emrich, MSN, RN

Board Staff, Ohio, Area II

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE

I have been a registered nurse for 29 years. Practice included critical care and management, past CCRN, implementing a hospital-based cardiac rehabilitation program, and serving as assistant director of a surgical unit. In critical care, I implemented a competency-based orientation for new staff, and served on critical care and quality assurance committees. My career culminated with a transition to healthcare regulation.

Five years with the State Medical Board as its Standards Review and Intervention Supervisor, implemented and coordinated its Quality Intervention Program, a confidential, non-disciplinary remediation program for physicians. Also reviewed information for evidence of Medical Practice Act violations, explained evidence in relation to the expected standard, and contracted with physician experts.

Twelve years with the Nursing Board with various responsibilities over time. Implemented its Practice Intervention and Improvement Program and have been responsible for areas including: the alternative program for chemical dependency, post-disciplinary monitoring, fiscal, responses to practice issues, nursing education, training programs, and administration of a grant program.

Actively served NCSBN since 2002, when appointed to the Practice Breakdown Committee that developed the TERCAP, and am a past chair of the TERCAP® Committee. Contributing author to NCSBN's Nursing Pathways for Patient Safety published in 2009, and currently represent Area II on the Leadership Succession Committee.

MSN includes legal studies concentrate, completed at the university's law school.

Community involvement includes serving the past five years on the board of trustees for a non-profit continuing care community. Chairperson of its Long Range Planning Committee, and serving on its Executive Committee as a Trustee officer.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

The significant challenges to nursing regulation are maintaining outstanding public protection in the presence of decreasing resources, and maximizing its autonomous control over the resources that are available. Revenue shortfalls are experienced by many states, and the public is increasingly reliant on government resources and protections. As a result, state governments are promoting business and commerce to better its economy and to provide relief to its residents. Boards should qualify and quantify its work, explaining it in a manner that is meaningful to the public, and demonstrates that decisions and utilization of resources are prioritized based on public value. Boards must represent transparency in government.

Boards should focus on the basics of regulation. This includes drafting regulations that are clear and enforceable, provide public protections without unduly restricting business, and firmly establish unacceptable practices that place the public at risk. The public looks to Boards to provide outcome measures concerning licensees and programs, to ensure they are practicing and operating for the public good. Boards must effectively and efficiently quantify and communicate this information. The establishment of effective regulations and their enforcement is paramount.

Boards should analyze and continuously reprioritize the areas in which it expends resources, and improve the effectiveness and efficiency of its customer processes. This includes fostering relationships with other entities and agencies that enhances public protection and service. While the increased use of technology and other human resource extenders respond to the majority of the public's informational needs, Boards have to be willing to identify and address the needs of the individual caller who expects to talk with a knowledgeable person.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I bring an understanding of nursing practice, nursing regulation and good stewardship. I bring the confidence of knowledge in the discussion of nursing, health care, the application of its regulations, and the self-assurance to ask clarifying and informative questions. I welcome feedback and use it constructively. I have the confidence to seek change when it is warranted and to work and communicate with those involved in a project to increase productivity.

I communicate a vision and establish the goals that are to be accomplished, and I have the skill to enjoin others in the path to reach the desired product. This involves establishing positive relationships, respecting differences of opinions, and linking common agendas.

My election to a second term on the Leadership Succession Committee as the Area II representative allows me opportunity to continue my contributions to the important work of the committee. This includes actively engaging with other committee members and NCSBN staff to create and provide the NCSBN membership with additional leadership development resources, and to effectively communicate its availability. Importantly, the advancement of NCSBN is supported by the work of the Leadership Succession Committee through the committee's identification of qualified individuals who are knowledgeable, skilled, ready and willing to assume a position on the Leadership Succession Committee and very importantly the NCSBN Board of Directors.



Leadership Succession Committee Area III Member

Brenda McDougal

Board Staff, North Carolina, Area III

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have been with the North Carolina Board of Nursing since 1989. In my current role as Associate Executive Director–Operations, I am responsible for the management of the Licensure, Information Technology and Business Operations Departments. I hold a BS in Business Administration and completed coursework toward an MBA. I have nearly 23 years of nursing regulation experience from a business results, continuous quality improvement and public protection framework. I am a skilled and experienced leader in business, financial and operations management. My current role as a member of the Leadership Succession Committee provides me with an excellent working knowledge of NCSBN's leadership requirements, as well as the identification, development and engagement strategies employed to secure a legacy of leaders to serve on the Board of Directors and Committees to sustain and advance this very high performance organization now and in the future.

I've served NCSBN in the following capacities: Current member – Leadership Succession Committee; Chair, Uniform Licensure Committee; Member, Disaster Preparedness Committee; Member, Operations Focus Workgroup; Presenter "Innovations in Licensure"; Presenter, "Paperless Licensure System Webinar."

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

The top challenge to nursing regulation today continues to be the economic landscape with limited resources and budgetary shortfalls of member Boards which impacts the national collective wisdom, collaborative efforts and innovation of nursing regulation leaders. NCSBN has been instrumental in minimizing this impact by offering many services to include financial support for projects, initiatives, research and travel for its membership.

Next, I believe a significant challenge to nursing regulation is the implementation of consistent and uniform licensure requirements in all jurisdictions. As a non-nurse and consumer of nursing care, I believe uniform requirements would enhance public protection and consumer confidence in the skill, knowledge and abilities of the nation's nursing workforce.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I bring over 23 years of nursing regulation and business leadership experience. I have a thorough understanding and knowledge of NCSBN's Leadership Development Strategies and Plan. I am an analytical, strategic and futuristic thinker with the ability to operationalize a vision. I am committed to and fully supportive of the mission, vision and values of NCSBN. I believe my leadership abilities, business skills and knowledge of succession planning enables me to serve as an effective member of the Leadership Succession Committee.

Leadership Succession Committee Area IV Member

Georgina Howard, MPA, RN-BC

Board Member, New York, Area IV

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I participate as an active auxiliary member for the NYS Board of Nursing by serving on disciplinary hearings for the state including PAP and moral character hearings. I have been a panel member for NCSBN for item review for LPN examination in 2009 and 2011. I was appointed in September 2011 for a two year term to the Nursing Item Review Subcommittee. I am currently a member of New York Organization of Nurse Executives as a general member. I have been a Legislative District Coordinator for NYSNA in Queens County. I also have the position of Secretary/Treasurer since 1991 for a community based organization serving pregnant and parenting women in Southeast Queens and Far Rockaway.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

In a rapidly changing health care environment nursing regulation must focus on the standards of practice and scope of practice for nursing in health care institutions. New models of care are developing to shift care to managing care and addressing multiple co-morbidities. In these models work flow and cost containment are paramount. Facilities are redesigning patient care and assigning inappropriate tasks to unlicensed personnel. Nursing must insure that standards and scope are not compromised.

A second challenge is to standardize the requirements for entry into practice. The move for “BSN in Ten” needs to move forward to insure a professional evidence based practice for nursing licensure. Nursing is a science and should require baccalaureate trained nurses. The increasing complex health environment with patient complexities requires nursing trained in physical and social sciences to meet the patient quality and safety goals.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

I have worked as a Nursing Supervisor for over 25 years in an inner city/urban hospital system in NYC. I have experience with regulatory agencies, program development, administration of programs and quality initiatives. Recently, I made a major career move to accept the challenge of Director of Nursing for Patient Care Services in Ambulatory Care at Beth Israel Medical Center. It is an exciting role in a time when ambulatory care patient care moves to the forefront. I bring my years in nursing practice, involvement as board member for a community based grant funded program and leadership skills.



Date of expiration of term:
April 1, 2015

Eligible for reappointment:
No



Leadership Succession Committee Area IV Member

Sue Petula, PhD, MSN, RN, NEA-BC

Board Staff, Pennsylvania, Area IV

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I am a nurse for 36 years with clinical and administrative experiences in nursing regulation, critical care, gerontology, education, administration, and quality management. For seven years I have served the PA SBON as nursing education advisor and supervisor of the exam area. During my tenure with the Board I restructured the exam area processes promoting greater efficiencies; implemented a director education program to assist them with a greater understanding of regulations; participated in the rewriting and development of regulatory language related to faculty, pass rates, program approval and compliance monitoring; and led the development/implementation of a database for electronic submission of regulatory documents by program directors. I have been involved with NCSBN since 2006, serving 4 consecutive years on the TERCAP® Committee. I am currently in my last year of the IRE program. This is my second year on the Leadership Succession Committee and currently committee chair. I hold current certification in advanced nursing administration. My career includes serving as hospital executive for six years in a regional healthcare system offering cardiac and cancer services. While there the hospital was recognized as a “Top 100 Heart Hospitals” and received the Catholic Healthcare Corporate Award in Innovation for implementation of electronic patient records. I championed leadership development among nursing and medical staff and redesigned the quality management/patient safety programs. My PhD is in health promotion and policy and my doctoral dissertation was related to how nurses perceive quality. I have held adjunct faculty positions at the university setting, teaching nursing administration and critical care. I published in peer reviewed nursing journals and most recently the Journal of Nursing Regulation. I belong to the local historic society and am President-elect of the Iota Omega Chapter of Sigma Theta Tau and have been a member for 30 years.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

1. Nurses must be able to practice to their full ability across the U.S.
 - Strategy a) Work closely with the U.S. Trade Commission to remove unfair barriers to nursing practice. Engage them in conversation with the goal to ensure APRNs are able to practice to the full extent of their education.
 - Strategy b) Establish technological infrastructure across all states to ensure that information about the workforce is available to support APRN practice.
 - Strategy c) Support states in aligning their regulations with the Uniform Licensure Requirements to identify the similarities and differences that will promote strategies to achieve consistent standards and enhance mobility and portability for nurses.
 - Strategy d) Continue to build a regulatory science knowledge base through continued promotion and support of regulatory research.
2. Promote leadership activities for nurses to fully participate in interprofessional collaboration.
 - a) Support increased opportunities for interprofessional learning throughout the continuums of education and healthcare.
 - b) Create activities for leadership development that focus on promoting knowledge

translation or use and not merely knowledge dissemination in regulation. For example, individual state Boards may consider promoting nursing regulation as a desired specialty and offer internship opportunities for graduate or post-graduate studies in affiliation with a local university. This has the potential to ensure highly qualified individuals with a willingness to serve are available when positions become vacant.

c) Engage nurses collectively and individually by providing evidence through rigorous research of a scientific basis for regulation that promotes quality and patient

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

The profession of nursing in the United States is at a pivotal moment. Profound changes in science, technology, patient safety, regulation, health care environments, along with the unique nature and settings of nursing practice have all radically transformed nursing practice and consequentially nursing education. This occurs at the same time there is a demand on nursing regulation to be current and effective in protecting the public. This requires a keen understanding of nursing practice and nursing regulation. It also requires skillful leadership. My leadership competencies include a strong understanding of clinical, educational and administrative practices along with a keen ability to effectively work and communicate with others. I am respectful of my peers and comfortable with their presentation of diverse perspectives understanding the need to always be able to have a discussion without being disagreeable. I have a passion and enthusiasm for nursing that brings me back to work each day for 36 years desiring to make a difference one person or one patient at a time. I have a great ability as a systems thinker to see the panoramic view of the healthcare world but also the necessary skill to look more microscopically at this world as the situation demands. I have the emotional intelligence and ethical comportment to surround myself with individuals who are more skilled than me but who are willing to share their knowledge and inspire me. This ability instills within me the responsibility to use this knowledge wisely and pass it on to others.



Leadership Succession Committee Area IV Member

A'lise Williams, MS, RN

Board Staff, Maryland, Area IV

DESCRIBE ALL RELEVANT PROFESSIONAL, REGULATORY AND COMMUNITY EXPERIENCE.

I have 9 years of education and regulatory experience with the MD Board of Nursing. I am currently the Director of Nursing Practice with the Board and my position consists largely of communicating and coordinating with other state and local agencies on the development of nursing system models of care and practice. In accordance with local Universities, I precept the clinical component of Master's level education and certificate programs. Prior to coming to the Board of Nursing, I served 10-years in the U.S. Air Force where I was also able to precept and teach lower-level Airmen as they sought progression in their military careers.

WHAT DO YOU PERCEIVE AS THE TOP TWO CHALLENGES TO NURSING REGULATION? PROVIDE TWO OR THREE STRATEGIES YOU WOULD USE TO ADDRESS THOSE CHALLENGES.

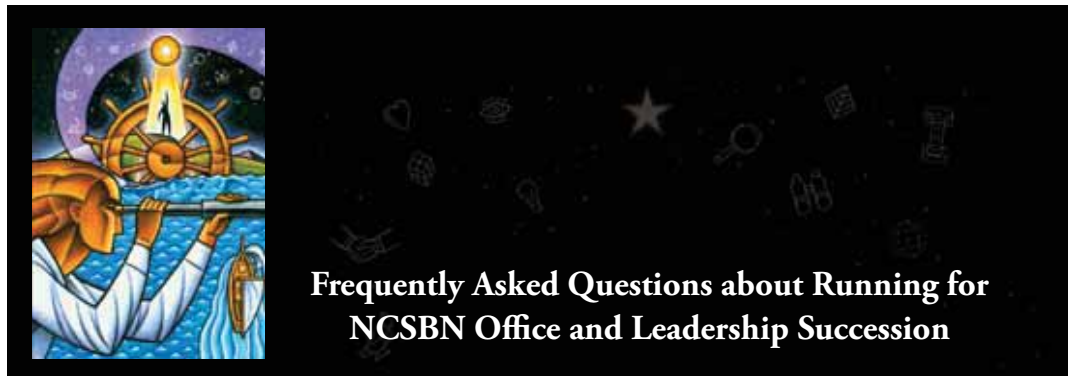
One challenge that I am frequently faced with as a regulator occurs as stakeholders who influence regulation frequently assume positions on regulations that are financially driven as opposed to that of quality health related outcomes. In efforts to remedy this mindset, patient advocacy is essential. As a licensed nurse I must continuously evaluate scenarios and explain possible outcomes from a holistic and healthcare related perspective. In addition, when keeping decisions in line with the Board's mission (that of public protection) it seems to prove productive when considering and sharing options from the individual perspective as opposed to that of an organizational perspective. Another challenge to nursing regulation is that of interpretation. The language and legal interpretation of regulations may be misconstrued and modified to accommodate any number of scenarios depending on the reader. It is important to maintain open contact with the community so that individuals feel able to make inquiries regarding existing regulations. Frequent training session with groups of stakeholders is an excellent medium to facilitate open contact and provide regulatory education.

WHAT LEADERSHIP COMPETENCIES WILL YOU BRING AND WHAT WILL YOU CONTRIBUTE TO ADVANCE THE ORGANIZATION?

The primary leadership competencies in which I engage on a daily basis and will bring to the organization includes my sense of integrity and my work ethic based largely on teamwork, communication and relationships. My ability to incorporate the vision and the mission of the organization into the strategies implemented to meet established goals will be of great benefit to the work of the Leadership Succession Committee. The combination of my military and civilian practice in the healthcare delivery arena have worked to establish and perfect my leadership skills collectively.

Attachment B

Frequently Asked Questions (FAQs) on Leadership Succession



Frequently Asked Questions about Running for NCSBN Office and Leadership Succession



What is leadership succession?

Leadership succession refers to the process of developing and implementing a culture of leadership that supports the preparation of organization members to meet evolving organizational leadership needs (Fulmer, R., Strumpf, A., & Bleak, J., 2009).



What offices are open for election?

For 2012, the following offices are open for election: Board of Directors (BOD) President; Vice President; Treasurer; Director-at-Large (two positions); and Leadership Succession Committee (LSC) members from Areas I, II, III and IV. All positions are elected by ballot during the annual session of the Delegate Assembly.



What are the responsibilities of board members?

Board members are charged with:

- Carrying out their responsibilities in good faith, with reasonable care, honesty and due diligence;
- Discharging their responsibilities with fidelity to NCSBN and making decisions upon the good faith belief that such actions are solely in the best interest of the organization as a whole; and
- Acting in accordance with NCSBN Bylaws, policies and established board member role expectations.



What are the responsibilities of LSC members?

Committee members are charged with:

- Presenting a Slate of Candidates through determination of qualifications and geographic distribution for inclusion on a ballot for the election of the BOD and the LSC; and
- Recommending strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.



Am I eligible to apply?

All NCSBN Member Boards, which includes board of nursing (BON) staff and board members, are eligible to apply to run for any elected office.



Is prior committee participation an eligibility requirement to become a candidate?

No.



How can I familiarize myself with the leadership values of NCSBN?

- Explore the NCSBN website;
- Review the Leadership Development Plan;
- Complete NCSBN 101; and
- Participate in committees.



Do I have to be a nurse?

No.



What is the term of office?

The term of office is two years. No person can serve more than four consecutive years (two terms) in the same position.



What is the time commitment?

- BOD: Approximately 30 days over a 12-month period that includes five three-day meetings per year and attendance at NCSBN Midyear and Annual Meetings. Members may also be asked to serve as liaisons to NCSBN committees and as representatives at external meetings.
- LSC: Four 2 ½ day committee meetings per year and attendance at the NCSBN Midyear and Annual Meetings.



Will an applicant know who else is applying to run for a position?

The LSC will not disclose the identity of individuals who are applying for NCSBN office candidacy. The LSC will announce the slate of candidates following the vetting process.



Should I discuss my potential candidacy with my BON?

Yes, the support of your executive officer and/or board chair is important.



Will NCSBN fund my attendance at LSC or BOD meetings?

Yes. Please refer to the NCSBN Travel Policy found on the NCSBN website.

References

Fulmer, R.M., Stumpf, S.A., & Bleak, J. (2009). The strategic development of high potential leaders. *Strategy & Leadership*, 37(3), 17-22.

Developed by the Leadership Succession Committee in 2010; Reviewed 2012



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Attachment C
Leadership Development Guide



ADVANCING POTENTIAL:
**DISCOVER THE
LEADER WITHIN**

**A GUIDE TO
LEADERSHIP DEVELOPMENT**

Leadership Succession Committee of the
National Council of State Boards of Nursing (NCSBN®)

WHAT IS A LEADER?

A leader influences others to accomplish mutually desirable goals. Leaders serve as role models for others, are trustworthy and communicate a vision for the future that inspires others to follow. A leader has good interpersonal, technical and conceptual skills.

WHAT IS LEADERSHIP DEVELOPMENT?

Leadership development recognizes and cultivates leadership within an organization and its members to ensure sustained and progressive viability of the organization. Leaders continuously develop their leadership knowledge and skills through self-reflection, self-study, education and experience.

WHAT IS THE NCSBN LEADERSHIP DEVELOPMENT PROGRAM?

NCSBN's Leadership Succession Committee (LSC) formally initiated the Leadership Development Program in 2010 to support individuals in their quest to enhance their leadership skills. The program is designed to offer resources to:

- Identify and engage potential leaders;
- Assist with leadership self-assessment;
- Support leadership skills development; and
- Encourage individuals to step forward or volunteer for elected leadership and committee positions within NCSBN and member boards.



A GUIDE TO LEADERSHIP DEVELOPMENT

The Guide to Leadership Development serves as a resource designed to enhance and develop leadership skills that support member boards, their staff and the ongoing leadership needs of NCSBN.

GOALS OF LEADERSHIP DEVELOPMENT

The overall goal of leadership development is to recognize and support the growth of existing and new leaders. This will also ensure the sustained and progressive viability of member boards and NCSBN.

TARGET AUDIENCE

Individuals targeted for leadership development include:

- Board members with leadership skills who may need additional information on board governance and processes;
- Individuals ready to assume NCSBN office; and
- Board staff with demonstrated leadership skills and potential for assuming leadership positions.

The specific goals of leadership development are to:

- Build leadership competence through personal and professional growth; and
- Establish leadership competencies and opportunities for serving member boards, the NCSBN Board of Directors, the LSC or other NCSBN committees.

OBJECTIVES

Individuals interested in leadership development will:

- Be oriented to and made aware of the resources available from NCSBN;
- Assess and identify their personal and professional leadership strengths and opportunities for further development;
- Engage in leadership development activities;
- Participate in NCSBN committees, networking groups, webinars and meetings; and
- Consider becoming a candidate for office.

METHODS TO SUPPORT LEADERSHIP DEVELOPMENT

The Leadership Development Guide recognizes three methods that are key to leadership development: **Early Connectivity, Building Knowledge—Self-discovery; Building Board and Organizational Governance Expertise;** and **Supporting Organizational Leadership Involvement through Self-nomination and Volunteerism.**

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METHOD 1:

Early connectivity of new staff or members of member boards

Members understand the mission, vision, values and strategic initiatives of NCSBN.

Method 1 explores the importance of and actual process of connecting staff and members to NCSBN:

- To be introduced and become familiar with the organization, board members and staff request that their executive officer (EO) notifies NCSBN Member Relations so a password can be assigned to them. This provides direction to the NCSBN Getting Started Guide and access to the online course NCSBN 101.
- New staff or member participates in state-specific orientation unique to their role.

Extensive resources can be accessed by visiting <https://www.ncsbn.org/2420.htm> (ncsbn.org username and password required). Available resources serve to guide independent study about NCSBN and its knowledge networks, to learn about opportunities for participation in NCSBN and to develop leadership competencies.



METHOD 2:

Building Knowledge — Self-discovery

Members engage in opportunities for enhancing leadership knowledge, skills and abilities.

Method 2 encourages individuals to begin the journey of discovering the leader within. It is important for those in a leadership role or seeking a leadership role to be aware of their own areas of strength and areas in need of further development. This process can begin by reflecting on one's self-identified strengths. There are also published tools available for completing a leadership self-assessment. For example, the Strengths Finder Self-assessment Tool helps leaders and potential leaders discover their strengths, and identify strategies for building upon them. It is a component of *Strengths Finder 2.0* (Rath, 2007). Another tool is an assessment of the concept of emotional intelligence, which is discussed in *Emotional Intelligence 2.0* (Bradberry & Greaves, 2009). This journey may lead one to seek a board of nursing (BON) or NCSBN leadership position.

Additional resources are available at <https://www.ncsbn.org/2420.htm> (ncsbn.org username and password required) to guide independent study about required leadership competencies for various BONs and NCSBN leadership roles. There are a variety of personal leadership assessments and recommended strategies to develop or augment new or existing leadership skills.

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METHOD 3:

Building board and organizational governance expertise

Members engage in opportunities to build governance expertise.

Method 3 supports the development of a more in-depth understanding of the underlying framework related to organizational structures, processes and legal responsibilities that are integral to successful organizations, such as BONs and NCSBN.

Independent study in this area supports the BON staff or members by enhancing their understanding of:

- Fundamental principles and practices of high performance BONs; and
- Similarities and differences between the governance of a national not-for-profit association and that of a state or territorial regulatory agency.

Additional resources are provided at <https://www.ncsbn.org/2420.htm> (ncsbn.org username and password required) to guide independent study about legislative issues, national leadership organizations and NCSBN, and to identify specific opportunities to participate in the organization.

The overall goal of this Leadership Development Guide is to encourage organizational leadership involvement by identifying and supporting members seeking nomination for elected positions or volunteering to participate in committee work.

The LSC will support members seeking nomination for elected positions or volunteering for committee work. The members of the LSC are available to answer questions regarding the committee, the Leadership Development Plan and related policies. Names and contact information for current LSC members are located on www.ncsbn.org/518.htm.

Resources on Leadership Theories and Practice:

Kouzes, J.M. & Posner, B.Z. (2008). *The leadership challenge* (4th ed.). San Francisco, CA: Jossey-Bass.

Northouse, P.G. (2009). *Leadership: Theory and practice* (5th ed.). Thousand Oaks, CA: Sage Publications.

Resources on Conducting a Leadership Self-assessment and an Emotional Intelligence Self-assessment:

Bradberry, T. & Greaves, J. (2009). *Emotional intelligence 2.0*. San Diego, CA: TalentSmart.

Rath, T. (2007). *Strengths finder 2.0*. New York, NY: Gallup Press.

Developed by the NCSBN Leadership Succession Committee: 2010, Revised 2011



Every calling is great when greatly pursued.

— Oliver Wendell Holmes

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Attachment D Nomination Brochure

Sue Petula, Chair, Area IV Member
spetula@state.pa.us

Louise Bailey, Area I Member
Louise_Bailey@dca.ca.gov

Lisa Emrich, Area II Member
lemrich@nursing.ohio.gov

George Hebert, Designated Member
Employee of NCSBN Member Board
George.hebert@lps.state.nj.us

Lorinda Inman, Designated Member
Former NCSBN Board of Directors Member
Lorinda.Inman@iowa.gov

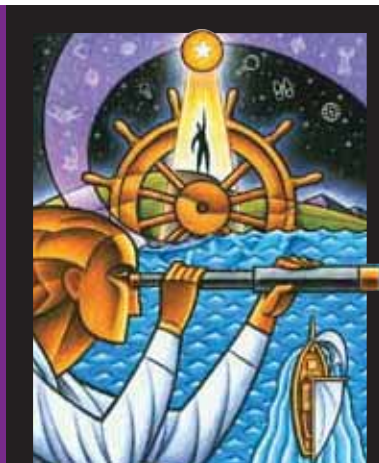
Brenda McDougal, Area III Member
Brenda@ncbon.com

Mark Majek, Designated Member
Current or Former NCSBN Committee Chair
mark.majek@bon.texas.gov

Suelyn Masek, Designated Member
Board Member of NCSBN Member Board
suelynmasek@yahoo.com

The candidate Nomination Form must be received by
Monday, April 2, 2012.

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ADVANCING POTENTIAL: DISCOVER THE LEADER WITHIN

Every calling is great
when greatly pursued.

– Oliver Wendell Holmes

DISCOVER THE LEADER WITHIN

- I am ready to serve the purpose, mission and values of NCSBN.
- I am sensitive to and tolerant of different views.
- I can deal with ambiguity and complexity.
- I am flexible and adaptable.
- I am a good steward and will serve the greater good.
- I can think strategically and be open to new ideas.
- I can make decisions using the best evidence.
- I will strive to lead effective change.
- I will pursue excellence in all endeavors.
- I am collaborative.
- I am ready to do the right thing for the right reason through informed, open and ethical debate.

HAVE YOU CONSIDERED SERVING NCSBN?

IF SO, THERE IS A LEADERSHIP OPPORTUNITY FOR YOU THAT PROVIDES YOU WITH:

- An opportunity to impact nursing regulation; and
- Collaboration with other professionals with varying view points.



NCSBN BOARD OF DIRECTORS

WHAT ARE THE RESPONSIBILITIES OF BOARD MEMBERS?

- Carry out responsibilities in good faith, with reasonable care, honesty and due diligence;
- Discharge responsibilities with fidelity to NCSBN and make decisions upon the good faith belief such actions are solely in the best interest of the organization as a whole; and
- Act in accordance with NCSBN bylaws and policies.

AM I ELIGIBLE TO APPLY?

- All NCSBN Member Boards (nursing board members and board staff) are eligible to apply to run for any elected office.

WHAT IS THE TIME COMMITMENT

- Approximately 30 days over 12 months that include five three-day meetings per year and attendance at NCSBN Midyear and Annual Meetings. Members may serve as board liaisons to NCSBN committees and as representatives to external meetings.

2012 OPEN POSITIONS

August 2012–2014
President
Vice President
Treasurer
Director-at-Large
Director-at-Large

LEADERSHIP SUCCESSION COMMITTEE

WHAT IS LEADERSHIP SUCCESSION?

Leadership succession is the deliberate, ongoing process of identifying and developing qualified leaders who:

- Serve the purpose, mission, vision and values of NCSBN;
- Advance and promote excellence in nursing regulation;
- Sustain and evolve continued success and viability of NCSBN; and
- Embrace and cultivate a culture of service and stewardship.

WHAT ARE THE RESPONSIBILITIES OF COMMITTEE MEMBERS?

- Recommend strategies for the ongoing sustainability and advancement of NCSBN through leadership succession planning.
- 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.

AM I ELIGIBLE TO APPLY?

- All NCSBN Member Boards (nursing board members and board staff) are eligible to apply to run for any elected office.

WHAT IS THE TIME COMMITMENT?

- Four two-and-one-half-day committee meetings per year and attendance at NCSBN Midyear and Annual Meetings.



2012 OPEN POSITIONS

August 2012–2014
Area I Member
Area II Member
Area III Member
Area IV Member

Attachment E

NCSBN Leadership Development Resources Survey

NCSBN Leadership Development Resources

Are you aware of the NCSBN resources available for Leadership Development located at the "Members Only" site?		Response Percent	Response Total
Yes		66.67%	62
No		33.33%	31
		Total # of respondents 93. Statistics based on 93 respondents; 0 filtered; 0 skipped.	

If "Yes" have you used these resources?		Response Percent	Response Total
Yes		21.13%	15
No		78.87%	56
		Total # of respondents 93. Statistics based on 71 respondents; 0 filtered; 22 skipped.	

If "Yes" what specific Leadership Development Resources did you use?		Response Total
		21
		Total # of respondents 93. Statistics based on 21 respondents; 0 filtered; 72 skipped.

How did these resources influence your leadership competencies (abilities)?		Response Total
		20
		Total # of respondents 93. Statistics based on 20 respondents; 0 filtered; 73 skipped.

What specific leadership development resources are of interest to you?		Response Total
		21
		Total # of respondents 93. Statistics based on 21 respondents; 0 filtered; 72 skipped.

Are there any leadership development topics or needs that you would like to have included in the Leadership Development Program?		Response Total
		15
		Total # of respondents 93. Statistics based on 15 respondents; 0 filtered; 78 skipped.

Comments:		Response Total
		18
		Total # of respondents 93. Statistics based on 18 respondents; 0 filtered; 75 skipped.



If “Yes” what specific Leadership Development Resources did you use?

- I feel ignorant for not knowing of this area. I am an investigator and am always looking for ways to increase my knowledge. I am a nurse also and was thoroughly impressed with the online course I too from NCSBN AND I check your site numerous times throughout my work day. I guess I did not check the the leadership development site as I did not feel I was considered leadership within the board.
- Handouts at meetings, presentations at meetings, Committee members giving testimonials.
- IRE and Leadership Succession Committee.
- Environmental scan and legislative tracking.
- I use information on the Educational Knowledge Network. I'm also a member of the NEC and use the Wiki to access resources for committee work. I use the model rules as a reference when discussing any changes to our state's current rules.
- Use the bibliography
- EO core competencies, meeting materials, BOD dial in, knowledge networks, model rules, council connector, etc.
- Policies and funding
- I was a member of the Leadership Succession committee for the last two years. I now use the tools with new EOs.
- NCSBN 101, President's Role, New Delegate
- to see what is involved and required to consider running for the board of directors
- n/a
- Briefly looked at the site
- Read the references and looked up the web sites offered as being helpful.
- Early Connectivity: Model Act and Rules; Practice Consultant: social media and transition to practice Building Self Knowledge: Leadership Assessment tools
- I read reports, use Interactive site, volunteer on a committee.
- 101 course model rules and practice act
- N/A
- Tried to access "101" and "new delegate", both sent me to main ncsbn page.
- none
- I use the resources in a variety of ways including: Use the NCSBN roadmap as a Guide for orientation of new staff members Personally, I am using the resources including attendance at NCSBN meetings (policy, midyear, annual, IRE etc), interactive online courses (ncsbn 101, NCLEX 101, Disciplinary investigations, etc), email newsletters, knowledge networks (education, APN etc), external resources (clear and carb seminars)

How did these resources influence your leadership competencies (abilities)?

- I am anxious to review them and use them.
- N/A
- IRE information was very helpful not only for my IRE work but for leadership information in general.
- Info on what is going on in regulatory arena.
- They are a big part of how I have developed knowledge regarding NCSBN and how I am supposed to perform in my job at the state level.
- re-affirmed my existing abilities.
- Great resources!
- Used for researching possible language for writing a policy. Assisted in research.
- Options for their growth and skills.
- As part of the fellowship program, I have grown tremendously as a regulatory. I have gained valuable information on public policy development, substance use disorders, disabilities, leadership etc. etc.
- it helped me understand the requirements
- n/a
- I'm sure they did and they will continue to however I don't have a specific to share
- Provided additional information to consider in addressing practice issues and concerns; appropriate tools for assessing leadership development.
- Add a new perspective, provoke critical thinking and assessment of current practices or processes.
- this was a helpful course for me several years ago to learn about the NCSBN, etc. We also encourage our new board members to complete the course.
- N/A
- NA
- na
- Each have been beneficial in its own way; contributing to growth in my leadership ability. I have the information available to assist new members in various aspects of their respective job growth (ex. New investigators, new education committee members). The online webinars are wonderful in providing information to those that are unable to attend related to budget constraints.

What specific leadership development resources are of interest to you?

- I am interested in developing in my role as an investigator, learning what the board members themselves are trained in, and how the boards work together for public safety and the advancement of nursing as a career.
- I am participating in the Executive Coaching.
- I actually do plan to utilize what is available, but I am not currently educated as to what is specifically available.
- The resources made available to me as a committee chair have been invaluable. They have been good resources when I have had questions about committee processes, as well as general leadership processes in working in groups.
- I am most interested in the Educational and Educational Consultant resources.
- conflict management/resolution and negotiation skills
- I am interested in continuing as a mentor for new EOs. It would be helpful to have new EOs complete a skills inventory and share their results with me. I could then offer options or specific tasks.
- I plan to order the short version of Robert's rules of order and Strengths finder 2.0 for now and will check back frequently for other resources. I also want many of my staff members and co-workers to visit the site and utilize resources that fit their needs. Most importantly for them to be aware of them.
- Leadership Assessment for personal use, like resources for new staff and board members
- working w/ board chairs -- which we're doing @ mid-year
- Unsure at this time - would need to review available resource options before answering.
- I am new to regulatory aspects of nursing. However, I feel that I have had resources provided in my role as nurse educator. At this time, I do not have other specific leadership interests.
- Model Rules, minutes of various committees, Council Connector, Policy Perspectives
- Group dynamics

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- Are there any recently-published resources that address newer versions of testing/assessment of personality types, for use by administrators or HR personnel in identifying and utilizing strengths and talents of members in their employee groups?
- In addition to those stated above, the Nursing Practice resources on the Wiki.
- They all have value, but there is not always time to utilize them as much as one would like.
- A variety and there are many listed on the site that I was unaware of, so I may explore those further.
- Both these classes would be helpful
- I would like to know what the future holds for lpn's and lvn's in today's development
- All are valuable resources, however I am interested in expanding more in the area of committee participation. Additionally, I frequently use online webinars and toolkits



Are there any leadership development topics or needs that you would like to have included in the Leadership Development Program?

- I would like to increase my knowledge of investigations and how to be a leader within our unit.
- Plans for succession for the EO for small boards that only have one nurse on staff.
- Working with different types of people/personalities/ages
- Anything regarding Office Management of a Board, working with a board, budget development for boards, resources for IT best practices
- Public Speaking How regulators can interface and be successful with the business community
- I can not think of any at this time
- More on how to function as a board member. I know there are differences among states but there are some basic info that would apply to all board members. Would be very useful as part of new member orientation.
- options specific to Board staff
- Not aware of the topics currently in this program.
- Strategic Plannign vision, theory and application
- **Ethical climates **Social Media policy development
- I would like to have access to research engines through NCSBN. Practice often requires rigorous research and accessibility to peer-reviewed journals is limited. As a member of the 2012 cohort of the IRE Fellowship program, this would be beneficial.
- No
- what development programs are geared to help lpn's and lvn's in the leadership program?
- Data collection, trending Networking....getting foot in the door Regulatory reach

Comments:

- Thank you very much for asking my opinion and for educating me in the leadership availability.
- I have generally used the Web site for my committee information.
- My only problem is finding the time to access and absorb the resources. I go to them when there is a dilemma.
- As a public member of our board, I see few if any chances for leadership in NCSBN.
- There is a large amount of information included in the current Leadership Development Program. It all comes down to having time to research and use the information that is available. Good job!
- I was not aware of this specific section until today. I think it is an amazing idea to orient new members and staff and found this section very helpful. I have found many resources through NCSBN as part of the fellowship program but I did not know this section was available on the website. It is like a roadmap of offerings for development by NCSBN.
- this is an excellent program -- if folks take advantage of the materials and resources.
- I am just learning about the resources of NCSBN.
- My responsibilities at work and at my State Board is all I can do at this time.
- I did not know about this resource, but will go use it now...
- I am impressed with the organization of the program - you all have done a great job!
- I had not veiwed this site until I received this e-mail. Although it was only a quick overview, I thought the site was very comprehensive and appealing. Hopefully the site will attract new, younger board members and staff to utilize the great offerings. Since everyone is very busy, it would be nice to be able to offer a short description so that everyone would be aware of the offerings.
- I've been to several of the mid-year and annual meetings and feel informed through the offerings for board members. While aware, I haven't felt the need for utilizing the website for leadership development. Perhaps, I have just forgotten to access.
- I think you are already doing a good job. Keep up the good work.
- Time is the issue
- lpn's and lvn's are being forgotten in the developing programs today.
- unfortunately I have not had the opportunity to take advantage of any of the NCSBN programs/resources. I hope to do so soon and have been monitoring your emails. Thank you.
- Thank you

Attachment F

Leadership Succession Committee Policy and Procedure

POLICY NUMBER	1.0
POLICY NAME	LEADERSHIP SUCCESSION COMMITTEE
DATE OF ORIGIN	December 2008
PURPOSE	<ul style="list-style-type: none"> ▪ To define the role, function, and procedures for the Leadership Succession Committee (LSC). ▪ To utilize core leadership competencies to determine applicants' readiness for candidacy for all elected positions consistent with the mission, vision and values of NCSBN. ▪ To establish a timeline of activity for engagement, preparation, and presentation of a slate of candidates at Delegate Assembly. ▪ To implement a nomination, selection, and campaign process that reflects the values of fairness, integrity, and accountability.

1.0 POLICY	<p>1.1 LSC recommends strategies for the ongoing sustainability and advancement of the organization through leadership succession planning.</p> <p>1.2 LSC presents a slate of candidates through a determination of qualifications and geographic distribution for inclusion on the ballot for the election of the Board of Directors and LSC.</p>
2.0 STANDARDS / CRITERIA	<p>2.1 Facilitate the operations of the committee.</p> <p>2.2 Determine candidate qualifications based on demonstration of identified essential competencies for governance leadership as stated in the leadership development plan.</p> <p>2.3 Establish equitable, fair, and consistent campaign procedures.</p>
3.0 OPERATIONAL DEFINITIONS	<p>3.1 Annual Meeting: This term refers to NCSBN's annual meeting held in August.</p> <p>3.2 Delegate Assembly: During the Annual Meeting, the Delegate Assembly, NCSBN's voting body, convenes. Activities include discussion and voting on NCSBN business items and election of individuals to the Board of Directors and LSC.</p> <p>3.3 Campaign Procedure: permissible activities undertaken by applicants to communicate with the membership.</p>
4.0 OPERATIONAL PROCEDURE	<p>4.1 Preparation of Slate and Interview Process</p> <p>(a) LSC directly engages NCSBN committees & conference attendees through ongoing leadership development and engagement activities.</p>

- (b) Issue Call for Nominations through NCSBN communication channels which may include:
 - (1) NCSBN website
 - (2) Council Connector
 - (3) Electronic notification distribution and direct mailing to Member Board Presidents, Executive Officers, Member Boards, all current NCSBN committee members, and all member networks.

(c) Determine nominee eligibility and qualifications.

(d) Validate the nominee eligibility to serve a complete term with proper documentation.

(e) Conduct applicant interviews to validate essential competencies in governance leadership.

- (1) Contact applicants
- (2) Explain process of the interview
- (3) Conduct interview and allow applicant to ask questions
- (4) Conclude interview
- (5) Notify each applicant in writing of acceptance or denial of candidacy

(f) Members of the LSC who have submitted a nomination form for a second term shall recuse themselves from the interview of applicants for that position.

(g) Prepare slate of candidates.

4.2 **Presentation of the Slate**

(a) LSC announces and submits the slate of candidates to the Business Book.

(b) The report of the LSC is read at the first business meeting of the Delegate Assembly and nominations from the floor are accepted pursuant to NCSBN Bylaws Article 7, Section 1(f).

(c) Conduct Candidate Forum.

(d) Election (Delegate Assembly Volunteer Committee)

4.3 **Nominations from the Floor Procedure**

(a) Members nominated from the floor: Any member who intends to be nominated from the floor is required to take the following steps:

- (1) Obtain, complete & submit nomination form from NCSBN.
- (2) Person intending to be nominated from the floor will schedule an interview with LSC through NCSBN (no later than the day before adoption of the slate by the Delegate Assembly).
- (3) The interview questions and nomination form will be electronically disseminated by NCSBN to the individual intending to be nominated from the floor.
- (4) Nominee is interviewed by LSC the day prior to adoption of the slate by the Delegate Assembly.



- (5) Written notification of LSC's recommendation is delivered to the individual intending to be nominated from the floor following the interview, prior to Delegate Assembly.
- (6) Individual intending to be nominated from the floor identifies a delegate to make a nomination from the floor during Delegate Assembly.
- (7) Delegate obtains resolution form at Delegate Assembly, as instructed by the President.
- (8) Nomination is made from the floor within a 2 minute timeframe and nominee's qualifications are stated.
- (9) Forms are collected by Delegate Assembly ushers.

4.4 Campaign Procedure

- (a) Campaign activity is monitored by LSC. LSC members are prohibited from providing opinion, counsel or advice about candidates or campaign strategies; however, the members can provide information regarding the campaign process.
- (b) Campaign violations will be addressed by LSC as identified.
- (c) Candidates will be expected to act ethically and professionally at all times and in accordance with the organizational values.
- (d) All candidates will receive the following for the purpose of campaign:
 - (1) General contact information for Member Boards which includes mailing address and phone number of each NCSBN Member Board
 - (2) The general Member Board group email address
 - (3) Email addresses of NCSBN members registered to attend Annual Meeting.

4.5 Campaign Rules

- (a) Campaign activity is monitored by LSC.
- (b) Campaign activity is permitted after public announcement of the slate.
- (c) Candidates may campaign by communicating with the membership through letters, emails, flyers and telephone calls.
- (d) Campaign activity is allowed at all times during Annual Meeting with the exception of Delegate Assembly business session.
- (e) Power Point presentations are permitted during the Candidate Forum of Annual Meeting. These presentations are optional for the candidate. If the candidate chooses to present a Power Point, the presentation is required to be submitted electronically to NCSBN.
- (f) Candidate photos will be posted outside the meeting rooms.
- (g) A ribbon will be provided to the candidate by NCSBN and is the only candidate identification allowed during Annual Meeting.

- (h) A candidate unable to attend Annual Meeting may have his or her personal statement read during the candidate forum by their member board representative.

4.6 **Candidate Forum:**

- (a) Occurs during Annual Meeting.
- (b) Provides each candidate the opportunity to make a presentation (power point optional) to the membership.
- (c) Individual candidate presentation time is limited to the following time intervals:
 - Five (5) minutes for Presidential candidates
 - Four (4) minutes for Director positions
 - Two (2) minutes for LSC candidates
- (d) Order of Candidate Forum Presentations
 - **Even Numbered Years**
 - **Board of Directors**
 - (1) President
 - (2) Vice President
 - (3) Treasurer
 - (4) Director-at-Large (two positions)
 - **Leadership Succession Committee**
 - (1) Area I Member, LSC
 - (2) Area II Member, LSC
 - (3) Area III Member, LSC
 - (4) Area IV Member, LSC
 - **Odd Numbered Years**
 - **Board of Directors**
 - (1) Area I Director
 - (2) Area II Director
 - (3) Area III Director
 - (4) Area IV Director
 - (5) Director-at-Large (two positions)
 - **Leadership Succession Committee**
 - (1) Designated Member, Employee of a Member Board
 - (2) Designated Member, Board Member of Member Board
 - (3) Designated Member, Current or Former NCSBN Committee Chair
 - (4) Designated Member, Former NCSBN Board of Directors Member

4.7 Election Results

- (a) Refer to Board Policy 5.7. Annual Meeting; Process and Role of Committee on Elections

Revision Dates:

- January 4, 2010
- April 20, 2011
- April 12, 2012

Attachment G

Annual Meeting: Process and Role of Committee on Elections Policy and Procedure

POLICY NUMBER	5.7
POLICY NAME	ANNUAL MEETING: PROCESS AND ROLE OF COMMITTEE ON ELECTIONS
DATE OF ORIGIN	May 1992
PURPOSE	<ul style="list-style-type: none"> ▪ To conduct all elections decided by ballot in accordance with the NCSBN bylaws and election policies and procedures.

1.0 POLICY	<p>1.1 The Board of Directors (BOD) president will appoint the Elections Committee. The committee shall consist of a chair and one representative from each Area. Members of the committee shall not be a delegate or candidate for an office. The chair and members must attend the entire Delegate Assembly meeting.</p> <p>1.2 Ballots shall contain the names of all nominees for office and for the Leadership Succession Committee. Candidates for an office nominated by the Leadership Succession Committee shall be listed first on each ballot.</p> <p>1.3 The Elections Committee shall verify that only authorized delegates vote and that the number of votes cast does not exceed the number of delegates authorized to vote. The chair of the Elections Committee shall verify final voting numbers. If the names and numbers do not agree, a report shall be made to the president to inform the Delegate Assembly regarding the necessity for reballoting.</p> <p>1.4 If a question arises regarding the validity of a delegate, the question shall be referred to the Election Committee Chair who shall request verification of the person's voting status from the Credentials Committee.</p> <p>1.5 Each member board shall be entitled to two votes. Either one or two delegates may cast the votes. There shall be no proxy or absentee voting at the Annual Meeting.</p> <p>1.6 Members and employees of member boards shall be eligible to serve as delegates until their term or their employment with a member board ends. An NCSBN officer or director may not represent a member board as a delegate.</p> <p>1.7 Official records of election results shall be retained in accordance with the record retention policy.</p> <p>1.8 In matters of recording the count not covered in these policies, <i>Robert's Rules of Order, Newly Revised</i> and <i>Robert's Parliamentary Law</i> shall govern, the intent of the voter being the first consideration.</p>
2.0 STANDARDS/CRITERIA	<p>2.1 If a manual voting process is used:</p> <p>(a) A valid authorization card will be required to receive a manual ballot. Authorization cards shall be issued only to individuals whose names appear on the official delegate list. Each delegate entitled to two votes shall receive two authorization cards.</p>

- (b) An explanation of the manual voting process will be provided to the voting delegates when they receive their voting card during the delegate registration process.
- (c) In the event of a revote, the process identified for voting, as described above, will be followed.

2.2 If an electronic voting process is used:

- (a) A valid PIN authorization card will be required to access a computerized ballot. PIN authorization cards shall be issued only to individuals whose names appear on the official delegate list. Each delegate entitled to two votes shall receive two PIN authorization cards.
- (b) An explanation of the computerized voting process will be provided to the voting delegates when they receive their voting card during the delegate registration process.
- (c) In the event of a revote, the process identified for voting, as described above, will be followed.

3.0 OPERATIONAL PROCEDURE

3.1 The Elections Committee will receive orientation on roles and responsibilities, voting process and procedures and timelines.

3.2 Counting the Vote

- (a) The Elections Committee shall tally all ballots cast when the voting is closed.
- (b) When the count is completed and verified, the chair of the Elections Committee shall notify the president, CEO and the Election Committee members.

3.3 Reporting the Vote

- (a) The results of the election will be announced at the first Delegate Assembly meeting following the election. The President will announce only the names of candidates who received the necessary votes to elect and declare the result for that office.
- (b) The members of the Election Committee shall inform candidates in writing of the results of the election before the results are announced at the Delegate Assembly. Staff will post the name, jurisdiction and Area of those elected on the message board in the registration area after the declaration of election.
- (c) Members of the Elections Committee will review election results with candidates and delegates who request it.

Revision Dates:

- May 1998
- March 2002
- May 2002
- December 2002

Board of Directors Review Dates:

- FY07
- FY11



2012 Report of the Board of Directors

Highlights of Business Activities

Oct. 1, 2011 through May 31, 2012

THE FUTURE IS NOW

The 2012 Board of Directors (BOD) has been immersed in discussions and decisions affecting the future. In the fall, the BOD directed staff to submit a proposal to the Canadian Council of Registered Nurse Regulators request for a computer-based, computer adaptive licensing examination. In a historical decision, the proposal was awarded to NCSBN. In another first, the BOD diligently monitored the discussion of a proposed federal bill regarding a tandem telehealth license from Senator Udall (New Mexico). Never in the history of NCSBN has there been such action directly related to state-based licensure. NCSBN has additionally impacted the future through its initiative to support the adoption of the APRN Consensus Model to standardize one regulatory model across the nation. The late Steve Jobs, former CEO of Apple, said that everyone here has the sense that right now is one of those moments when we are influencing the future. This has been one of those moments.

The BOD continues to schedule time for generative conversations at every meeting. These thought provoking discussions have covered the meaning of collaborative leadership and strategic alliances; implementation of the Uniform Licensure Requirements (ULRs); the implication of passing a Delegate Assembly resolution; how to engage members early in the activities of NCSBN; how to make the most effective use of committees; maximizing the membership value and benefit of the Annual and Midyear meetings; and the components of known licensure models.

The BOD implemented an outcome, performance-based strategic and operational plan this year. Performance data and cost analysis have been provided to the BOD from all major areas of the organization regarding programs, products and services. This data review has helped the BOD have confidence that NCSBN is making a difference, that resources have been spent wisely and the work of the organization is providing value to the membership.

The BOD has continued to grant funding for member boards to participate in the Data Integrity Project. The improved completeness and accuracy of Nursys® has benefited all members. The goal of a national unduplicated count of nurses in the U.S. is within reach with 49 jurisdictions now submitting licensure data and several others working toward submission.

Recommendations to the Delegate Assembly

Adopt the proposed revision to the NCSBN Model Practice Act and Rules.

Rationale:

The newly revised Model Act and Rules are the result of two years' work on the part of the Model Act & Rules Committee, beginning in fiscal year 2011 (FY11). The model revisions include efforts by the committee to update, streamline, clarify and better organize the existing model. Language has been added to coincide with already adopted NCSBN policies and guidelines, including the Uniform Licensure Requirements, Substance Use Disorder Guidelines and the APRN Consensus Model. Adoption of the new model will allow all boards of nursing (BONs) to more easily adopt and implement consistent laws by using the model as example legislative and regulatory language. The revisions were shared with the membership at the Midyear Meeting and revised according to feedback received.

Fiscal Impact:

None.

Members

Myra Broadway, JD, MS, RN
President, Maine, Area IV

Shirley Brekken, MS, RN
Vice President, Minnesota, Area II

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

Debra Scott, MSN, RN, FRE
Area I Director, Nevada

Lanette Anderson, JD, MSN, RN
Area II Director, West Virginia-PN

Pamela Autrey, PhD, MBA, MSN, RN
Area III Director, Alabama

Ann O'Sullivan, PhD, CRNP, FAAN
Area IV Director, Pennsylvania

Betsy Houchen, JD, MS, RN
Director-at-Large, Ohio, Area II

Julio Santiago, MSN, RN, CCRN
Director-at-Large, Illinois, Area II

Katherine Thomas, MN, RN
Director-at-Large, Texas, Area III

Emmaline Woodson, DNP, MS, RN, FRE
Director-at-Large, Maryland, Area IV

Staff

Kathy Apple, MS, RN, FAAN
CEO

Board Meeting Dates

- Sept. 28-30, 2011
- Dec. 5-7, 2011
- Feb. 15-17, 2012
- May 9-11, 2012

Adopt the Saskatchewan Registered Nurses' Association as an associate member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a "nursing regulatory body or empowered regulatory authority from another country or territory." The bylaws require approval of membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

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

Adopt the College of Licensed Practical Nurses of Nova Scotia as an associate member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a "nursing regulatory body or empowered regulatory authority from another country or territory." The bylaws require approval of membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

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

Adopt the Nursing Council of New Zealand as an associate member of NCSBN.

Rationale:

The NCSBN Bylaws state that an associate member is a "nursing regulatory body or empowered regulatory authority from another country or territory." The bylaws require approval of membership by the full membership of the Delegate Assembly. The current applications for associate membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:

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

FY12 Highlights and Accomplishments

COLLABORATION WITH EXTERNAL ORGANIZATIONS

Strategic Partnership Meeting Attendance by BOD and/or NCSBN Staff

- National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP)
- National Governor's Association (NGA)
- National Conference of State Legislatures (NCSL)
- Council on Licensure, Enforcement and Regulation (CLEAR) Annual Meeting
- International Council of Nurses (ICN) Credentialing & Regulatory Forum
- ICN Triad Meeting
- Tri-Council Meeting
- Citizens Advocacy Center Annual Meeting (CAC)
- National League for Nursing Summit (NLN)
- Florida Board of Nursing visit
- National Student Nurses Association (NSNA) Midyear Conference
- National Association for Associate Degree Nursing (N-OADN) Annual Convention
- American Association of Colleges of Nursing (AACN) Baccalaureate Conference

- Council of State Governments (CSG) National Conference and North American Summit
- National Federation of Licensed Practical Nurses (NFLPN)
- Nursing Organization Alliance (NOA)
- Federation of Associations of Regulatory Bodies (FARB)
- Vermont Board of Nursing visit
- NCSL Fall Forum
- NSNA Annual Conference
- American Organization of Nurse Executives (AONE)
- Federation of State Medical Boards (FSMB)
- National Credentialing Summit
- National Governors Association (NGA) Winter Meeting
- Tri-Regulator Collaborative Meeting
- Nurse Triage Line Stakeholders Meeting
- National Quality Forum (NQF)
- Institute for Healthcare Improvement (IHI) Annual Meeting
- American Board of Nursing Specialties (ABNS) Annual Meeting
- National Organization of Nurse Practitioner Faculties (NONPF) Annual Meeting

FINANCE

- The BOD approved the proposed budget for the fiscal year beginning Oct. 1, 2011, and ending Sept. 30, 2012.
- The BOD accepted the financial statements for the first two quarters of the fiscal year.
- The BOD approved authorizing the CEO to establish and maintain banking investment and brokerage accounts in the name of NCSBN.
- The BOD accepted the financial statements and the report of the independent auditors affirming the statements present fairly, in all material respects, the financial position of NCSBN as of Sept. 30, 2011.
- The BOD accepted the independent auditor's report for the NCSBN retirement plan for the year ending June 30, 2011.
- The BOD reviewed and approved the 2011 IRS 990 form.

GOVERNANCE AND POLICY

- The BOD participated in a new BOD orientation session with a governance consultant.
- The BOD finalized a self-assessment performance action plan to be implemented throughout the year in order to improve the BOD's governance effectiveness.
- The BOD participated in an orientation session with legal counsel on the legal foundations for governance, fiduciary obligations and role and responsibilities of the BOD.
- The BOD reviewed and discussed the 2011 Delegate Assembly evaluations. Recommended changes to the 2012 Delegate Assembly were initiated as a result.
- The BOD approved the minutes of each proceeding BOD meeting.
- The BOD reviewed a Nurse Licensure Compact Administrator (NLCA) update report at each meeting.

- The BOD facilitated a dialogue with the membership during all BOD meetings by conference call and/or webinar.
- The BOD reviewed current issues and events in the national and international environment at each meeting, including the annual written environmental scan report.
- At each BOD meeting, the BOD participated in a report and discussion with Prime Policy Group, a Washington, D.C. government relations firm.
- The BOD directed staff to submit a proposal in response to a request for proposal from the Canadian Council of Registered Nurse Regulators for a computer adaptive licensure examination.
- The BOD met with the Leadership Succession Committee (LSC) in a joint meeting to discuss the future needs of the NCSBN BOD, measures to engage the membership and areas of process improvement.
- The BOD facilitated a discussion on generative topics pertinent to the future of nurse licensure, the implication of passing a Delegate Assembly resolution, how to engage members early in the activities of NCSBN, how to make the most effective use of committees, collaborative leadership and strategic alliances, and how to maximize the Annual and Midyear Meetings for the benefit of members.
- The BOD appointed members to fill two vacancies on the LSC.
- The BOD approved proposed revisions to Policy 2.4. NCSBN Member Board Resource Fund and Policy 5.1. NCSBN Major Meetings to provide support for member boards and decrease the costs of Annual Meeting.
- The BOD met with the President and CEO David Swankin of the Citizens Advocacy Center (CAC) to discuss reforming scopes of practice and current needs of consumers.
- The BOD approved a budget for Phase II of the Consumer Outreach Campaign to inform and educate consumers on the role of BONs and advanced practice registered nurses (APRNs).
- The BOD approved the Center for Creative Leadership (CCL) as the vendor for executive coaching for up to 20 executive officers.
- The BOD approved direct assistance requests for funding to assist members with the data integrity project from the following jurisdictions: Arizona, Delaware, New Hampshire, the District of Columbia, Florida, Texas, New Mexico, Virginia and Minnesota.
- The BOD adopted the proposed Board Member Role Expectations and Responsibilities of Being a Mentor to a New Board Member documents to provide additional information to board members for BOD governance effectiveness and efficiency.
- The BOD engaged in conversation on the meaning and implementation of the organizational values of collaboration, excellence, innovation, integrity and transparency.
- The BOD reviewed and discussed CSG's proposal regarding criminal background checks.
- The BOD approved funding for an Operations Conference with three objectives: identify strategies for an efficient licensure program; utilize the multi-faceted functionality of Nursys; and analyze licensure documents for fraud. The BOD also approved establishing a planning group to plan and host the conference.
- The BOD endorsed the American Nurses Association (ANA) statement on social networking.
- The BOD approved the request from the North Dakota Board of Nursing for \$20,000 to engage a firm to conduct a program audit.
- The BOD appointed a member to the Model Act & Rules Committee to fill a vacancy.



- The BOD appointed a member to fill a vacancy on the Nursing Education Committee.
- The BOD approved the proposed revisions to Policy 3.16, now titled CEO Succession Plan, to ensure the operations of NCSBN are uninterrupted in the event of the anticipated or unanticipated departure of the NCSBN CEO.
- The BOD accepted the draft joint statement on state based licensure and asked CEO Kathy Apple to negotiate possible revisions with the Tri-Regulator Collaborative.
- The BOD approved fiscal year 2013 (FY13) BOD meeting dates.
- The BOD reviewed and discussed the performance management system infrastructure implemented by staff.
- The BOD approved the content for area meeting agendas.
- The BOD reviewed and discussed the work of the Interface Group (composed of members of the NCSBN BOD and members of the NLCA Executive Committee) to facilitate communication and resolution of concerns.
- The BOD reviewed quarterly progress towards accomplishment of the 2012 Strategic and Operational Scorecards.
- The BOD began strategic and operational objectives for FY13.
- The BOD reviewed annual member evaluations of all committees.
- The BOD determined FY13 committees, charges and appointed chairs to each committee.
- The BOD reviewed and discussed the role of the BOD, CEO and staff.
- The BOD met with the executive director of CSG.
- The BOD finalized the 2012 Delegate Assembly business agenda and recommendations.
- The BOD endorsed the National Organization of Nurse Practitioner Faculty (NONPF) revised criteria for evaluation of nurse practitioner education programs.
- The BOD approved a new policy on guidelines for the use of social media by NCSBN.
- The BOD conducted a debriefing and evaluation at the end of each BOD meeting.

TESTING

- The BOD filled vacant committee positions to facilitate the work of the NCLEX® Item Review Subcommittee (NIRSC).
- The BOD reviewed the proposed revision to the 2013 NCLEX-RN® Test Plan.
- The BOD moved to approve the white paper on the purpose and function of NCLEX® for distribution to provide education to members and the external community.
- The BOD terminated the data sharing agreement with CGFNS International.
- The BOD routinely reviewed the NCLEX, Medication Aide/Assistant Certification Examination (MACE®) and National Nurse Aide Assessment Program (NNAAP®) reporting data.
- The BOD reviewed quarterly reports from Pearson VUE.

INFORMATION TECHNOLOGY

- The BOD approved the Nursys e-push financial model and marketing strategy for licensure and disciplinary data.

- The BOD adopted the proposed Policy 12.16. Response to Third-party Subpoenas to support the protection of data housed in Nursys.
- The BOD charged staff with identifying criteria/guidelines for direct assistance requests that would include sufficient specificity regarding Nursys essential data elements and approach to capture or revise data.
- The BOD approved implementation of the enhanced Nursys vision utilizing the NCSBN developed model and referred the proposal to the Finance Committee to provide a final cost analysis and recommendation to the BOD. The new model will include a licensure management system.
- The BOD reviewed program data from the departments of Interactive Services and Nursys on a quarterly basis.

NURSING REGULATION

- The BOD approved the budget for the Continued Competence Research Project Pilot Study.
- The BOD approved the ULRs implementation plan.
- The BOD approved funding for a national stratified sample survey of nursing workforce supply data.
- The BOD reviewed updates on the work of the APRN LACE Network.

RESEARCH

- The BOD decided not to publish the completed APRN study, but to instead, use the study results to develop new research to inform the regulation of APRNs.
- The BOD approved funding for a national stratified sample survey of nursing workforce supply data.

Attachment

- A. Annual Progress Report, October 2011–May 2012
- B. Saskatchewan Registered Nurses' Association Associate Member Application
- C. College of Licensed Practical Nurses of Nova Scotia Associate Member Application
- D. Nursing Council of New Zealand Associate Member Application

Attachment A

Annual Progress Report, October 2011–May 2012

The Annual Progress Report is provided as a summary of the year's activities and accomplishments in the work toward achieving the organization's strategic initiatives.

A. NCSBN promotes evidence-based regulation.

STRATEGIC OBJECTIVE 1

Increase regulatory knowledge through research.

NCSBN continues an active research program with meaningful and useful projects. Results of the Medication Aide Study were shared in a face-to-face meeting with the Centers for Medicare and Medicaid Services. The results were also published in the *Journal for Nursing Regulation* and disseminated at the long-term care conference. The National Simulation Study is on track and entering Phase 2. The Transition to Practice Study is on track and entered its next phase. Both studies will be completed with results distributed in 2014. The Continued Competence Pilot Study has begun and the Nurse Licensure Models/Excelsior study design is under development and discussion. The 2012 Scientific Symposium will be held in Arlington, Va. on Sept. 11, 2012.

STRATEGIC OBJECTIVE 2

Promote regulatory excellence through a performance measurement system.

The Commitment to Ongoing Regulatory Excellence (CORE) Committee has been working with a performance measurement expert and have developed a logic model to ensure survey questions are measuring the right outcomes. Promising practices in the area of discipline have been identified and will be investigated further. Survey instruments have been revised for the next data collection.

STRATEGIC OBJECTIVE 3

Create resources for evidence-based regulation.

Criteria for evaluation of APRN certifications examinations have been revised and shared with pertinent stakeholders. Guidelines to assist states with grandfathering individuals to ensure congruence with the APRN Consensus Model have been developed and will be further refined in the coming year. Various resources have been developed to assist jurisdictions in the adoption of the APRN Consensus Model. Recommendations to address current and emerging licensure issues that impact patient safety in all jurisdictions have been developed and will be implemented in the coming year. Revisions to the Model Act and Rules have been developed.

STRATEGIC OBJECTIVE 4

Increase public awareness of state-based licensure and NCSBN.

A major communications plan in conjunction with the CBS Community Partnership Program has been developed and launched. The focus of the plan is to educate consumers about advanced practice registered nurses (APRNs) and the APRN Consensus Model.

B. NCSBN advances the engagement and leadership potential of all members through education, information and networking.

STRATEGIC OBJECTIVE 1

Enhance leadership self-knowledge, governance and regulatory expertise.

New initiatives including a Leadership Development Network were implemented. Information and resources pertaining to the Leadership Development Plan, a leadership development guide and the Institute for Regulatory Excellence (IRE) have been developed and distributed. IRE Fellow research projects were presented at the annual IRE conference. An executive coaching service was approved and implemented for executive officers. Ongoing governance education was provided to the BOD.

C. NCSBN provides state-of-the-art competence assessments.

STRATEGIC OBJECTIVE 1

Develop psychometrically sound, legally defensible innovative competence assessments.

All NCSBN examinations were administered in accordance with security policies and procedures. Sufficient items were developed and reviewed; only valid examinations were administered and scored. Revisions to the 2013 NCLEX-RN® Test Plan were developed. Standard-setting procedures were conducted for NNAAP® and MACE®.

STRATEGIC OBJECTIVE 2

Develop options for non-U.S. nursing regulatory authorities to use NCSBN competency examinations.

Proposal for the use of the NCLEX-RN® was accepted by the Canadian Council of Registered Nurse Regulators. Expected implementation date for use of the NCLEX-RN is Jan. 5, 2015.

D. NCSBN collaborates to advance the evolution of nursing regulation.

STRATEGIC OBJECTIVE 1

Increase understanding of regulatory processes, challenges and opportunities worldwide.

An action plan was developed by the seven countries participating in the International Nurse Regulator Collaborative. The first activity was to collect and share disciplinary data, develop a disciplinary lexicon and discuss ways to share disciplinary actions between countries for the purpose of licensing. NCSBN has participated in regulatory activities with the International Council of Nurses and nurse regulatory bodies from other countries. International presentation was made on guidelines for the use of social media. Associate membership is increasing.

STRATEGIC OBJECTIVE 2

Promote standards of nursing regulation.

A consultant was engaged to assist in the application process for obtaining accreditation status from the American National Standards Institutes as a standards development organization. Submission of the application is expected later in the year.



E. NCSBN optimizes nursing regulation through efficient use of technology.

STRATEGIC OBJECTIVE 1

Develop a licensure management system.

Business requirements for a new licensure management system have been aggressively obtained through multiple face-to-face meetings with individual member boards. Staff have been hired and consultants obtained to develop the licensure management system.

STRATEGIC OBJECTIVE 2

Develop mechanism to share disciplinary and licensure information with associate members.

Nursys® has been enhanced to include the NCSBN ID as the unique identifier for member boards as a first step towards exploring options for including disciplinary and licensure information from associate members.

Attachment B

Saskatchewan Registered Nurses' Association Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name Karen Eisler		Title Executive Director	
Phone 306 359 4235	Fax Number	E-mail keisler@srna.org	

Organization Information

Full Name Saskatchewan Registered Nurses' Association			Chief Staff Person Executive Director	
Mailing Address 2066 Retallack Street				
City Regina	State Saskatchewan	Country Canada	Postal Code	
Street Address (if not the same)				
City	State	Country	Postal Code	
Phone Number	Fax Number	E-mail	Web site www.srna.org	

Organization Description

1. Please list all the professions your organization regulates:

Registered Nurses RNs and Nurse Practitioners RN(NP)s

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

RNs 10,500 RN(NP)s 140

3. Please describe the authority under which your organization regulates:

Registered Nurses Act, 1988 (Government of Saskatchewan)

4. Please describe why your organization wants to be an Associate Member of NCSBN:

To network with RN Regulators, To improve regulation (North American)

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

Yes, non profit

6. Are you a membership organization?

Yes

Upon completion, you must submit this application form via email to memberrelations@ncsbn.org along with a copy of your Bylaws and Mission Statement as attachments.

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


Signature _____

ED
Title

Feb 24/12
Date

Attachment C

College of Licensed Practical Nurses of Nova Scotia Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name Ann Mann RN MN		Title Executive Director/Registrar	
Phone 902423-8949	Fax Number 902425-6811	E-mail ann@clpnns.ca	

Organization Information

Full Name College of Licensed Practical Nurses of Nova Scotia			Chief Staff Person Ann Mann	
Mailing Address 302- 7071 Bayers' Rd				
City Halifax	State NS	Country Canada	Postal Code B3I2C2	
Street Address (if not the same)				
City	State	Country	Postal Code	
Phone Number 9024238517	Fax Number 9024256811	E-mail ann@clpnns.ca	Web site www.clpnns.ca	

Organization Description

1. Please list all the professions your organization regulates:

LPNs only

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

3900

3. Please describe the authority under which your organization regulates:

Legislative Statute, LPN Act and Regulations, 2006

4. Please describe why your organization wants to be an Associate Member of NCSBN:

For knowledge transfer, information sharing and working collaboratively

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

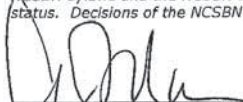
not incorporated, not for profit, been in existence since 1957

6. Are you a membership organization?

yes

Upon completion, you must submit this application form via email to memberrelations@ncsbn.org along with a copy of your Bylaws and Mission Statement as attachments.

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


Signature

Executive Director
Title

11 Dec 2011
Date

Attachment D

Nursing Council of New Zealand Associate Member Application

NCSBN Associate Member Application

Applicant Contact Information

Name Carolyn Mary Reed		Title Mrs.	
Phone +64 4 8020232	Fax Number +64 4 8018502	E-mail Carolyn@nursingcouncil.org.nz	

Organization Information

Full Name Nursing Council of New Zealand		Chief Staff Person C.M. Reed	
Mailing Address PO Box 9644			
City Wellington	State	Country New Zealand	Postal Code 6011
Street Address (if not the same) Level 12, Mid City Tower, 139-145 Willis Street			
City Wellington	State	Country NZ	Postal Code 6011
Phone Number a/a	Fax Number a/a	E-mail a/a	Web site www.nursingcouncil.org.nz

Organization Description

1. Please list all the professions your organization regulates:

Nursing

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

132665

3. Please describe the authority under which your organization regulates:

Health Practitioners Competence Assurance Act 2003

4. Please describe why your organization wants to be an Associate Member of NCSBN:

Professional alignment with peer international regulator

5. Is your organization incorporated or not? If yes, are you considered for profit or non-profit?

No. Non profit organization

6. Are you a membership organization?

No

Upon completion, you must submit this application form via email to memberrelations@ncsbn.org along with a copy of your Bylaws and Mission Statement as attachments.

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

Authorized signature on file with NCSBN _____
Signature Title

Date



Report of the Model Act & Rules Committee

Recommendation to the Delegate Assembly

Adopt the proposed revision to the NCSBN Model Practice Act & Rules.

Rationale:

The newly revised Model Act and Rules are the result of two years' work on the part of the Model Act & Rules Committee, beginning in fiscal year 2011 (FY11). The model revisions include efforts by the committee to update, streamline, clarify and better organize the existing model. Language has been added to coincide with already adopted NCSBN policies and guidelines, including the Uniform Licensure Requirements, Substance Use Disorder Guidelines and the APRN Consensus Model. Adoption of the new model will allow all boards of nursing (BONs) to more easily adopt and implement consistent laws by using the model as example legislative and regulatory language. The revisions were shared with the membership at the Midyear Meeting and revised according to feedback received.

Background

Since the adoption of the original NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules, several subsequent additions and alterations have been made to the substance and format of the document. The Model Act and Rules were revised by the 2004 NCSBN Delegate Assembly. Article XVIII was added and adopted by the 2005 NCSBN Delegate Assembly. Additional language regarding the authority to conduct criminal background checks was adopted in 2006 and APRN legislative language was adopted during the 2008 NCSBN Delegate Assembly.

In FY11, the Model Act & Rules Committee was formed to ensure organization, consistency and relevancy of all the Model Act and Rules provisions. The committee was extended through FY12 to complete revisions to the model.

Highlights of FY12 Activities

Charge 1: Review and revise the NCSBN Model Act and Rules as needed for presentation at the 2012 Delegate Assembly.

- The committee reviewed its FY11 edits, made further recommendations and finalized all revisions of the Model Act and Rules.
- All footnotes were deleted.
- Revisions were presented to the member boards at Midyear Meeting for discussion. Additional edits were made based upon the feedback received.
- Revised the following sections:
 - Definitions: The committee made additional edits to the Definitions section, including deleting definitions that are no longer needed and moving certain words to the Rules; adding the words "reinstatement" and "reactivation" in order to show the difference between the two; and using the term "inactive" in place of "lapsed" or "expired." A definition for "eligible for graduate" was also added to capture the intent of the Uniform Licensure Requirement (ULR) Committee's changes to the licensure sections.
 - Scope of Practice: The committee revised the language in Licensed Practical/Vocational Nurse (LPN/VN) Scope of Practice section to be parallel in form with the language used in the Registered Nurse (RN) Scope of Practice section.
 - Board of Nursing (BON): The committee added powers and duties in relation to cease and desist orders and certifying bodies. The committee deleted the requirement that board members be eligible to vote in the jurisdiction and deleted the specific requirements previously required for executive officers (i.e., being an RN).

Members

Nathan Goldman, JD
Kentucky, Area III, Chair

Kathleen Beebout, JD, RN
Iowa, Area II

James (Dusty) Johnston, JD
Texas, Area III

Fred Knight, JD
Arkansas, Area III

Sandra Priebe, MN, CIC, CPHRM
Arkansas, Area III

Pam Randolph, MS, RN
Arizona, Area I

Caron Robertson, MSN, RN
Massachusetts, Area IV

Margaret (Peg) Sheaffer, JD, RN
Pennsylvania, Area IV

Laura Skidmore Rhodes, MSN, RN
West Virginia-RN, Area II

Betsy Houchen, JD, MS, RN
Ohio, Area II, Board Liaison

Staff

Stephanie Fullmer, JD
Legislative Affairs Associate,
Nursing Regulation

Meeting Dates

- Oct. 17-18, 2011
- Dec. 15-16, 2011
- March 26-27, 2012

Relationship to Strategic Plan

Strategic Initiative D
NCSBN collaborates to advance the evolution of nursing regulation worldwide.

Strategic Objective 1

Promote standards of nursing regulation.

- Licensure and Exemptions: The committee reviewed the adopted ULRs and made edits to the licensure sections consistent with them. The committee made slight changes to the use of the phrase “Member Board Approved” as laid out in the ULRs in order to have the Model language be legislatively appropriate. It instead uses the phrase “Board of Nursing Approved” to capture the intent of the ULRs. The committee also made edits to the Licensure by Endorsement, Temporary Permits and Education Programs sections. The committee deleted the requirement that BONs determine if an applicant’s act or omission relates to the practice of nursing and whether restitution was made. The Exemptions section was also revised. In the Rules section, the License Renewal Practice Hours Requirement section was renamed to Continued Competence and in lieu of specific requirements, a note was added that allows BONs to determine what type of mechanism to use.
- Education: The committee’s edits were added to the Model Act and Rules and additional revisions were made by the Model Act & Rules Committee.
- Discipline and Alternative to Discipline Program: The committee streamlined the Discipline section to eliminate redundancy, revised the alternative to discipline program section, added language under the accountability and immunity sections, and made edits to the language regarding summary suspensions. The committee reviewed specific sections of the Substance Use Disorder Guidelines, as well as a *Journal of Nursing Regulation* article to ensure consistency between the guidelines and the Model. The committee deleted the requirement that BONs determine if an applicant’s criminal behavior “relates to the practice of nursing or to the ability to practice nursing, or that constitutes a violent crime or a crime that is contrary to honesty, morality, or professional decorum.”
- Unlicensed Assistive Personnel: The committee revised the Nursing Assistant Personnel sections. All hyphens were deleted from the Medication Assistant-Certified (MAC) title. The CNA-II role was eliminated. Language was added to limit what MACs can do to medication administration and related tasks only. All references to long-term care facilities were removed.
- Advanced Practice Registered Nurse (APRN): Revisions were made to this section consistent with the APRN Consensus Model. APRN Committee edits to certification criteria were included in the Rules. The hours limitation related to herbal and complementary therapies, as well as the hours requirement for licensure renewal, were deleted.

Future Activities

- Presentation of the Model revisions to the membership at Delegate Assembly for approval; and
- That the BOD establish a permanent Model Act & Rules Oversight Committee to accomplish two goals: (1) to meet at least every two years for a complete review of the Model Act and Rules; and (2) to review all recommended changes or additions to the Model Act and Rules from other committees and to revise the recommended language as needed to conform to the Model Act and Rules format. To accomplish the first goal, the committee may use content expert consultants for preliminary reviews.
- The BOD discussed the recommendations and acknowledged the need for frequent review of the Model Act and Rules. A committee will be assigned as necessary.

Attachments

- A. Model Act Revisions Clean Copy
- B. Model Rule Revisions Clean Copy
- C. Model Act Redline Version
- D. Model Rule Redline Version



Attachment A

Model Act Revisions Clean Copy

DRAFT NCSBN MODEL ACT (2012)

- I. Title and Purpose
- II. Definitions
- III. Scope of RN and LPN/VN Practice
- IV. Board of Nursing
- V. RN and LPN/VN Licensure and Exemptions
- VI. Prelicensure Nursing Education
- VII. Discipline and Proceedings
- VIII. Violations and Penalties
- IX. Implementation
- X. Unlicensed Assistive Personnel
- XI. APRN
- XII. Nursing Licensure Compact
- XIII. APRN Compact

Article I. Title and Purpose

- a. This Act shall be known and may be cited as <the JURISDICTION> Nurse Practice Act (NPA), which creates and empowers the board of nursing (BON) to regulate nursing and to enforce the provisions of this Act.
- b. The purpose of this Act is to protect the health, safety and welfare of the residents of this state.

Article II. Definitions

As used in Articles III through XI of this Act, unless the context thereof requires otherwise:

- a. "Advanced assessment" means the taking by an advanced practice registered nurse (APRN) of the history, physical and psychological assessment of a patient's signs, symptoms, pathophysiologic status and psychosocial variations in the determination of differential diagnoses and treatment.
- b. "Clinical learning experiences" means the planned, faculty-guided learning experiences that involve direct contact with patients
- c. "Competence" means the ability of the nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice

- d. "Comprehensive nursing assessment" means collection, analysis and synthesis of data performed by an RN used to establish a health status baseline, plan care and address changes in a patient's condition.
- e. "Delegating" means transferring to a competent individual the authority to perform a selected nursing task in a selected situation
- f. "Eligible for graduation" means having met all program and institutional requirements pending conferment of the degree
- g. "Encumbered" means a license with current discipline, conditions or restrictions
- h. "Focused nursing assessment" means recognizing patient characteristics by an LPN/VN that may affect the patient's health status, gathering and recording assessment data and demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in patient condition in an ongoing manner to the supervising registered nurse or physician
- i. "Inactive license" means the voluntary termination of an individual's license to practice nursing or failure to renew a license
- j. "Internationally educated applicants" means a person educated outside the U.S. who applies for licensure or seeks temporary authorization to practice as a graduate nursing student to complete program objectives
- k. "License" means the authority granted by the BON to practice nursing as an RN, LPN/VN or APRN
- l. "Nursing" means a profession focused on the care of individuals, families and populations to attain, maintain or recover optimal health and quality of life from conception to death.
- m. "Patient" means a recipient of care; may be an individual, family, group or community. May also be referred to as client.
- n. "Patient-centered health care plan" means, in collaboration with patient, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining and maintaining optimal patient health outcomes.
- o. "Reactivation" means reissuance of a license that has lapsed, expired or been placed on inactive status in absence of disciplinary action
- p. "Reinstatement" means reissuance of a license following disciplinary action by the BON
- q. "Supervision" means provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity
- r. "Unlicensed assistive personnel" means any unlicensed personnel, regardless of title, to whom nursing tasks are delegated

Article III. Scope of RN and LPN/VN Practice

Section 1. Licensed Practical/Vocational Nurse (LPN/VN)

- a. Licensed Practical/Vocational Nurse is the title given to an individual licensed to practice practical/vocational nursing.
- b. An LPN/VN practices, with or without compensation or personal profit, under the supervision of an RN, advanced practice registered nurse (APRN), licensed physician or other health care provider authorized by the state; that is guided by nursing standards established or recognized by the BON; and includes:
 1. Collecting data and conducting focused nursing assessments of the health status of patients
 2. Participating with other health care providers in the development and modification of the patient centered health care plan
 3. Implementing nursing interventions within a patient centered health care plan
 4. Assisting in the evaluation of responses to interventions
 5. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly
 6. Advocating the best interest of patients
 7. Communicating and collaborating with patients and members of the health care team
 8. Providing health care information to patients
 9. Delegating and assigning nursing interventions to implement the plan of care
 10. Wearing identification which clearly identifies the nurse as an LPN/VN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient
 11. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN's education, demonstrated competencies and experience

Section 2. Registered Nurse (RN)

- a. Registered Nurse is the title given to an individual licensed to practice registered nursing.
- b. The practice of registered nurses shall include:
 1. Providing comprehensive nursing assessment of the health status of patients
 2. Collaborating with health care team to develop and coordinate an integrated patient centered health care plan
 3. Developing the comprehensive patient centered health care plan, including:
 - a) Establishing nursing diagnoses

- b) Setting goals to meet identified health care needs and
- c) Prescribing nursing interventions
- 4. Implementing nursing care through the execution of independent nursing strategies, and the provision of regimens requested, ordered or prescribed by authorized health care providers
- 5. Evaluating responses to interventions and the effectiveness of the plan of care
- 6. Designing and implementing teaching plans based on patient needs
- 7. Delegating and assigning nursing interventions to implement the plan of care
- 8. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly
- 9. Advocating the best interest of patients
- 10. Communicating and collaborating with other health care providers in the management of health care and the implementation of the total health care regimen within and across care settings
- 11. Managing, supervising and evaluating the practice of nursing
- 12. Teaching the theory and practice of nursing
- 13. Participating in development of health care policies, procedures and systems
- 14. Wearing identification that clearly identifies the nurse as an RN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and
- 15. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the RN's education, demonstrated competencies and experience

Article IV. Board of Nursing (BON)

Section 1. Membership, Nominations, Qualifications, Appointment and Term of Office

- a. The BON shall consist of < > members to be appointed by the governor. Nominations for appointment may be made to the governor by any interested individual, association or any other entity.
- b. The membership of the BON shall be < > RNs, < > LPN/VNs, < > APRNs, and < > members representing the public.
- c. Each RN member shall be a resident in this jurisdiction, licensed in good standing under the provisions of this chapter, currently engaged in RN practice and shall have no less than five years of experience as an RN, at least three of which immediately preceded appointment.
- d. Each LPN/VN member shall be a resident in this jurisdiction, licensed in good standing under the provisions of this chapter, currently engaged in

LPN/VN practice and shall have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.

- e. Each APRN member shall be a resident in this jurisdiction, licensed in good standing under the provisions of this chapter, currently engaged in APRN practice and shall have no less than five years of experience as an APRN, at least three of which immediately preceded appointment.
- f. The public member(s) of the BON shall be a resident of this jurisdiction and shall not be, nor shall ever have been, a person who has ever had any material financial interest in the provision of nursing services or who has engaged in any activity directly related to nursing.
- g. Members of the BON shall be appointed for a term of < > years. Terms shall be staggered.
- h. No member shall serve more than two consecutive full terms. The completion of an unexpired portion of a full term shall not constitute a full term for purposes of this section. Any member initially appointed for less than a full term shall be eligible to serve two additional terms.
- i. Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs. If a replacement appointment has not been made, the term of the member shall be extended until a replacement is made.

Section 2. Officers

- a. The BON shall elect officers from its members. Officers elected by the BON shall serve a term of < > years, beginning < > and ending < >.
- b. The <first officer> shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the <second officer> shall assume these duties.
- c. Additional offices may be established and filled by the BON at its discretion.

Section 3. Meetings

- a. The BON shall meet at least quarterly for the purpose of transacting business. A majority of the members of the BON constitutes a quorum; however, if there is a vacancy on the BON, a majority of the members serving constitutes a quorum. A BON member is required to attend meetings or to provide proper notice and justification of inability to do so. Unexcused absences from meetings may result in removal from the BON.
- b. One meeting shall be designated for the purpose of electing officers and BON reorganization and planning.

- c. The BON may meet additional times. Additional meetings may be called by the <first officer> of the BON or shall be called at the request of two-thirds of the board members.
- d. The BON shall give official and public notice of the place and time of the meeting. Board meetings and hearings shall be open to the public. In accordance with the law, the BON may, at its discretion, conduct part of the meeting in executive session closed to the public. Notice of all board meetings shall be given in the manner and pursuant to requirements prescribed by the jurisdiction's applicable statutes and rules and regulations.

Section 4. Guidelines

- a. The BON may develop guidelines to assist board members in the evaluation of possible conflicts of interests. Members shall recuse themselves from the discussion and abstain from voting when a conflict arises.
- b. The BON may develop guidelines to assist board members in the disclosure of ex parte communications.
- c. The BON may develop other guidelines as needed that would support governance and direction of work.

Section 5. Vacancies, Removal and Immunity

- a. Any vacancy that occurs for any reason in the membership of the BON shall be filled by the governor in the manner prescribed in the provisions of this article regarding appointments. A person appointed to fill a vacancy shall serve for the unexpired portion of the term.
- b. The governor may remove any member from the BON for neglect of any duty required by law, for incompetence, or for unprofessional or dishonorable conduct. The general laws of this jurisdiction controlling the removal of public officials from office shall be followed in dismissing board members.
- c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members.
- d. In the event that the entire BON, an individual member or staff is sued, the attorney general shall appoint an attorney to represent the involved party, or pursuant to jurisdictional law.

Section 6. Powers and Duties

The BON shall be responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this

Act, as well as other duties, powers and authority as it may be granted by appropriate statute, including:

- a. Make, adopt, amend, repeal and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect public health, safety and welfare
- b. Develop and enforce standards for nursing education
- c. Provide consultation, conduct conferences, forums, studies and research on nursing education and practice
- d. Maintain membership in national organizations that develop national licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of public health, safety and welfare
- e. Grant temporary permits for qualified applicants as set forth in rule
- f. License qualified applicants for RN, LPN/VN and APRN licensure and regulate their practice
- g. Develop standards for maintaining competence of licensees and requirements for returning to practice
- h. Certify and regulate unlicensed assistive personnel (UAP), including certified nursing assistants (CNAs) and medication assistants certified (MACs)
- i. Develop and enforce standards for nursing practice
- j. Issue advisory opinions, interpretive statements and declaratory statements regarding the interpretation and application of the jurisdiction's nursing law and regulation
- k. Regulate the manner in which nurses announce their practice to the public
- l. Implement the discipline process:
 1. Issue subpoenas in connection with investigations, inspections and hearings
 2. Obtain access to records as reasonably requested by the BON to assist the BON in its investigation; the BON shall maintain any records pursuant to this paragraph as confidential data
 3. Order licensees to submit and pay for physical, mental health or chemical dependency evaluations for cause
 4. Prosecute alleged violations of this Act
 5. Conduct hearings, compel attendance of witnesses and administer oaths to persons giving testimony at hearings, consistent with administrative rules
 6. Provide alternatives to discipline:
 - a) Establish alternative programs for monitoring of nurses who agree to seek treatment of substance use disorders, mental health or physical health conditions that could lead to disciplinary action by the BON as established by rule and

- b) Establish programs to educate and re-mediate nurses with practice concerns who meet criteria established in rule
- m. Discipline nurses for violation of any provision of this Act
- n. Maintain a record of all persons regulated by the BON
- o. Maintain records of proceedings as required by the laws of this jurisdiction
- p. Collect and analyze data regarding nursing education, nursing practice and nursing resources
- q. Submit an annual report to the governor summarizing the BON's proceedings and activities
- r. Appoint and employ a qualified executive officer and approve such additional staff positions as may be necessary, in the opinion of the BON, to administer and enforce the provisions of the Act
- s. Delegate to the executive officer those activities that expedite the functions of the BON, including employing professional and support staff, investigators, legal counsel and other personnel necessary for the BON to carry out its functions
- t. Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON
- u. Share current significant investigative information with other regulatory bodies and law enforcement entities
- v. Withdraw a license issued in error
- w. Conduct criminal background checks for nurse licensure in accordance with state and federal law under Section 9 of Article V of this Act
- x. Issue a cease and desist order for any violation of this Act and
- y. Adopt criteria for recognizing national certifying bodies for APRN roles and population foci

Section 7. Financial

- a. The BON is authorized to establish by rule appropriate fees for licensure by examination, reexamination, endorsement and such other fees and fines as the BON determines necessary.
- b. All fees collected by the BON shall be administered according to the established fiscal policies of this jurisdiction and in such manner as to adequately implement the provisions of this Act.
- c. The BON may accept grants, contributions, devices, bequests and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.
- d. The BON may receive and expend funds in addition to appropriations from this jurisdiction, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the governor.

- e. All fees collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON's duties, including but not limited to, the addition of full time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.

Section 8. Executive Officer

- a. The executive officer shall be responsible for:
 - 1. The performance of administrative responsibilities of the BON
 - 2. Employment of personnel needed to carry out the functions of the BON and
 - 3. The performance of any other duties as necessary to the proper conduct of BON business and to the fulfillment of the BON's responsibilities as defined by this Act
- b. The BON shall monitor and periodically evaluate the effectiveness of the executive officer.

Article V. RN and LPN/VN Licensure and Exemptions

Section 1. Titles and Abbreviations for Licensed Nurses

Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations:

- a. Title: "Registered Nurse" and the abbreviation "RN"
- b. Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN"

Section 2. Examinations

- a. The BON shall authorize the administration of the examination to applicants for licensure as RNs or LPN/VNs.
- b. The BON may employ, contract and cooperate with any entity in the preparation and process for determining results of a uniform licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.
- c. The BON shall determine whether a licensure examination may be repeated, the frequency of reexamination and any requisite education prior to reexamination.

Section 3. Licensure by Examination

- a. An applicant for licensure by examination to practice as an RN or LPN/VN who successfully meets the requirements of this section shall be entitled to licensure as an RN or LPN/VN, whichever is applicable.

- b. An applicant shall:
 - 1. Submit a completed application and fees as established by the BON
 - 2. Graduate or be eligible for graduation from a <your jurisdiction> BON-approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules
 - 3. Pass an examination authorized by the BON
 - 4. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction
 - 5. Report any substance use disorder in the last five years
 - 6. Report any actions taken or initiated against a professional or occupational license, registration or certification
 - 7. Have committed no acts or omissions that are grounds for disciplinary action as set forth in Article VII of this Act
 - 8. Meet other criteria established by the BON in rule
- c. Graduates from an RN prelicensure program may take the LPN/VN licensure examination if they have completed a BON approved LPN/VN role delineation course. The BON shall by rule set standards for approval of the role delineation course.

Section 4. Licensure by Examination of Internationally Educated Applicants

Requirements for licensure by examination of internationally educated applicants, include:

- a. Graduation from a nursing program comparable to a BON approved prelicensure RN or LPN/VN program, whichever is applicable, and meet all other requirements of section 3
- b. Applicant must submit to a credentials evaluation by a BON approved/authorized organization for the level of licensure being sought
- c. Successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English, and
- d. Disclosure of nursing licensure status in country of origin, if applicable

Section 5. Licensure by Endorsement

- a. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall:
 - 1. Submit a completed application and fees as established by the BON

2. Graduate from a <your jurisdiction> BON-approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules
 3. Hold a license as an RN or an LPN/VN that is not encumbered
 4. Pass an examination authorized by the BON
 5. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations
 6. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction
 7. Report any substance use disorder in the last five years
 8. Report any actions taken or initiated against a professional or occupational license, registration or certification
 9. Report current participation in an alternative to discipline program in any jurisdiction
 10. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article VII of this Act
 11. Be proficient in English language as set forth in the BON rules
 12. Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination
 13. Meet continued competency requirements as set forth by the BON and
 14. Meet other criteria established by the BON in rule
- b. Temporary Permits
1. The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.
 2. Any person who has been approved as an applicant for licensure and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state.

Section 6. Renewal of RN and LPN/VN Licenses

- a. RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.
- b. An applicant for renewal of license to practice as an RN or LPN/VN shall:
 1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction
 2. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations
 3. Report any substance use disorder in the last five years
 4. Report any actions taken or initiated against a professional or occupational license, registration or certification and

5. Report current participation in an alternative to discipline program in any jurisdiction
- c. A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.
- d. No license shall be renewed unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.
- e. Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.

Section 7. Reactivation of License

- a. Applicants for RN or LPN/VN licensure reactivation shall:
 1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction
 2. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations
 3. Report any substance use disorder in the last five years
 4. Report any actions taken or initiated against a professional or occupational license, registration or certification and
 5. Report current participation in an alternative to discipline program in any jurisdiction
- b. A reactivated license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.
- c. No license shall be reactivated unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.

Section 8. Duties of Licensees

- a. The nurse shall comply with the provisions of this Act. The burden of responsibility is on the licensee to know and practice according to the laws and regulations of this jurisdiction.
- b. The nurse shall report to the BON those acts or omissions that are violations of the Act or grounds for disciplinary action as set forth in Articles VII and VIII of this Act.
- c. The licensee shall, in response to BON inquiries, provide relevant and truthful personal, professional or demographic information requested by the BON to perform its duties in regulating and controlling nursing practice in order to protect the public health, safety and welfare.
- d. Failure to provide the requested information may result in non-renewal of the license to practice nursing or licensure disciplinary action.

Section 9. Criminal Background Checks

Each applicant for licensure shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency responsible for managing fingerprint data> may exchange this fingerprint data with the Federal Bureau of Investigation (FBI).

Section 10. Exemptions

No provisions of this Act shall be construed to prohibit:

- a. The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program, or a graduate nursing program involving nursing practice, if all the following are met:
 1. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN
 2. The student's practice is under the auspices of the program and
 3. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant
- b. The provision of nursing services to family members or in emergency situations
- c. Caring for the sick when done in connection with the practice of religious tenets of any church and by or for its members
- d. The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof
- e. The activities of an individual currently licensed to practice nursing in another jurisdiction, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and one of the following:
 1. The individual is engaging in the practice of nursing as an employee of an individual agency or corporation located in the other jurisdiction in a position with employment responsibilities that include transporting patients into, out of, or through this state, as long as each trip in this state does not exceed seventy-two hours
 2. The individual is consulting with an individual licensed in this state to practice any health-related profession
 3. The individual is engaging in activities associated with teaching in this state as a guest lecturer at a nursing education program, continuing nursing education program or in-service presentation
 4. The individual is conducting evaluations of nursing care that are undertaken on behalf of a nationally recognized accrediting organization

5. The individual is providing nursing care to an individual who is in this state on a temporary basis, not to exceed six months in any one calendar year, if the nurse is directly employed by or under contract with the individual or a guardian or other person acting on the individual's behalf, or
6. The individual is providing nursing care during any disaster, natural or otherwise, that has been officially declared to be a disaster by a public announcement issued by an appropriate federal, state, county or municipal official

Article VI. Prelicensure Nursing Education

Section 1. Approval Standards

- a. The BON shall, by rule, set standards for the establishment and outcomes of prelicensure nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of this Act and BON rule.
- b. The BON shall set requirements for the continuing approval of prelicensure nursing programs.
- c. The BON may deny or withdraw approval or take such action as deemed necessary when prelicensure nursing education programs fail to meet the standards established by the BON, provided that all such actions shall be in accordance with jurisdiction's Administrative Procedures Act and/or BON rule.
- d. The BON may reinstate approval of a prelicensure nursing education program upon submission of satisfactory evidence that the program meets the standards established by the BON.

Section 2. Closure of Prelicensure Nursing Education Programs

The BON shall, by rule, identify the process for prelicensure nursing education programs that cease operation.

Section 3. Provision for Innovative Approaches in Prelicensure Nursing Education Programs

The BON shall, by rule, identify the process for implementing innovative approaches in prelicensure nursing education programs.

Article VII. Discipline and Proceedings

Section 1. Authority

For any one or combination of the grounds set forth in Sections 2 and 3 below, the BON is granted the authority to deny a license or impose the following discipline on a license:

- a. Revoke a license
- b. Place a license on probation
- c. Place a license on suspension
- d. Summarily issue emergency limitation or restriction of a license subject to Section 10 of this Article
- e. Summarily issue an emergency suspension of a license subject to Section 10 of this Article
- f. Reprimand or censure a license
- g. Accept a voluntary surrender of a license
- h. Accept other voluntary limitation or restriction of a license
- i. Place other limitations or restrictions on a license
- j. Deny license renewal
- k. Deny initial issuance of license
- l. Impose a fine or monetary penalty
- m. Impose other publicly known conditions or findings
- n. Impose restitution
- o. Recover the costs of the proceedings resulting in disciplinary action against a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses or
- p. Any other action as warranted by the facts in the case

Section 2. Accountability

- a. Each nurse is required to know and comply with the requirements of this Act and related rules.
- b. All individuals licensed or privileged under this Act shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

Section 3. Grounds for Discipline

The BON may discipline a licensee or deny a license to an applicant for any one or a combination of the following:

- a. Non-compliance with federal, jurisdictional or contractual requirements
- b. Criminal conviction or adjudication in any jurisdiction including, but not limited to being convicted of, pleading guilty to, entering a plea of nolo contendere or no contest to, or receiving a deferred judgment or suspended sentence.
- c. Confidentiality, patient privacy, consent or disclosure violations
- d. Misconduct or abuse
- e. Fraud, deception or misrepresentation
- f. Unsafe practice, substandard care or unprofessional conduct
- g. Improper supervision or allowing unlicensed practice
- h. Drug related offenses or
- i. Other violations of the Act or administrative rules adopted thereunder

Section 4. Procedure

The BON shall establish a disciplinary process by rule based on the Administrative Procedure Act of the Jurisdiction of <JURISDICTION>.

Section 5. Immunity and Protection from Retaliation

- a. Anyone, including BON staff or member, who in good faith reports to the BON information relating to alleged violations of this Act or administrative rules shall not be subject to a civil action for damages as a result of reporting such information.
- b. A person may not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.
- c. A person who in good faith reports violations in accordance with this Article has a cause of action against a person who violates subsection b., and may recover:
 - 1. The greater of:
 - a) Actual damages, including damages for mental anguish even if no other injury is shown, or
 - b) \$5,000
 - 2. Exemplary damages
 - 3. Court costs, and
 - 4. Reasonable attorney's fees
- d. In addition to the amount recovered under subsection c., a person whose employment is suspended or terminated in violation of this section is entitled to:
 - 1. Reinstatement in the employee's former position or severance pay in an amount equal to three months of the employee's most recent salary and

2. Compensation for wages lost during the period of suspension or termination

Section 6. Notification

- a. The BON shall communicate disciplinary actions taken as set forth in rule and may report to other entities.
- b. The BON may notify certification programs when an APRN has an encumbered license or privilege to practice.

Section 7. Alternative to Discipline Monitoring Program

The BON may establish through rule an alternative to discipline program for nurses with substance use disorder or mental health conditions.

Section 8. Practice Remediation Program (PRP)

The BON may establish through rules a practice remediation program to offer an alternative to discipline program for early identification and remediation of practice deficiencies of the nurse to promote effective nursing practice and public safety.

Section 9. Reporting

- a. Licensees shall report, within 30 days of the event, the following: change of address, criminal convictions, malpractice claims, or discipline or complaints pending in another jurisdiction or by another professional licensing board.
- b. A licensed nurse shall report names of individuals to the BON if the nurse has reasonable cause to suspect that a nurse or an applicant engaged in conduct that may constitute grounds for disciplinary action under this Act, except for minor incidents as described in rule.
- c. Duty to report by others:
 1. Hospitals, nursing homes, temporary staffing agencies and other employers of RNs, LPN/VNs or APRNs shall report to the BON the names of any licensee or applicant for nursing licensure whose conduct may constitute grounds for disciplinary action under this Act.
 2. A jurisdictional agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies shall report to the BON when that agency has evidence that the nurse has engaged in conduct that may constitute grounds for disciplinary action under this Act.

3. Each insurer that provides professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report to the BON any payment made on behalf of a nurse in a claim or lawsuit.
4. The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:
 - a) Mentally ill
 - b) Mentally incompetent
 - c) Chemically dependent
 - d) Dangerous to the public
 - e) Guilty of a crime
 - f) Guilty of a violation of federal or jurisdictional narcotics laws or controlled substances act
 - g) Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance
 - h) Guilty of an abuse or fraud under Medicare or Medicaid
 - i) Appointed a guardian or
 - j) Committed under the laws of the jurisdiction
5. A person who is required to report a nurse under this section because the nurse is impaired or suspected of substance use disorder or mental illness may report to the alternative to discipline program instead of reporting to the BON. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.
- d. Minor incidents are exceptions to reporting requirements when the continuing practice by the subject nurse does not pose a risk of harm to a patient or others and can be addressed through corrective action by the nurse's employing health care facility. The BON shall adopt rules governing reporting of minor incidents. The BON may evaluate a complaint and determine that it is a minor incident under this section.
- e. The BON may seek an order from a court of competent jurisdiction for a report from any of the parties stipulated in this Article if one is not forthcoming voluntarily.
- f. Any organization or person reporting in good faith information to the BON under this Article shall be immune from civil action as provided in Article VII, Section 5.
- g. Any licensed health care professional who examines a nurse at the request of the BON shall be immune from suit for damages by the nurse examined if the examining health care professional conducted the examination and made findings or diagnoses in good faith.

Section 10. Emergency Action

a. Summary Suspension

1. The BON is authorized to summarily suspend the license of a nurse without a hearing if:
 - a) The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce and continued practice by the nurse would create imminent and serious risk of harm to others or
 - b) The nurse fails to obtain a BON ordered evaluation
2. The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.
3. Upon request of the nurse, the BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than < > days after receipt of the request. The licensee shall receive at least < > days notice of the hearing.

b. Automatic Suspension

1. Unless the BON orders otherwise, a license to practice nursing is automatically suspended if:
 - a) A guardian of a nurse is appointed by order of a court under sections <REFERENCE TO GOVERNING JURISDICTIONAL LAW>
 - b) The nurse is committed by order of a court under <REFERENCE TO GOVERNING JURISDICTIONAL LAW>
 - c) The nurse is determined to be mentally incompetent, mentally ill, chemically dependent or a person dangerous to the public by a court of competent jurisdiction within or without this jurisdiction
2. The nurse shall petition the BON for reinstatement. The BON may terminate the suspension after a hearing or upon agreement between the BON and the nurse.

c. Injunctive Relief

1. The BON or any prosecuting officer, upon a proper showing of the facts, is authorized to petition a court of competent jurisdiction for an order to enjoin:
 - a) Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under Article V
 - b) Any person, firm, corporation, institution or association from employing any person who is not licensed to practice nursing under this Act or exempted under Article V
 - c) Any person, firm, corporation, institution or association from operating a school of nursing without approval
 - d) Any person whose license has been suspended or revoked from practicing as an RN, LPN/VN or APRN or

- e) Any person from using the title “nurse,” “licensed practical/vocational nurse,” “registered nurse,” “advanced practice registered nurse” or their authorized abbreviations unless licensed or privileged to practice nursing in this jurisdiction
- 2. The court may, without notice or bond, enjoin such acts and practice. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases.
- d. The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.

Article VIII. Violations and Penalties

Section 1. Violations

No person shall:

- a. Use the title “nurse,” “registered nurse,” “licensed practical/vocational nurse,” “advanced practice registered nurse,” their authorized abbreviations, or any other words, abbreviations, figures, letters, title, sign, card or device that would lead a person to believe the individual is a licensed nurse unless permitted by this Act
- b. Employ a nurse without verifying the nurse’s authority to practice in this jurisdiction
- c. Engage in the practice of nursing as defined in the Act without a valid, current license or privilege to practice, except as otherwise permitted under this Act
- d. Practice nursing under cover of any diploma, license, or record that was illegally or fraudulently obtained, or that was signed or issued unlawfully or under fraudulent representation
- e. Practice nursing during the time a license is suspended, revoked, surrendered, inactive, lapsed or otherwise prohibited to practice by agreement or order
- f. Fraudulently obtain or furnish a license.
- g. Knowingly employ unlicensed persons in the practice of nursing
- h. Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.
- i. Otherwise violate, or aid or abet another person to violate, any provision of this Act or
- j. Engage in irregular behavior in connection with the licensure examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers
- k. Act in violation of Article VII section 5

Section 2. Penalties



Violation of any provision of this Article shall also constitute a misdemeanor/crime.

Section 3. Criminal Prosecution

Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.

Section 4. Civil Penalties

The BON may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Administrative Rules a civil penalty not to exceed <\$> for each count or separate offense.

Article IX. Implementation

Section 1. Persons Licensed Under a Previous Law

- a. Any person holding a license to practice nursing as an RN in this jurisdiction that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an RN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
- b. Any person holding a license to practice nursing as an LPN/VN in this jurisdiction that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an LPN/VN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
- c. Any person holding a license to practice nursing as an APRN in this jurisdiction that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an APRN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
- d. Any person eligible for reactivation of a license as an RN, LPN/VN or APRN, respectively, under provisions, conditions and standards prescribed in this Act by applying for reactivation according to rules established by the BON. Application for such reactivation must be made within < > months of the effective date of this Act.
- e. Any person holding an inactive license to practice nursing as an RN, LPN/VN or an APRN on <EFFECTIVE DATE> because of failure to renew may become licensed as an RN, LPN/VN or APRN, respectively, under the provisions of this Act by applying for reactivation according to rules established by the BON. Application for such reactivation must be made within < > months of the effective date of this Act.

- f. Those licensed under the provisions of this Article shall be eligible for renewal of such license under the conditions and standards prescribed by this Act.

Section 2. Severability

The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Section 3. Repeal

The laws specified below are repealed, except with rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. <LIST STATUTES TO BE REPEALED, FOR EXAMPLE THE CURRENT NPA OR APPROPRIATE SECTIONS.>

Article X. Unlicensed Assistive Personnel

Section 1. Certified Nursing Assistant (CNA)

A CNA is an unlicensed person who has been determined by the BON to meet the education and certification requirements of this Act and rule and is supervised by a licensed nurse.

Section 2. Medication Assistant Certified (MAC)

- a. An MAC is a CNA with additional education and training as set forth in rule who may administer medications as prescribed by an authorized provider and delegated by a supervising licensed nurse within the parameters set forth in rule.
- b. An MAC shall perform medication administration and related tasks only.

Section 3. Delegation

The BON shall promulgate rules regarding delegation including conditions for delegation and the tasks, functions and activities that may be delegated to CNAs and MACs.

Section 4. Nursing Assistive Personnel

- a. The BON shall:
 - 1. Maintain a list of BON approved training programs

2. Establish testing and certification requirements
 3. Establish recertification requirements
 4. Assess fees, consistent with state and federal requirements
 5. Conduct state and federal criminal background checks on all applicants and
 6. Adopt an application process in rule
- b. Each applicant for CNA or MAC certification shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency responsible for managing fingerprint data> may exchange this fingerprint data with the FBI
 - c. Each individual who successfully meets all requirements for certification shall be certified.
 - d. An applicant whose certificate or listing in another jurisdiction has been disciplined or who has had a criminal conviction may not be eligible for certification.
 - e. All persons certified under this Article shall meet the requirements of the BON as established in rule.
 - f. The BON shall require the periodic renewal of certifications.

Section 5. Titles and Abbreviations

A person shall not use the titles “certified nursing assistant,” “medication-aide certified,” or the abbreviations “CNA” or “MAC” unless the person has been duly certified under this Article.

Section 6. Education and Training Program Approval

The BON shall adopt rules governing the approval and re-approval of education and training programs for CNAs and MACs.

Section 7. CNA and MAC Competency Evaluation

The BON shall set forth in rule criteria for acceptable CNA and MAC competency evaluations.

Section 8. Disciplinary Procedures

- a. For any one or a combination of grounds, the BON shall have the authority to:
 1. File a letter of concern if the BON believes there is insufficient evidence to support direct action against the CNAs and MACs
 2. Indicate on the certificate the existence of any substantiated complaints against the certificate holder

3. Deny certification or recertification, suspend, revoke or accept the voluntary surrender of a certificate if a CNA or MAC commits an act of unprofessional conduct
4. Refer criminal violations of this Article to the appropriate law enforcement agency
5. Revoke the certificate or not issue a certificate or recertification to an applicant who has a criminal conviction
6. Issue a public reprimand for a violation of statute or rule
7. Recover costs of case prosecution and
8. In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars per violation
- b. Grounds for denial, suspension, revocation of a certificate or other discipline of a CNA or MAC include the inability to function with reasonable skill and safety for the following reasons:
 3. Substance use disorder
 4. Patient neglect, abuse or abandonment
 5. Fraud or deceit, which may include, but is not limited to:
 - a) Filing false credentials
 - b) Falsely representing facts on an application for initial certification, reinstatement or certificate renewal or
 - c) Giving or receiving assistance in taking the competency evaluation.
 6. Boundary violations
 7. Performance of unsafe patient care
 8. Performance of acts beyond the tasks, functions and activities that may be delegated to a CNA or MAC under BON rule
 9. Misappropriation or misuse of property
 10. Misappropriation of money or property of a patient or resident by fraud, misrepresentation or duress
 11. Criminal conviction
 12. Failure to conform to the standards of CNA or MAC
 13. Violation of privacy or failure to maintain the confidentiality of patient or resident information or
 14. Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public
- c. The BON shall comply with the provisions of the <JURISDICTION> Administrative Procedures Act for taking disciplinary actions against certificates.
- d. The BON shall maintain records of disciplinary actions and make available all disciplinary findings of the CNA or MAC.
- e. The BON shall notify the <relevant state and federal agencies> of the disciplinary action.

Article XI. APRN



Section 1. Title and Scope of Practice

- a. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who functions in a population focus as set forth in rule. An APRN may serve as primary or acute care provider of record.
- b. Population focus shall include:
 1. Family/individual across the lifespan
 2. Adult-gerontology
 3. Neonatal
 4. Pediatrics
 5. Women's health/gender-related or
 6. Psychiatric/mental health
- c. In addition to the RN scope of practice and within the APRN role and population focus, APRN practice shall include:
 1. Conducting an advanced assessment
 2. Ordering and interpreting diagnostic procedures
 3. Establishing primary and differential diagnoses
 4. Prescribing, ordering, administering, dispensing and furnishing therapeutic measures as set forth in Section 5 of this Article.
 5. Delegating and assigning therapeutic measures to assistive personnel
 6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources
 7. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and
 8. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience
- d. APRNs are licensed independent practitioners within standards established or recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for:
 1. Complying with the requirements of this Act and the quality of advanced nursing care rendered
 2. Recognizing limits of knowledge and experience
 3. Planning for the management of situations beyond the APRN's expertise and
 4. Consulting with or referring patients to other health care providers as appropriate

Section 2. Licensure

- a. An applicant for initial licensure to practice as an APRN shall:
 1. Submit a completed written application and appropriate fees as established by the BON
 2. Hold a current RN license or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory
 3. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus
 4. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation
 5. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction
 6. Have committed no acts or omissions that are grounds for disciplinary action as set forth in Article VII of this Act, and
 7. Provide other evidence as required by rule
- b. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:
 1. Submit a completed written application and appropriate fees as established by the BON
 2. Hold a current license or privilege to practice as an RN and APRN in a state or territory
 3. Not have an encumbered license or privilege to practice in any state or territory
 4. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in section 7 of this Article
 5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation
 6. Meet continued competency requirements as set forth in BON rules
 7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction
 8. Have committed no acts or omissions, which are grounds for disciplinary action in another jurisdiction and
 9. Provide other evidence as required by the BON in its rules
- c. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:



1. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule
 2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON and
 3. Meet other requirements set forth in rule
- d. The BON may reactivate or reinstate an APRN license as set forth in BON rules.
- e. The duties of licensees are the same as previously stated in Article V Section 8 for RNs and LPN/VNs.

Section 3: Titles and Abbreviations

- a. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title “advanced practice registered nurse” and the roles of “certified registered nurse anesthetist,” “certified nurse-midwife,” “clinical nurse specialist” and “certified nurse practitioner;” and the abbreviations “APRN,” “CRNA,” “CNM,” “CNS” and “CNP,” respectively.
- b. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.
- c. It shall be unlawful for any person to use the title “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

Section 4. Education Programs

- a. The BON shall, by administrative rules, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.
- b. The BON shall, by administrative rules, identify the process for determining APRN education program compliance with standards.
- c. The BON shall set requirements for the establishment of a new APRN education program. New programs will be preapproved by an APRN accrediting body.

Section 5. Prescribing, Ordering, Dispensing and Furnishing Authority

- a. The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license.

- b. Prescribing, ordering, dispensing and furnishing shall include the authority to:
 - 1. Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources
 - 2. Prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter, legend and controlled substances and
 - 3. Plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy

Section 6. Discipline

APRN discipline and proceedings shall be the same as stated in Article VII for RNs and LPN/VNs.

Section 7. Implementation

Any person holding a license to practice nursing as an APRN in this state that is valid on Dec. 30, 2015, shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

Article XII. Nursing Licensure Compact

Article XIII. APRN Compact

Attachment B

Model Rule Revisions Clean Copy

DRAFT NCSBN MODEL RULES (2012)

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13. APRN Compact

Chapter 1. Title and Purpose

Chapter 2. Definitions

As used in Chapters 3 through 11 of this Act, unless the context thereof requires otherwise:

- a. “Dual relationship” means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse-patient relationship
- b. “NCLEX-PN®” means the National Council Licensure Examinations for Practical Nurses
- c. “NCLEX-RN®” means the National Council Licensure Examinations for Registered Nurses
- d. “Nursing faculty” means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula
- e. “Preceptor” means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting
- f. “Professional boundaries” means the space between the nurse’s power and the patient’s vulnerability; the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient’s needs.
- g. “Professional-boundary crossing” means a deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship
- h. “Professional-boundary violation” means failure of a nurse to maintain appropriate boundaries with a patient and key parties
- i. “Sexualized body part” means a part of the body not conventionally viewed as sexual in nature that evokes arousal

Chapter 3. Scope of RN and LPN/VN Practice

3.1.1 Standards Related to Licensed Practical/Vocational Nurse (LPN/VN) Professional Accountability

The LPN/VN:

- a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing
- b. Demonstrates honesty and integrity in nursing practice
- c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and licensed practical nursing standards

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- d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice
- e. Maintains competence through ongoing learning and application of knowledge in practical nursing practice and
- f. Reports violations of the act or rules by self or other licensees

3.1.2 Standards Related to LPN/VN Scope of Practice

The LPN/VN:

- a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience
- b. Conducts a focused nursing assessment, which is an appraisal of the patient's health status and needs that contributes to ongoing data collection
- c. Plans for patient care, including:
 - 1. Planning episodic nursing care for a patient whose condition is stable or predictable
 - 2. Assisting the registered nurse or supervising physician in identification of patient needs and goals and
 - 3. Determining priorities of care together with the supervising registered nurse or physician
- d. Demonstrates attentiveness and provides patient surveillance and monitoring
- e. Seeks clarification of orders when needed
- f. Assists and contributes in the evaluation of the patient-centered health care plan
- g. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations
- h. Recognizes patient characteristics that may affect the patient's health status
- i. Implements nursing interventions and prescribed medical regimens in a timely and safe manner
- j. Documents nursing care provided accurately and timely
- k. Collaborates and communicates relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:
 - 1. Patient status and progress
 - 2. Patient response or lack of response to therapies
 - 3. Changes in patient condition and
 - 4. Patient needs and special requests
- l. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
- m. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity
- n. Maintains appropriate professional boundaries
- o. Participates in the health teaching required by the patient and family
- p. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes
- q. Contributes to evaluation of the plan of care by:
 - 1. Gathering, observing, recording, and communicating patient responses to nursing interventions; and
 - 2. Modifying the plan of care in collaboration with a registered nurse based on an analysis of patient responses
- r. Assigns and delegates nursing activities. The LPN shall:
 - 1. Assign nursing care within the LPN scope of practice to other LPNs;
 - 2. Delegate to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an LPN shall ensure that the:
 - a) Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task
 - b) Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions
 - c) Results of the task are reasonably predictable
 - d) Task does not require assessment, interpretation, or independent decision making during its performance or at completion



- e) Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening
- f) LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task
- g) LPN provides supervision and feedback to the UAP and
- h) LPN observes and communicates the outcomes of the delegated task
- s. Functions as a member of the health care team, contributing to the implementation of an integrated patient-centered health care plan.
- t. Acts as an advocate for the patient
- u. Assumes responsibility for nurse's own decisions and actions
- v. Attends to patient concerns or requests

3.2.1 Standards Related to Registered Nurse (RN) Professional Accountability

The RN:

- a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing
- b. Demonstrates honesty and integrity in nursing practice
- c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and registered nursing standards
- d. Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice
- e. Maintains competence through ongoing learning and application of knowledge in registered nursing practice and
- f. Reports violations of the act or rules by self or other licensees

3.2.2 Standards Related to RN Scope of Practice

The RN:

- a. Conducts a comprehensive nursing assessment
- b. Applies nursing knowledge based upon the biological, psychological and social aspects of the patient's condition
- c. Detects faulty or missing patient information
- d. Plans nursing care and nursing interventions consistent with the patient's overall health care plan
- e. Utilizes decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses
- f. Seeks clarification of orders when needed
- g. Implements treatment and therapy, including medication administration and delegated medical and independent nursing functions
- h. Obtains orientation/training for competence when encountering new equipment and technology or unfamiliar care situations
- i. Demonstrates attentiveness and provides patient surveillance and monitoring
- j. Identifies changes in patient's health status and comprehends clinical implications of patient's signs, symptoms and changes as part of expected and unexpected patient course or emergent situations
- k. Evaluates the patient's response to nursing care and other therapy, including:
 - 1. Patient's response to interventions
 - 2. Need for alternative interventions
 - 3. Need to communicate and consult with other health team members and
 - 4. Need to revise the plan of care
- l. Communicates and consults with other health team members, including:
 - 1. Patient concerns and special needs
 - 2. Patient status and progress
 - 3. Patient response or lack of response to interventions and

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- 4. Significant changes in patient condition
- m. Documents nursing care
- n. Revises care plan as needed
- o. Takes preventive measures to protect patient, others and self and
- p. Provides comprehensive nursing and health care education in which the RN:
 - 1. Assesses and analyzes educational needs of learners
 - 2. Plans educational programs based on learning needs and teaching-learning principles
 - 3. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons and
 - 4. Evaluates the education to meet the identified goals

3.2.3 Standards Related to RN Responsibility to Act as an Advocate for Patient

The RN:

- a. Respects the patient's rights, concerns, decisions and dignity
- b. Identifies patient needs
- c. Attends to patient concerns or requests
- d. Promotes safe patient environment
- e. Communicates patient choices, concerns and special needs with other health team members regarding:
 - 1. Patient status and progress
 - 2. Patient response or lack of response to therapies and
 - 3. Significant changes in patient condition
- f. Maintains appropriate professional boundaries and
- g. Assumes responsibility for nurse's own decisions and actions

3.2.4 Standards Related to RN Responsibility to Organize, Manage and Supervise the Practice of Nursing

The RN:

- a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description, including:
 - 1. Assigning nursing care within the RN scope of practice to other RNs
 - 2. Assigning nursing care to an LPN within the LPN scope of practice based on the RN's assessment of the patient and the LPN's ability
 - 3. Supervising, monitoring and evaluating the care assigned to an LPN
- b. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an RN shall ensure that the:
 - 1. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task
 - 2. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions
 - 3. Results of the task are reasonably predictable
 - 4. Task does not require assessment, interpretation, or independent decision making during its performance or at completion
 - 5. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening
 - 6. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task
 - 7. RN provides supervision and feedback to the UAP and
 - 8. RN observes and communicates the outcomes of the delegated task
- c. Matches patient needs with personnel qualifications, available resources and appropriate supervision
- d. Communicates directions and expectations for completion of the delegated activity



- e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcomes; and assures documentation of the activity
- f. Provides follow-up on problems and intervenes when needed
- g. Evaluates the effectiveness of the delegation or assignment
- h. Intervenes when problems are identified and revises plan of care as needed
- i. Retains professional accountability for nursing care as provided
- j. Promotes a safe and therapeutic environment by:
 - 1. Providing appropriate monitoring and surveillance of the care environment
 - 2. Identifying unsafe care situations and
 - 3. Correcting problems or referring problems to appropriate management level when needed
- k. Teaches and counsels patient and families regarding their health care regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention

Chapter 4. Board of Nursing (BON)

4.1 Membership, Nominations, Qualifications, Appointment and Term of Office

4.2 Officers

4.3 Meetings

4.4 Guidelines

4.5 Vacancies, Removal and Immunity

4.6 Powers and Duties

4.7 Collection of Fees

- a. The BON shall collect the following fees:
 - 1. Application for licensure by examination
 - a) RN < >
 - b) LPN/VN < >
 - c) APRN < >
 - 2. Temporary permit for initial licensure applicant
 - a) RN < >
 - b) LPN/VN < >
 - c) APRN < >
 - 3. Application for licensure by endorsement
 - a) RN < >
 - b) LPN/VN < >
 - c) APRN < >
 - 4. Temporary permit for endorsement applicant
 - a) RN < >
 - b) LPN/VN < >
 - c) APRN < >
 - 5. Renewal of licensure
 - a) RN < >
 - b) LPN/VN < >
 - c) APRN < >
 - 6. Temporary permit to practice for the clinical portion of a nursing refresher course < >
 - 7. Late renewal < >
 - 8. Reinstatement < >
 - 9. Certified statement that nurse is licensed in jurisdiction < >
 - 10. Duplicate or reissued license < >
 - 11. Returned check < >
 - 12. Fee for each level of nursing education program survey and evaluation < >

- 13. Discipline monitoring < >
- 14. Copying costs < >
- 15. Criminal background check processing fees < >
- 16. Other miscellaneous costs
- b. Fees collected by the BON shall reflect the cost of service provided.
- c. All fees collected by the BON are non-refundable.

4.8 Executive Officer

Chapter 5. RN and LPN/VN Licensure and Exemptions

5.1 Titles and Abbreviations for Licensed Nurses

5.2 Examinations

5.3 Application for Licensure by Examination as an RN or LPN/VN

An applicant for licensure as an RN or LPN/VN, whichever is applicable, by examination in this state shall submit to the BON the required fees for licensure by examination, as specified in Chapter 4, and a completed application for licensure by examination that provides the following information:

- a. Documentation of graduation shall verify the date of graduation or graduation eligibility and the credential conferred. An official transcript is required prior to the issuance of a permanent license.
- b. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®.
- c. In order to be licensed in this state, all LPN/VN applicants shall take and pass the NCLEX-PN®.
- d. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:
 - 1. The number and status of the license or credential and
 - 2. The original state or country of licensure or credentialing
- e. Current employer if employed in health care, including address, telephone number, position and dates of employment
- f. Previous employer in health care, if any, if current employment is less than 12 months
- g. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license, or withdrew the application or allowed the application to expire, if applicable
- h. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- i. Submission of state and federal criminal background checks completed within the last < > months

5.4 Application for Licensure by Internationally Educated Applicants

An internationally educated applicant for licensure by examination in this state shall submit to the BON required fees for licensure by examination, as specified in Chapter 4 of these rules, and a completed application for licensure by examination that provides the following information:

- a. Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®.
- b. Credentials shall be reviewed internally or by an external agency specializing in international academic credentials review to verify the comparability of the international nursing education program to nursing education programs in this jurisdiction.
- c. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®.
- d. In order to be licensed in this state, all LPN/VN nurse applicants shall take and pass the NCLEX-PN®.
- e. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:



1. The license number and status of the license or credential and
2. The original state or country of licensure or credentialing
- f. Current employer if employed in health care, including address, telephone number, position and dates of employment
- g. Previous employer in health care, if any, if current employment is less than 12 months
- h. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable
- i. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- j. Submission of state and federal criminal background checks completed within the last < > months

5.5 Application for Licensure by Endorsement as an RN or LPN/VN

- a. An applicant for licensure by endorsement in this state shall submit to the BON the required fees for licensure by endorsement as specified in Chapter 4 and a completed application for licensure by endorsement.
- b. The BON shall verify licensure by examination by the state of original licensure and receive from that BON information regarding graduation or eligibility for graduation from a nursing education program for the level of license sought, date of original licensure and current licensure status in the jurisdiction.
- c. The BON shall also verify date of the applicant's licensure, licensure status or privilege with the state of most recent employment, if different from the state of original licensure.
- d. Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction and
- e. Evidence of continued competence as defined in 5.6.2 below
- f. Identification of any state, territory or country in which the applicant holds a health profession license or credential, if applicable. Required information includes:
 1. The number and status of the license or credential and
 2. The original state or country of licensure or credentialing
- g. Current employer if employed in health care, including address, telephone number, position and dates of employment
- h. Previous employer in health care, if any, if current employment is less than 12 months
- i. The date and jurisdiction the applicant previously applied for a license in another jurisdiction and either was denied a license or withdrew the application, if applicable
- j. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- k. Submission of state and federal criminal background checks completed within the last < > months.

5.5.1 Temporary Permits

- a. A temporary permit is a time-limited authorization to practice nursing as specified by the type of permit.
- b. The BON may issue, upon request of the applicant, a temporary permit to practice nursing to applicants for endorsement to practice nursing at the applied level of licensure to an individual who submits an application for licensure by endorsement and with verification of current licensure in another jurisdiction
- c. Temporary permits may be issued for a time period not to exceed < > months. Permits are non-renewable and are valid from the submission of a proper request until the date of the BON decision on the application.
- d. An applicant may request a temporary permit to practice nursing by submitting application to the BON and paying the required fee, as specified in Chapter 4 of these rules.
- e. Upon submission of application for licensure, including submission of request for criminal background check and receipt of verification that the license from another jurisdiction is not encumbered, an applicant for licensure by endorsement may receive a temporary permit to practice nursing.

5.6 Renewal of Licenses

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The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdiction.

5.6.1 Application for Renewal of License as an RN or LPN/VN

An applicant for license renewal shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed application for license renewal that provides the following information:

- a. Evidence of completion of the continued competence requirements specified in 5.6.2 below and
- b. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background

5.6.2 Continued Competence

****At the present time, evidence does not support any one mechanism for continued competence and further study is warranted.*

5.6.3 Issuance of License

The BON shall renew the license of each renewal applicant who complies with the requirements of this Section.

5.7 Reactivation of License

An individual whose license is inactive by failure to renew may apply for reactivation by submitting an application, paying a fee as specified in Chapter 4 of these rules, meeting all practice requirements for renewal of licensure and satisfying the conditions listed below. At any time after a license has been inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reactivating the licensee to the status of active license.

5.7.1 Reinstatement Following Disciplinary Action

For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order, is required.

5.8 Duties of Licensees

5.9 Criminal Background Checks

- a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.
- b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure.

5.10 Exemptions

Chapter 6. Prelicensure Nursing Education

6.1 Purpose of Nursing Education Standards

The purposes of nursing education standards are to:

- a. Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice
- b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs and
- c. Ensure candidates are educationally prepared for licensure and recognition at the appropriate level



6.1.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

- a. The purpose and outcomes of the nursing program shall be consistent with the Act and BON promulgated administrative rules, regulations and other relevant state statutes
- b. The purpose and outcomes of the nursing program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered
- c. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program
- d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement
- e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes
- f. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement
- g. The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program
- h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement
- i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes and
- j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available

6.1.2 Required Criteria for Prelicensure Nursing Education Programs

The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2020.

a. Curriculum

1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.
2. The curriculum, as defined by nursing education, professional and practice standards, shall include:
 - a) Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients
 - b) Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
 - c) Coursework including, but not limited to:
 - i. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice
 - ii. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care
 - iii. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include:
 - 1) Integrating patient safety principles throughout the didactic and clinical coursework
 - 2) Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing

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- care
- 3) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:
 - (a) Respecting patient differences, values, preferences and expressed needs
 - (b) Involving patients/designees in decision-making and care management
 - (c) Coordinating and managing patient care across settings
 - (d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
- 4) Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care
- 5) Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems and
- 6) Using information technology to communicate, mitigate error and support decision making
- 3. Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.
 - a) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.
 - b) Clinical experiences shall be supervised by qualified faculty.
 - c) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
 - d) Measurement of students' competencies shall focus on the students' demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings.
 - e) BON determines the approval process when clinical experiences cross state/jurisdiction borders, and nursing education programs shall comply with the process.
- 4. Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and standards of the BON.
- b. Students
 - 1. The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision.
 - 2. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
 - 3. All policies relevant to applicants and students shall be readily available in writing.
 - 4. Students shall meet health standards and criminal background check requirements.
- c. Administrator qualifications
 - 1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
 - a) A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
 - b) A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree
 - c) Experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation and
 - d) A current knowledge of nursing practice at the practical/vocational level
 - 2. Administrator qualifications in a program preparing for RN licensure shall include:
 - a) A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
 - b) A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree
 - c) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and
 - d) A current knowledge of registered nursing practice

d. Faculty

1. There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.
2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree.
5. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.
6. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
7. Clinical preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.

6.1.3 Determination of Compliance with Standards

BON initial and continuing approval is the model used for determining compliance with these standards. National nursing accreditation shall be required by January 1, 2020, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. The BON shall identify the required correspondence that the programs must submit.

6.1.4 Purposes of Prelicensure Nursing Education Program Approval

- a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To ensure continuous evaluation and improvement of nursing education programs.
- e. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

6.1.5 Establishment of a New Prelicensure Nursing Education Program

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
 1. Results of a needs assessment, including identification of potential, and available, students and employment opportunities for program graduates
 2. Identification of sufficient financial and other resources
 3. Governing institution approval and support
 4. Community support
 5. Type of educational program proposed
 6. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the U.S. Department of Education
 7. Evidence of the nursing program actively seeking accreditation from a U.S. Department of Education recognized national nursing accrediting agency
 8. Clinical opportunities and availability of resources.

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9. Availability of qualified faculty and program director and
10. A proposed time line for initiating and expanding the program
- b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
 1. Employment of a director and faculty to develop program
 2. Overview of total curriculum:
 - a) Content
 - b) Schedule (course sequence)
 - c) Course descriptions
 - d) Contracts for clinical sites
 - e) Program evaluation plan
 - f) Course syllabi for first year with identified timeline for submission of syllabi for next years
 3. Establishment of student policies for admission, progression, retention and graduation
 4. The BON shall deny initial approval if it determines that a proposed nursing education program is unable to meet the standards for nursing education
 5. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students
- c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
 1. Completion of BON program survey visit concurrent with graduation of first class or eligibility for NCLEX
 2. Submission of program's ongoing systematic evaluation plan
 3. Satisfactory completion of survey report that verifies that the program is in compliance with the BON's Nursing Education Standards
 4. The BON may request periodic reports from the new program regarding initial program operations before granting approval

6.1.6 Continuing Approval of Prelicensure Nursing Education Programs

- a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON. The BON may accept all or partial evidence prepared by a program, to meet national nursing accreditation requirements. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
 1. Periodic BON survey visits, as necessary, and/or reports
 2. Evidence of being accredited by a U.S. Department of Education recognized national nursing accredited agency
 3. BON recognized national nursing accreditation visits, reports and other pertinent documents provided by the program
 4. Results of ongoing program evaluation
 5. Other sources of evidence regarding achievement of program outcomes including, but not limited to:
 - a) Student retention, attrition, and on-time program completion rates
 - b) Sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover
 - c) Adequate laboratory and clinical learning experiences
 - d) NCLEX pass rates which are at least < > % for one year for graduates taking the examination for the first time
 - e) Trend data/action planning related to NCLEX performance
 - f) Trend data/action planning related to employer and graduate satisfaction
 - g) Performance improvement initiatives related to program outcomes
 - h) Program complaints/grievance review and resolution
- b. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

6.1.7 Conditional Approval of Prelicensure Nursing Education Programs

- a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.
- b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in

these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

6.1.8. Withdrawal of Approval

- a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
 1. A nursing education program fails to meet the standards of this Rule and
 2. A nursing education program fails to correct the identified deficiencies within the time specified
- b. After January 1, 2020, a program that has not received national nursing accreditation by a U.S. Department of Education recognized agency shall, upon request, be granted a one year extension by the BON to comply with this requirement.

6.1.9 Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

6.1.10 Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

6.2 Closure of Prelicensure Nursing Education Program and Storage of Records

A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.

6.2.1. Closure of a Prelicensure Nursing Education Program as a Result of Withdrawal of BON Approval

The program shall submit to the BON:

- a. An acceptable plan for students to complete a BON approved program
- b. Confirmation in writing that the plan has been fully implemented and
- c. Arrangements for the secure storage and access to academic records and transcripts

6.2.2. Prelicensure Nursing Education Program Closed Voluntarily

The program shall submit to the BON:

- a. Reason for the closing of the program and date of intended closure
- b. An acceptable plan for students to complete a BON approved program and
- c. Arrangements for the secure storage and access to academic records and transcripts

6.3 Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in <jurisdiction's> Act.

6.3.1 Purposes

- a. To foster innovative models of nursing education to address the changing needs in health care
- b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public and
- c. To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the BON

6.3.2 Eligibility

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- a. The nursing education program shall hold full BON approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

6.3.3. Application

The following information (no longer than < > pages with a 1-page executive summary) shall be provided to the BON at least < > days prior to a BON meeting:

- a. Identifying information (name of nursing program, address, responsible party and contact information)
- b. A brief description of the current program, including accreditation and BON approval status
- c. Identification of the regulation(s) affected by the proposed innovative approach
- d. Length of time for which the innovative approach is requested
- e. Description of the innovative approach, including objective(s)
- f. Brief explanation of why you want to implement an innovative approach at this time
- g. Explanation of how the proposed innovation differs from approaches in the current program
- h. Rationale with available evidence supporting the innovative approach
- i. Identification of resources that support the proposed innovative approach
- j. Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources
- k. Plan for implementation, including timeline
- l. Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation and
- m. Additional application information as requested by the BON

6.3.4. Standards for Approval

- a. Eligibility criteria in 6.3.2. and application criteria in 6.3.3. are met
- b. The innovative approach will not compromise the quality of education or safe practice of students
- c. Resources are sufficient to support the innovative approach
- d. Rationale with available evidence supports the implementation of the innovative approach
- e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach
- f. Timeline provides for a sufficient period to implement and evaluate the innovative approach and
- g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology

6.3.5. Review of Application and BON Action

- a. Annually the BON may establish the number of innovative approach applications it will accept, based on available BON resources.
- b. The BON shall evaluate all applications to determine if they meet the eligibility criteria in 6.3.2 and the standards established in section 6.3.4.
- c. The BON shall inform the education program of the approval process timeline within < > days of the receipt of the application.
- d. If the application meets the standards, the BON may:
 - 1. Approve the application, or
 - 2. Approve the application with modifications as agreed between the BON and the nursing education program
- e. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.
- f. The BON may rescind the approval or require the program to make modifications if:
 - 1. The BON receives substantiated evidence indicating adverse impact or
 - 2. The nursing program fails to implement the innovative approach as presented and approved

6.3.6. Periodic Evaluation

- a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the BON.
- b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.

- c. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.
- d. Nursing education program maintains eligibility criteria in 6.3.2.

6.3.7. Requesting Continuation of the Innovative Approach

- a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
- c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

Chapter 7. Discipline and Proceedings

7.1 Authority

7.2 Accountability

7.3 Grounds for Discipline

- a. Non-Compliance with federal, jurisdictional or contractual requirements, including, but not limited to:
 - 1. Failing to meet the initial requirements of a license
 - 2. Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results, including, but not limited to:
 - a) Copying, disseminating or receiving of any portion of an examination
 - b) Having unauthorized possession of any portion of a future, current or previously administrated examination
 - c) Violating the standard of test administration
 - d) Permitting an impersonator to take the examination on one's behalf.
 - e) Impersonating an examinee
 - f) Communicating with another examinee during the examination
 - g) Possessing unauthorized materials during the examination or
 - h) Any other conduct that violates the security or integrity of the exam
 - 3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied, revoked, suspended, restricted or otherwise disciplined in this or any other state, territory, possession or country or by a branch of the United States military
 - 4. Failing to cooperate with a lawful BON investigation
 - 5. Practicing without an active license
 - 6. Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements.
 - 7. Failing to comply with continuing education or competency requirements
 - 8. Failing to meet licensing board reporting requirements
 - 9. Violating or failing to comply with BON order
 - 10. Practicing beyond the legal scope of practice
 - 11. Failing to comply with health and safety requirements established by an employer, health facility, or federal or jurisdictional laws or rules
 - 12. Violating federal or jurisdictional tax code pursuant to the procedural laws and rules of the jurisdiction
 - 13. Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction
 - 14. Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction
 - 15. Violating jurisdictional health code

- b. Criminal conviction or adjudication in any jurisdiction under Article VII section 3 of the <Jurisdiction's> Nurse Practice Act
- c. Confidentiality, patient privacy, consent or disclosure violations, including, but not limited to:
 - 1. Failing to safeguard the patient's dignity, the right to privacy and confidentiality of patient information. This does not prohibit or affect reporting responsibilities under other statutes such as Child Abuse or Older Adults Protective Services Acts.
 - 2. Failure to obtain informed consent
 - 3. Failure to comply with patient consultation requirements
 - 4. Breach of confidentiality
- d. Misconduct or abuse, including, but not limited to:
 - 1. Soliciting, borrowing or misappropriating money or property from a patient or a patient's family.
 - 2. Violating principles of professional boundaries. The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party. Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall:
 - a) Establish, maintain and communicate professional boundaries with the patient;
 - b) Not engage in relationships with patients that could impair the nurse's professional judgment;
 - c) Not exploit in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit;
 - d) Not engage in dual relationships to the extent possible for <years>, making alternate arrangements for care when necessary, if a nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);
 - e) Not engage in self-disclosure to a patient unless it is limited in terms of amount, nature and duration, and does not adversely impact the patient's care and well-being;
 - f) Recognize the potential for negative patient outcomes of professional-boundary crossings;
 - g) Not use any confidence of a patient to the patient's disadvantage or for the advantage of the nurse;
 - h) Have a clear agreement with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse shall not engage in loans to or from a patient and shall not barter with a patient;
 - i) Only accept gifts of minimal value from a patient or key party;
 - j) Make no statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and
 - k) Make no suggestions or have no discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends.
 - 3. Sexual misconduct, including, but not limited to, the following behavior with a current or former patient or key party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:
 - a) Sexual intercourse;
 - b) Touching of the breasts, genitals, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice;
 - c) Rubbing against current or former patient or key party, initiated by the nurse, current or former patient, or key party, for sexual gratification;
 - d) Hugging, kissing or caressing of a romantic or sexual nature;
 - e) Failing to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety;
 - f) Failing to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety;
 - g) Dressing or undressing in the presence of the patient;
 - h) Encouraging masturbation or other sex acts in the presence of the nurse;
 - i) Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party;



- j) Discussing sexual history, behaviors or fantasies of the nurse;
 - k) Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual;
 - l) Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual orientation;
 - m) Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening, or harmful to current or former patients or key parties;
 - n) Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;
 - o) Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;
 - p) Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and
 - q) Engaging in sexual or romantic conduct with a key party when that person is being manipulated into such a relationship by the nurse.
4. Engaging or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient. Factors which the BON may consider in determining risk of harm or exploitation include, but are not limited to:
- a) The length of time the nurse-patient relationship existed;
 - b) The circumstances of the cessation or termination of the nurse-patient relationship;
 - c) The amount of time that has passed since nursing services were terminated;
 - d) The nature of the patient's health status and the extent of care received;
 - e) The degree of the patient's dependence and vulnerability;
 - f) The extent to which there exists an ongoing nurse-patient relationship following the termination of services, and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and
 - g) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.
5. Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at least two years after termination of nursing services.
6. These rules do not prohibit providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; and contact that is necessary for a health care purpose that meets the standards of the profession.
7. Non-sexual dual relationship or boundary violation
8. Exploiting a patient for financial gain
9. Abusive conduct toward staff
10. Disruptive conduct in the workplace
11. Conduct evidencing moral unfitness
12. Conduct evidencing ethical unfitness
13. Physical or emotional abuse of a patient
14. Misappropriation of patient property or other property
15. Conflict of interest
- e. Fraud, deception, or misrepresentation, including, but not limited to:
- 1. Committing fraud or deceit in the practice of nursing
 - 2. Submitting false documentation or information, such as credentials, letters of recommendations, resumes, curriculum vitae, certificates, educational certificates or transcripts, or licenses to an employer or potential employer for the purpose of securing or maintaining employment.
 - 3. Submitting false documentation or information to an employer for the purpose of receiving remuneration or reimbursement of costs to which the licensee is not entitled.
 - 4. Submitting false information in the course of an investigation or as part of any application.

5. Failing to document and maintain accurate records, includes, but is not limited to;
 - a) Falsifying reports, patient documentation, agency records, or other essential health documents.
 - b) Knowingly making incorrect entries a patient's medical record or other related documents.
6. Improper or abusive billing practices
7. Submitting false claims
8. Misrepresentation of credentials
9. Insurance fraud (Medicare, Medicaid or other insurance)
10. Providing or ordering unnecessary tests or services
11. Filing false reports or falsifying records
12. Fraud, deceit or material omission in obtaining license or credentials
13. Misleading, false or deceptive advertising or marketing
14. Failure to disclose
- f. Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:
 1. Failing or inability to perform registered nursing, practical/vocational nursing or advanced practice registered nursing as defined in Article II of this Act and rule, with reasonable skill and safety.
 2. Departing from or failing to conform to an ethical or quality standard of the nursing profession.
 3. Improperly managing patient records.
 4. Failing to supervise student experiences as a clinical nursing instructor
 5. Failing to respect and consider the patient's right to freedom from psychological and physical abuse.
 6. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.
 7. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.
 8. Leaving a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
 9. Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of or leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume care upon the nurse's leaving.
 10. Engaging in conduct or any nursing practice that may create unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established.
 11. Demonstrating an actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.
 12. Immediate threat to health or safety of a patient or the public
 13. Unable to practice safely by reason of alcohol or other substance use
 14. Unable to practice safely by reason of psychological impairment or mental disorder
 15. Unable to practice safely by reason of physical illness or impairment
 16. Unable to practice safely
 17. Substandard or inadequate care
 18. Substandard or inadequate skill level
 19. Failure to consult or delay in seeking consultation with supervisor/proctor
 20. Patient abandonment
 21. Inappropriate refusal to treat
 22. Incompetence
 23. Malpractice
 24. Negligence
 25. Patient neglect
 26. Inadequate or improper infection control practices
 27. Failure to provide medically reasonable and/or necessary items or services
- g. Improper supervision or allowing unlicensed practice, including, but not limited to:
 1. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care

2. Accepting the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care
 3. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment
 4. Failing to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system as a chief administrative nurse
 5. Inappropriate or inadequate supervision or delegation or
 6. Knowingly aiding, abetting assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing or in violating or circumventing a law or BON regulation or rule
- h. Drug related offenses, including, but not limited to:
1. Narcotics violation or other violation of drug statutes
 2. Unauthorized prescribing medicine
 3. Unauthorized dispensing of medication
 4. Unauthorized administration of medication
 5. Error in prescribing, dispensing or administering medication
 6. Diversion of controlled substance

7.4 Procedure

7.4.1 Complaint Investigation

The BON shall investigate alleged acts or omissions that the BON reasonably believes violate the NPA or Nursing Administrative Rules.

7.4.2 Complaint Resolution

- a. Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse's attorney.
- b. Negotiated settlements shall be reviewed and approved by the BON to determine whether any proposed remedy is appropriate for the facts as admitted or stipulated.
- c. If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.
- d. The BON shall review the evidence and record produced at the administrative hearings along with the recommendations of the administrative law judge to determine whether the burden of proof has been met with regards to any violation. The BON is responsible for making complaint resolution decisions.

7.5 Immunity

7.6 Notification

The BON shall provide information as required by federal law to federal databanks, to the NCSBN centralized licensing and discipline databank (Nursys) and may develop procedures for communicating with others in BON policy.

7.7 Alternative to Discipline Monitoring Program

7.7.1 Responsibilities of the Program

- a. The alternative to discipline monitoring program shall have the following functions and responsibilities:
 1. Protect the public while monitoring the nurse to assure safe practice
 2. Encourage early identification, entry into treatment and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring
 3. Identify, respond to and report noncompliance to the BON in a timely manner

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4. Facilitate nurses to enter and maintain an ongoing recovery consistent with patient safety
 5. Be transparent and accountable to the public by providing information to the public, which also includes:
 - a) Policies and procedures of the program
 - b) Annual reports, audits and aggregate data
 - c) Educational materials and other resources and
 - d) Conferences and continuing education offerings and
 6. Provide adequate resources and staffing to implement policies and procedures and all contract requirements
- b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public national database that gives access to all states.

7.7.2 Eligibility Criteria

- a. An individual may be admitted to the program if he or she meets the following eligibility criteria:
 1. Is an APRN, RN, or LPN/VN in this jurisdiction
 2. Requests admission in writing and
 3. Admits to substance use disorder
- b. Admission to the program shall be denied if the applicant:
 1. Has diverted controlled substances for other than self-administration
 2. Has caused known provable harm to patients
 3. Has engaged in behavior that has high potential to cause patient harm such as diverting drugs by replacing the drug with another drug or
 4. Is not eligible for licensure in this jurisdiction
- c. Admission to the program may be denied if the applicant:
 1. Has a history of past disciplinary action that is not related to substance use and resulted in probation, revocation or suspension
 2. Has any pending criminal action or a prior felony
 3. Has had incidents that may have caused harm, abuse or neglect to patients
 4. Has been discharged or terminated from the same or any other alternative program for non-compliance
 5. Is on medication-assisted treatment or therapy
 6. Has been prescribed controlled substances for dual diagnosis or chronic pain or
 7. Has had previous and unsuccessful participation and substantial noncompliance with the contractual agreement in the last five years
- d. An applicant's request for admission to the program may be denied if the applicant's participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting BON member or the treatment provider.

7.7.3 Screening and Assessment

- a. All individuals entering into the programs shall undergo appropriate screening and assessment.
- b. An individual seeking admission into the alternative program shall initially be screened by staff to determine the person's motivations for entering the alternative program and whether the person meets admission requirements and is willing to participate.
- c. The individual seeking admission shall obtain a current chemical dependency evaluation, which may include a complete physical and psychosocial assessment performed by a licensed or certified medical, mental health or psychological specialist.

7.7.4 Contracts

- a. The alternative program shall have a written contract, which the participant must sign voluntarily upon entering the program. Each contract shall bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative.
- b. The contract shall address the following areas:
 1. The voluntary and non-disciplinary nature of the program



2. The program records that are non-public and have necessary exceptions for disclosure such as to the BON members, other state boards and other states' alternative programs regarding the participants in the alternative program
3. The dates of the nurse's participation and the expected length of participation
4. The requirements of drug and alcohol screens, 12-step, support, therapeutic meeting attendance and self and supervisory reports
5. The requirements for work-site monitoring upon return to work
6. The consequences of relapse and noncompliance with the alternative program contract including a dismissal from the alternative program or referral to the BON for disciplinary action because of noncompliance with alternative program contract requirements
7. The parameters for referral to the BON, including the non-public records of program participation that are shared with the BON
8. Definitions of relevant terms such as relapse
9. Appropriate waivers and releases and
10. The period of monitoring which shall be three to five years
- c. The contract shall provide that the participant is expected to:
 1. Abstain from all alcohol and alcohol-containing products without prior approval from the alternative program
 2. Abstain from drug use, including all over-the-counter medications and other mind-altering substances unless lawfully prescribed with prior approval of the alternative program
 3. Obtain a current evaluation of co-occurring conditions such as psychiatric or medical disorders as indicated
 4. Maintain current state nursing licensure, including meeting any continued competence or continuing education requirements and
 5. Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional and the alternative program
- d. The participant shall execute any releases that are necessary to sign for monitoring and consents to information exchange between:
 1. Employer and alternative program
 2. Healthcare providers and alternative program
 3. Alternative program and BON
 4. Treatment professionals and alternative program and
 5. Other state boards and alternative programs
- e. The contract shall also provide that the participant agrees to:
 1. Enter treatment and participate in all treatment recommendations
 2. Provide counselors with the necessary forms to complete and give back to the program
 3. Obtain an assessment by a medical doctor who is approved by the alternative program and has a sub-specialty in addictions and pain management
 4. Sign and adhere to pain management contracts if there are pain issues as well as addiction issues
 5. Undergo any additional evaluation as requested by the alternative program or treatment provider and
 6. Complete substance disorder, dependency or mental health assessment, treatment, continuing care and aftercare

7.7.5 Recovery Monitoring Requirements

The participant is expected to:

- a. Attend three 12-step or other approved self-help meetings a week and one peer support group per week and submit documentation to the alternative program at least monthly
- b. Maintain an active and consistent relationship with a sponsor
- c. Select and provide the contact information for one pharmacy for prescription needs, one health care provider for health care needs and one dentist for dental needs to the alternative program
- d. Report any prescriptions for mood-altering drugs as well as over-the-counter medications within 24 hours of receipt of prescription to the alternative program and prior to returning to nursing practice
- e. Notify any and all health care providers of substance use history prior to receiving any prescription

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- f. Provide a written statement from the prescribing provider that confirms the provider's awareness of the participant's history of substance use or dependence and the participant's responsibility to confirm any prescription within 24 hours of prescribing
- g. Have practitioners complete medication verification forms and medication logs provided by the program and submit quarterly
- h. Submit medication forms quarterly
- i. Provide written self-reports as specified by the alternative program, but at least monthly and
- j. Submit to random drug and alcohol testing at a minimum of two to three times per month for the first 12 months of participating in the alternative program. Drug and alcohol testing may then be gradually reduced in frequency. Upon return to nursing practice, drug screenings must increase for the first 12 months of clinical practice. Drug and alcohol testing may include body fluid testing, hair testing or any other valid and reliable method of testing such as saliva.

7.7.6 Practice Requirements and Limitations

- a. The participant shall limit nursing practice to this state only. Permission to work in any other state requires written approval from the alternative program and the BON in both states.
- b. If licensed in another state or seeking licensure in another state, the participant shall authorize the alternative program to release participant information to any other state of licensure or where seeking application for licensure.
- c. The participant shall maintain continuous employment in a nursing position for at least one year of the three- to five-year contract in order to be eligible for successful discharge from the program.
- d. The participant shall notify and obtain approval from the alternative program of any health care related position or job change prior to making the change or relocating.
- e. The participant shall abide by return-to-work restrictions and requirements.
- f. The participant shall abide by all policies, procedures and contracts of employer.
- g. The participant shall inform all employers or schools of participation in the alternative program and provide a copy of the contract, stipulations or final orders from the BON to any prospective or current nursing position employers.
- h. The participant shall ensure that the supervisor at the place of employment is given a copy of the contract and any other necessary forms.
- i. The participant shall ensure that the alternative program receives the agreement form signed by the direct supervisor at the place of employment prior to beginning a new or resuming an existing position.
- j. The participant shall schedule at least monthly check-in meetings with the supervisor at the place of employment for the purpose of addressing any concerns of either party. Documentation of such meetings shall be available to the alternative program staff if requested.
- k. The participant shall notify the alternative program within two days of any change in supervisor, workplace monitor or employment.
- l. Any exceptions to work restrictions may be approved in writing by the alternative program. Approval must be obtained from the alternative program prior to any position acceptance, job responsibility change or other related employment activity.
- m. The participant shall discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of six months of returning to work.

7.7.7 Program Notification Requirements

- a. The contract shall provide that the participant shall:
 - 1. Notify the alternative program within two days if participant has a disciplinary meeting or employment counseling with employer
 - 2. Notify the alternative program within two days of any changes in residency, contact information and for any termination or resignation from employment
 - 3. Report within 24 hours any crimes committed, criminal arrests, citations, or deferred sentences and conviction including a conviction following a plea of nolo contendere
 - 4. Notify the alternative program if a complaint is filed against the license of the participant
 - 5. Report all alcohol or unauthorized substance use regardless of amount or route of administration
 - 6. Obtain a re-assessment by a licensed addiction counselor in the event of relapse or suspected relapse

7. Abide by further recommendations in the event of a relapse or suspected relapse as deemed clinically appropriate
 8. Appear in person for all routinely scheduled interviews and any additional interviews with reasonable notice given by the alternative program
 9. Inform the alternative program manager verbally and in writing of a pending relocation out of the state and
 10. Pay all fees and costs associated with being in the alternative program
- b. By signing the contract the participant agrees to the following:
1. He or she has had or is having problems with substance use or have a substance use disorder
 2. He or she has violated the nurse practice act and that any violation of the contract is a further violation of the nurse practice act and grounds for referral to the BON
 3. Entry into the alternative program was voluntary, there was an opportunity to seek advice of legal counsel or personal representative and there was opportunity to clarify any terms or conditions that were not understood and
 4. He or she has read and will abide by the terms and conditions of the program handbook or manual as well as any new policies or procedures received in writing throughout participation in the alternative program.
- c. By signing the contract, the participant waives all rights to appeal, grievances, complaints or otherwise contest licensure actions arising out of alternative program participation, and the right to contest the imposition of discipline arising from a breach of this agreement with the exception of contesting a determination that one or more terms of the agreement have been violated.
- d. The identity of participants and the terms of the contract are non-public but may be shared with parties who have an official need to know such as state BON members, other state boards, other state's alternative programs and participant's employers.
- e. The participant shall give the supervisor a copy of the contract and any other necessary forms prior to beginning a new or resuming an existing position and agrees to notify the program immediately of any change in supervision. Failure to comply will result in an immediate cease and desist of all work-related activities from the alternative program.
- f. Any noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing and may be used to support any future progressive disciplinary actions.
- g. If any single part or parts of the contract are violated by the participant, the remaining parts remain valid and operative.
- h. Any unauthorized missed drug or alcohol testing will be considered non-compliance with the program.
- i. Any confirmed positive drug screen may be considered noncompliance if the program has not received the proper documentation from the prescribing practitioner.
- j. Any confirmed positive drug screen for which the alternative program has not received prior written authorization and confirmation from an approved provider and any drug screen that is confirmed as an adulterated or substituted specimen shall result in the participant ceasing nursing practice until further evaluation and receipt of written authorization to return to practice from the alternative program.
- k. Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the BON.
- l. In the event of any non-compliance with any of the terms of the contract in any respect, the alternative program may require the participating nurse to cease practice, notify the nurse's employer and the length and terms of this contract may be extended and modified.
- m. In the event of any non-compliance with the terms of the contract, the participant may be discharged from the alternative program or reported to the BON while remaining in monitoring.
- n. If discharged from the alternative program for non-compliance or referred to the BON for non-compliance, the BON may use any misconduct that may have occurred while enrolled in the program in disciplinary proceedings and the BON may obtain complete records of participation in the alternative program.
- o. The contract does not preclude the program from initiating or taking appropriate action regarding any other misconduct not covered by the contract. Such action could include reporting the offense to the BON.

7.7.8 Standards for Treatment Programs

- a. Treatment programs that meet the standards set forth in this rule shall be approved by the alternative program for use by participants.
- b. The minimum standards for approved treatment providers include:
 1. Licensure by the state
 2. Provide a geographically convenient location for treatment to encourage the participation of family members in the nurse's primary treatment
 3. Offer family involvement in the treatment
 4. Adhere to an abstinence-based program
 5. Adhere to a 12-step philosophy
 6. Require frequent random and for-cause drug screening with positive results reported to the alternative program
 7. Development of an individualized initial treatment and a minimum 12-month aftercare program to meet the specific needs of the nurse patient, based on evaluation by a multidisciplinary team and
 8. Provide information to the alternative program staff on the status of referred patients after appropriate consents to release information are obtained including immediate reports on significant events that occur in treatment that are related to the nurse's ability to practice safely. Information that needs to be communicated includes assessments, diagnosis, prognosis, discharge summary, follow-up recommendations and compliance with treatment.

7.7.9 Return to Work

- a. Upon entry into the alternative program, the participant agrees that their license will be placed on inactive status until return to work is recommended by the alternative program.
- b. In order to ensure patient safety, the nurse's practice must be monitored through the following:
 1. The participant's supervisor and whenever possible at least one nurse monitor must be identified in the participant's return-to-work contract
 2. Supervisors or work-site monitors shall be licensed or privileged to practice nursing, shall not have an encumbered license, shall not be a current participant in any alternative program and shall avoid any conflicts of interest that could impede the ability to objectively monitor the nurse
 3. Supervisors and work-site monitors are nurses who have assumed responsibility for overseeing the participant's practice and at least one monitor or the supervisor must be available on-site in order to intervene if there is a concern or an incident involving the participant
 4. Supervisors and work-site monitors must be knowledgeable of the participant's nursing role and the nurse's participation in the alternative program including the nurse's return-to-work agreement and any associated practice restrictions
 5. Nurse monitors or supervisors must provide to the alternative program regular and as-needed reports on the nurse's ability to practice safely
 6. Nurse monitors, supervisors and program staff must have continuous and ongoing communication to ensure the nurse's compliance with the contract and workplace policies and procedures
 7. There shall be periodic face-to-face visits with the nurse, work-site monitor or supervisor
 8. Nurse employers must make reasonable accommodations for nurses with a substance use disorder under the Americans with Disabilities Act of 1990
 9. The employer shall have the authority to request a for-cause specimen for drug testing when warranted or when requested by the alternative program and
 10. A meeting shall be held with the nurse's co-workers who have a legitimate need to know regarding the nurse's work restrictions
- c. Upon return to work, the participant is not allowed to work any of the following for a minimum of 12 months:
 1. Odd schedules such as overtime, night shift or anything in excess of a 12-hour shift
 2. More than three consecutive 12-hour shifts
 3. Without direct supervision
 4. With limited or full access to controlled substances
 5. In a home health or hospice type of setting, travel, registry or agency, float or on-call PRN pool, tele-nursing and disaster relief nursing or



6. In any other unsupervised nursing position
- d. If relapse, diversion or other violations of the work-related requirements occur, the alternative program will require the participant to immediately cease practice and the alternative program will notify the employer and the BON.
- e. The program will continue to monitor the nurse even after referring the nurse to the BON or the discipline program until the discipline program can begin monitoring or pending board action.

7.7.10 Program Completion

A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and the participant's contract.

7.7.11 Termination from the Program

Participation in the alternative program may be terminated for any of the following reasons:

- a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter
- b. The participant fails to comply with any provision of the participant's contract
- c. The participant is unable to practice according to acceptable and prevailing standards of safe care
- d. The program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter or
- e. The participant receives a criminal conviction

7.8 Practice Remediation Program (PRP) Structure

- a. The program shall be directed by a qualified administrator with adult education and teaching expertise.
- b. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP.
- c. The program shall report to the BON regarding the utilization of the program and meet specific reporting criteria established by the BON.
- d. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

7.8.1 Identification of Practice Deficiencies

- a. Reports that a nurse may have practice deficiencies may be referred to the PRP for review.
- b. Criteria to determine if a licensee's identified practice deficiency can be corrected through participation in the PRP rather than through formal disciplinary action include, but are not limited to:
 1. The licensee's willingness to participate in the PRP
 2. Whether the reported practice deficiency:
 - a) Represented an intentional or willful commission or omission by the licensee
 - b) Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior the frequency of the occurrence
 - c) Involved a vulnerable patient
 3. The impact of the practice deficiency on patient care and outcomes.
 4. The likelihood of correcting the practice deficiency through remediation.
 5. Whether remediation and monitoring of the nurse's practice will provide reasonable assurance that the public will be adequately protected from unsafe practice if the licensee enters the PRP.

7.8.2 Eligibility Requirements for Participation in the PRP

A licensee may participate in the PRP if:

- a. The licensee is currently licensed to practice nursing in the jurisdiction and is eligible to renew the license
- b. The licensee has not been the subject of formal disciplinary action by any regulatory BON or entity located in this state or in another jurisdiction, unless the BON determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP
- c. The nurse has no pending criminal conviction and

- d. The review of the criteria in 7.8.1 determines that the licensee's identified practice deficiency is appropriate to correct through remediation and would not pose a significant risk for the health care consumer, as determined by PRP staff

7.8.3 Provisions of the Participatory Agreement for the PRP

- a. When a licensee has been determined by the BON to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP, which includes but, is not limited to:
 1. A description of the identified practice deficiency
 2. The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement
 3. The requirement that the participant pay all expenses the participant incurs as a result of the required remediation
 4. Requires the participant to notify all employers during the course of participation in the PRP
 5. The requirement that the participant agree not to practice in any other jurisdiction during the term of the PRP agreement without prior authorization from the other jurisdiction and the PRP
 6. A monitoring plan and expected progress reports from all employers, education providers and the licensee
 7. The requirement that the participant sign all waivers necessary to secure all reports required by PRP.
 8. Expectations for successful completion of the program and
 9. The grounds for termination from the PRP
- b. A licensee determined eligible for the PRP who refuses to enter into the participatory agreement within the time frame specified by PRP shall be subject to disciplinary action in accordance with Article VII.

7.8.4 Successful Completion of Program

A participant successfully completes the program when the participant complies with all terms and conditions of the program, as specified in this chapter and the participant's agreement.

7.8.5 Termination from the Practice Remediation Program

- a. Participation in the PRP may be terminated for any of the following:
 1. Failure to comply with any term of the participatory agreement entered into by the participant
 2. Receipt of evidence from the educational provider indicating that the participant has failed to progress through or to successfully complete the remediation in the manner and during the time frame prescribed in the participatory agreement
 3. Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency
 4. Failure to complete the remediation or
 5. Failure to maintain eligibility for PRP
- b. When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article VII. The BON may consider the licensee's termination from the PRP when determining the discipline to be imposed.

7.8.6 Disclosure of PRP Records

- a. Information obtained by the practice program pursuant to an investigation shall be classified as not public information.
- b. All records regarding a licensee's participation in the PRP are not public and shall be maintained in the program office in a secure place separate and apart from the BON's record.
- c. The records shall be made public only by subpoena and court order.
- d. All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant's remediation.
- e. The PRP shall make regular reports to the BON setting forth, in aggregate, information regarding practice deficiencies, the types of educational interventions undertaken to correct the deficiencies and any other statistical information requested by the BON.

- f. Non-public treatment of PRP records shall be cancelled if the nurse defaults on the PRP agreement and does not comply with the requirements of the program.

7.9 Reporting

7.9.1 Insurers

Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this jurisdiction and providing professional liability insurance to RNs, LPN/VNs or APRNs shall submit to the BON a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:

- a. The total number of settlements or awards
- b. The date the settlement or award was made
- c. The allegations contained in the claim or complaint leading to the settlement or award
- d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award and
- e. The name and address of the nurse against whom an award was made or with whom a settlement was made

7.9.2 Deadlines and Forms

Reports required must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The BON may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The BON shall review all reports, including those submitted after the deadline.

7.9.3 Minor Incidents

- a. The chief administrative nurse or designee responsible for reviewing incidents of practice breakdown may determine that an incident need not be reported to the BON if all of the following factors exist:
 - 1. The potential risk of physical, emotional or financial harm to the patient due to the incident is minimal
 - 2. The nurse exhibits a conscientious approach to and accountability for his or her practice
 - 3. The nurse has demonstrated the knowledge and skill to practice safely and
 - 4. The nurse maintains employment at the health care facility where the incident occurred
- b. The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event, and the presence of contributing or mitigating circumstances in the nursing care delivery system.
- c. If an event is determined to be a minor incident:
 - 1. An incident/variance report shall be completed according to the employing facility's policy, including a complete description of the incident, patient record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem.
 - 2. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision.
- d. The chief administrative nurse or designee shall report to the BON if < > minor incidents involving a nurse are documented within a one-year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.
- e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.
- f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

7.10 Emergency Action

Chapter 8. Violations and Penalties

Chapter 9. Implementation

Chapter 10. Unlicensed Assistive Personnel

10.1 Certified Nursing Assistant (CNA)

10.1.1 Basic Curriculum Required of All CNAs

- a. All CNAs shall complete at least < > hours of instruction which can be met by completing at least < > hours of classroom instruction with < > hours of clinical instruction at a long-term or comparable facility.
- b. A CNA training program shall provide a written curriculum plan to each student that includes overall course goals and for each required subject:
 1. Measurable learner-centered objectives
 2. An outline of the material to be taught
 3. The time allotted for each unit of instruction and
 4. The learning activities or reading assignments
- c. A CNA training program shall provide classroom and clinical instruction regarding each of the following subjects:
 1. Communication, interpersonal skills and documentation
 2. Infection control
 3. Safety and emergency procedures, including the Heimlich® maneuver and cardiopulmonary resuscitation instruction
 4. Patient or resident independence
 5. Patient or resident rights, including:
 - a) The right to confidentiality
 - b) The right to privacy
 - c) The right to be free from abuse, mistreatment, and neglect
 - d) The right to make personal choices
 - e) The right to obtain assistance in resolving grievances and disputes
 - f) The right to care and security of a patient's or resident's personal property and
 - g) The right to be free from restraints;
 6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor
 7. Basic CNA skills, including:
 - a) Taking vital signs, height, and weight
 - b) Maintaining a patient's or resident's environment
 - c) Observing and reporting pain
 - d) Assisting with diagnostic tests
 - e) Providing care for patients or residents with drains and tubes
 - f) Recognizing and reporting abnormal changes to a supervisor
 - g) Applying clean bandages
 - h) Providing perioperative care and
 - i) Assisting in admitting, transferring, or discharging patients or residents
 8. Personal care skills, including:
 - a) Bathing, skin care, and dressing
 - b) Oral and denture care
 - c) Shampoo and hair care
 - d) Fingernail care
 - e) Toileting, perineal and ostomy care and
 - f) Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding
 9. Age specific, mental health, and social service needs, including:
 - a) Modifying the CNA's behavior in response to patient or resident behavior
 - b) Demonstrating an awareness of the developmental tasks associated with the aging process
 - c) Responding to patient or resident behavior
 - d) Promoting patient or resident dignity
 - e) Providing culturally sensitive care



- f) Caring for the dying patient or resident and
- g) Interacting with the patient's or resident's family
- 10. Care of the cognitively impaired patient or resident including:
 - a) Addressing the unique needs and behaviors of patients or residents with dementia
 - b) Communicating with cognitively impaired patients or residents
 - c) Understanding the behavior of cognitively impaired patients or residents and
 - d) Reducing the effects of cognitive impairment
- 11. Skills for basic restorative services, including:
 - a) Body mechanics
 - b) Resident self-care
 - c) Assistive devices used in transferring, ambulating, eating and dressing
 - d) Range of motion exercises
 - e) Bowel and bladder training
 - f) Care and use of prosthetic and orthotic devices and
 - g) Family and group activities
- 12. Health care team member skills including time management and prioritizing work
- 13. Legal aspects of CNA practice, including:
 - a) BON prescribed requirements for certification and re-certification
 - b) Delegation
 - c) Ethics and
 - d) Advance directives and do-not-resuscitate orders, and
- 14. Body structure and function, together with common diseases and conditions of the elderly
- d. A CNA training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections c.1-6 before allowing a student to care for patients or residents.
- e. A CNA training program shall utilize a CNA textbook that has been published within the previous five years.

10.1.2 Standards for CNAs

The CNA shall meet the following standards:

- a. Competently perform nursing tasks and functions as delegated by the nurse and authorized in the Act and rules
- b. Demonstrate honesty and integrity
- c. Base nursing tasks/functions/activities on education, training and the direction of the supervising nurse
- d. Accept accountability for one's behavior and actions while assisting the nurse and providing services to patients
- e. Assist in observing patients and identifying patient needs
- f. Communicate progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status
- g. Seek clarification if unsure of expectations
- h. Use educational and training opportunities as available
- i. Take preventive measures to protect patient, others and self
- j. Respect patient's rights, concerns, decisions and dignity
- k. Function as a member of the health care team, contributing to the implementation of an integrated health care plan
- l. Respect patient property and the property of others and
- m. Protect confidential information unless obligated by law to disclose the information

10.2 Medication Assistant Certified (MAC)

An MAC is a CNA who meets the additional qualifications and training requirements to administer selected medications under the delegation of a licensed nurse.

10.2.1 Additional Training for MACs

Additional training for MACs shall include < > hours of didactic instruction and < > hours of clinical instruction

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regarding the following:

- a. Role of the MAC
- b. Medication administration as a delegated nursing function under nursing supervision
- c. Acts that cannot be delegated to MACs, including:
 1. Conversion or calculation of drug dosage
 2. Assessment of patient need for or response to medication and
 3. Nursing judgment regarding the administration of PRN medications
- d. Rights of individuals
- e. Legal and ethical issues
- f. Agency policies and procedures related to medication administration
- g. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration
- h. Principles of safe medication storage and disposal of medication
- i. Reasons for medication administration
- j. Classes of drugs, their effects, common side effects and interactions
- k. Reporting of symptoms or side effects
- l. Techniques to check, evaluate and record vital signs as part of safe medication administration
- m. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation
- n. Documentation of medication administration
- o. Prevention of medication errors
- p. Incident reporting
- q. Location of resources and references
- r. Overview of the state agencies involved in the regulation of medication administration
- s. Supervised clinical experience in administering medications

10.2.2 Medication Administration by an MAC

- a. An MAC may perform a task involving the administration of medications when the MAC's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this Act and rules.
- b. An MAC shall not perform a task involving the administration of medication when:
 1. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage
 2. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication
 3. The patient is not stable or has changing nursing needs or
 4. The medication order includes the following medications and routes: < >
- c. MACs shall report to the supervising nurse:
 1. Signs or symptoms that appear life threatening
 2. Events that appear health threatening
 3. Medications that produce no results or undesirable effects as reported by the patient and
 4. Any medication error

10.2.3 Standards for MACs

The MAC shall meet the following standards:

- a. Competently perform nursing tasks and functions as delegated by the nurse and authorized in the Act and rules
- b. Demonstrate honesty and integrity
- c. Base nursing tasks/functions/activities on education, training and the direction of the supervising nurse
- d. Accept accountability for one's behavior and actions while assisting the nurse and providing services to patients
- e. Assist in observing patients and identifying patient needs

- f. Communicate progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status
- g. Seek clarification if unsure of expectations
- h. Use educational and training opportunities as available
- i. Take preventive measures to protect patient, others and self
- j. Respect patient's rights, concerns, decisions and dignity
- k. Function as a member of the health care team, contributing to the implementation of an integrated health care plan
- l. Respect patient property and the property of others and
- m. Protect confidential information unless obligated by law to disclose the information

10.3 Safe Delegation

Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to nursing assistive personnel.

10.3.1 Criteria

The following criteria shall be used to determine which nursing tasks/functions/activities that may be delegated:

- a. Knowledge and skills of the nursing assistive personnel
- b. Verification of the clinical competence of the nursing assistive personnel by the employing agency and
- c. Stability of the patient's condition that involves predictability, absence of risk of complication and rate of change

10.3.2 Variables

The variables in each service setting include, but are not limited to:

- a. The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to nursing assistive personnel
- b. The complexity and frequency of care needed by a given patient population
- c. The proximity of patients to staff
- d. The number and qualifications of staff and
- e. The accessibility of the licensed nurse

10.4 CNA and MAC Certification

10.4.1 Application for Certification

- a. An applicant for certification as a CNA shall submit to the BON:
 - 1. A completed application form
 - 2. Proof of successful completion of an approved CNA education and training program
 - 3. Proof of successful completion of a CNA competency evaluation
 - 4. Applicable fees
 - 5. Applicant's fingerprint information and
 - 6. Declaration of status of all CNA registration in other jurisdictions
- b. An applicant for certification as an MAC shall submit to the BON:
 - 1. A completed application form
 - 2. Proof of successful completion of an approved MAC education and training program
 - 3. Proof of successful completion of an MAC competency evaluation
 - 4. Applicable fees and
 - 5. Applicant's fingerprint information
- c. Acceptance of out-of-state certificates
 - 1. The BON may issue a certificate to a CNA who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to 10.10.a. and determines that the applicant meets the requirements of this rule.
 - 2. The BON shall evaluate felony convictions according to rule 5.9.

10.4.2 Renewal of Certification

- a. The CNA shall submit to the BON:
 1. A renewal application on a BON form
 2. The applicable fee
 3. A verified statement that indicates whether the applicant has been convicted of a crime during the period of time since becoming certified or renewing the certification
 4. Evidence of completion of < > hours of continued education and
 5. Evidence of completion of < > hours of work as a CNA
- b. Upon satisfactory review of the application, the BON shall renew the certification.
- c. The MAC shall submit to the BON:
 1. A renewal application on a BON form
 2. The applicable fee
 3. A verified statement that indicates whether the applicant has been convicted of a crime during the period of time since becoming certified or renewing the certification
 4. Evidence of completion of <hours> of continued education and
 5. Evidence of completion of <hours> of work as an MAC
- d. Upon satisfactory review of the application, the BON shall renew the certification.

10.4.3 Lapse of Certification

A CNA who has not maintained current certification but wishes to be reinstated:

- a. If the certification has been lapsed for less than < >, the CNA may apply and meet the requirements of 10.4.2.
- b. If the certification has been lapsed for more than < >, the CNA shall be required to repeat training and competency evaluation for the desired level of certification.

10.4.4 Reporting Criminal Convictions

The CNA and MAC shall report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days.

10.5 Titles and Abbreviations

10.6 CNA and MAC Education and Training Programs

10.6.1 Initial Application

- a. An applicant for initial CNA or MAC training program approval shall submit an application packet to the BON least 90 days before the expected starting date of the program. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.
- b. The application packet for initial program approval shall include all of the following:
 1. Name, address, telephone number, and fax number of program
 2. Identity of the program
 3. Name, license number, telephone number and qualifications of the program coordinator
 4. Name, license number, telephone number and qualifications of each program instructor
 5. Name and telephone number of the person with administrative oversight of the training program
 6. Accreditation status of the applicant, if any, including the name of the accrediting body and date of last review
 7. Name, address, telephone number, contact person, program status, and most recent review for all health care institutions where program classroom or clinical instruction will take place
 8. Medicare certification status, if any
 9. Documentation of the following:
 - a) Program description, and an implementation plan, including timelines
 - b) Classroom facilities, equipment, and instructional tools available
 - c) Written curriculum, consistent with section 10.1.1 or 10.2.1 for the type of program



- d) A copy of the documentation that the program will use to verify psycho-motor skills for each student
 - e) A copy of the document issued to the student upon completion of the program
 - f) Textbook author, name, year of publication, and publisher and
 - g) A copy of course policies
10. For a Medicare or Medicaid certified long-term care facility-based program, a signed, sworn, and notarized document, executed by a program coordinator, affirming that the program does not require a CNA student to pay a fee for any portion of the program including the state competency exam.
11. For a Medicare or Medicaid long-term care facility-based program, the actual price of a textbook and other loaned equipment, if the CNA program charges a student who does not return these items upon course completion, and any commercially available standard uniform, watch, pen, paper, duty shoes, and other commonly available personal items that are required for the course, for which a student may incur an expense.
- c. Following receipt of a complete application packet, the BON shall review the application
- 1. Schedule an onsite evaluation of the program and:
 - 2. If requirements are met, approve the program for a period not to exceed two years
 - 3. Deny approval of the program if the applicant does not meet the requirements
- d. A program shall not conduct classes before receiving program approval
- e. If approval is in the best interest of the public, the BON shall grant initial approval to any applicant who meets requirements prescribed by the BON in statute or rule. If the BON denies approval, an applicant may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for approval.

10.6.2 Program Requirements

- a. All CNA training programs shall provide:
- 1. A minimum of one clinical instructor for every <10> students if students perform one or more CNA activities for a patient or resident. The program shall ensure that the instructor is physically present in the health care setting during each performance of a CNA activity for a patient or resident
 - 2. An instructor-supervised clinical experience for each CNA student, which consists of at least < > hours of direct patient or resident care, and includes at least < > hours caring for long-term care facility residents. If there is no long-term care facility available within a 50-mile radius of the program, the program may conduct clinical sessions in a healthcare institution that provides experiences with patients or residents who have nursing care needs similar to those of long-term care facility residents.
 - 3. A method to ensure that each CNA student is identified as a student by a name badge or another means readily observable to staff, patients, or residents and not utilize students as staff during clinical experiences
 - 4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
 - a) Current reference materials, related to the level of the curriculum
 - b) Equipment in functional condition for simulating patient care, including:
 - ii. A patient bed, overbed table and nightstand
 - iii. Privacy curtains and call bell
 - iv. Thermometers, stethoscopes, including a teaching stethoscope, blood pressure cuffs and a balance-type scale
 - v. Hygiene supplies, elimination equipment, drainage devices and linens
 - vi. Hand washing equipment and clean gloves and
 - vii. Wheelchair, gait belt, walker, anti-embolic hose, and cane
 - c) Audio-visual equipment and media and
 - d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any
 - 5. Evidence of successful program completion to the student
 - 6. A CNA training program shall maintain the following program records for three years:
 - a) Curriculum and course schedule for each cohort group

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- b) Results of state-approved written and manual skills testing
- c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
- d) A copy of any BON reports, applications or correspondence related to the program
- 7. A CNA training program shall maintain the following student records for three years:
 - a) A record of the student's name, date of birth, and Social Security number, if available
 - b) Skills checklist for each student that shall include:
 - i. Each of the skills listed in sections 10.1.1 or 10.2.1 as applicable to the type of program
 - ii. The date each skill was practiced or demonstrated
 - iii. The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated and
 - iv. The name and signature of the instructor who supervised the student's performance of a skill
 - c) Attendance record, which describes any make-up class sessions
 - d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and
 - e) A copy of the certificate of completion issued to the student upon successful completion of the training program
- b. All MAC training programs shall provide:
 - 1. A minimum of one clinical instructor for every <> students during the administration of medications to ensure that each administration of medication is verified by a licensed nurse. The program shall ensure that the instructor is physically present in the health care setting during each performance of an MAC activity for a patient or resident
 - 2. An instructor-supervised clinical experience for each MAC student, which consists of at least < > hours of medication administration
 - 3. A method to assure that each MAC student is identified as a student by a name badge or another means readily observable to staff, patients or residents and assure that no students are utilized as staff during clinical experiences
 - 4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
 - a) Current reference materials related to the level of the curriculum
 - b) Equipment in functional condition for simulating medication administration
 - c) Audio-visual equipment and media and
 - d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any
 - 5. Evidence of successful program completion to the student
 - 6. An MAC training program shall maintain the following program records for three years:
 - a) Curriculum and course schedule for each cohort group
 - b) Results of state-approved testing
 - c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
 - d) A copy of any BON reports, applications or correspondence related to the program
 - 7. An MAC training program shall maintain the following student records for three years:
 - a) A record of the student's name, date of birth and Social Security number, if available
 - b) Skills checklist for each student that shall include:
 - i. The student's satisfactory or unsatisfactory performance of each medication administration skill each time it was practiced or demonstrated and
 - ii. The name and signature of the instructor who supervised the student's performance of a skill
 - c) Attendance record, which describes any make-up class sessions
 - d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and

- e) A copy of the certificate of completion issued to the student upon successful completion of the training program
- c. A CNA and MAC education, training and competency evaluation programs coordinator shall:
 - 1. Hold a current RN license or privilege in the state that is not encumbered
 - 2. Have at least two years of full time experience as an RN in a health care agency or nursing education program
 - 3. For a CNA program, at least one year nursing experience in the provision of long term care services
- d. CNA and MAC instructors shall:
 - 1. Hold a current RN license or privilege in the state that is not encumbered
 - 2. Have a minimum of two years practice experience in a health care facility and
 - 3. For a CNA training program have at least one of the following:
 - a) A year's experience supervising CNAs
 - b) A year's experience teaching adults or
 - c) Completion of a course in teaching adults
 - 4. For an MAC training program provide documented evidence of preparation for teaching adults.

10.6.3 Renewal of Program

- a. A training program applying for renewal of approval shall submit an application packet to the BON before expiration of the current approval. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.
 - 1. The application packet shall include the following:
 - a) A program description and course goals
 - b) Name, license number and qualifications of the current program coordinator and instructors
 - c) A copy of the current curriculum plan, which meets the requirements set forth in this Chapter
 - d) Number of classes held, number of students who have completed the program, and the results of the state-approved competency evaluation including first-time pass rate since the last program review
 - e) A copy of course policies
 - f) Any change in resources, contracts, or clinical facilities since the previous approval;
 - g) A copy of current student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation
 - h) A sample of the certificate of completion issued to a graduate of the program and
 - i) Textbook author, name, year of publication and publisher
 - 2. Following receipt of the application packet, a BON representative shall review the application packet for completeness.
 - 3. Upon receipt and review of a complete application packet the BON, through its authorized representative, shall evaluate the entity offering the program either by site visit or conferring with program representatives.
 - 4. If the BON finds deficiencies with the program:
 - a) The BON shall notify the program of any deficiencies.
 - b) The program shall be allowed <time> for correction.
 - c) The program shall notify the BON when the deficiencies have been corrected.
 - d) The BON shall conduct a follow-up site visit to verify that the program provider has corrected the deficiencies.
 - e) If, after follow-up review, the program has not corrected the deficiencies, the BON shall deny approval of the program.
 - f) A program provider whose application has been denied may request a hearing to appeal the denial of training program approval.
- b. Following evaluation, the BON shall renew program approval for two years if a program complies with requirements of this Article and renewal is in the best interest of the public. If the program does not comply, the BON shall issue a notice of deficiency.

- c. If the BON denies renewal of approval, a program may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for renewal of approval.
- d. A program that is denied renewal of approval shall not apply for reinstatement of approval for two years from the date of the denial.

10.6.4 Continuation of Approval

- a. The BON shall approve changes in an approved CNA or MAC training program. The BON will base its approval on whether the proposed change meets the requirements of 10.6.2.
- b. A training program shall submit written documentation and information to the BON regarding the following changes within 30 days of instituting the change:
 - 1. For a change or addition of an instructor or coordinator: the name, license number and documentation of meeting coordinator or instructor requirements of this Section
 - 2. For a decrease in the number of program hours: a description of the change, the reason for the change, a revised curriculum outline and a revised course schedule
 - 3. For a change in classroom location: the address of the new location, if applicable, and a description of the new classroom
 - 4. For a change in a clinical facility: the name of the new facility and a copy of the clinical contract and
 - 5. For a change in the name or ownership of the facility: the former, present and new name of the facility

10.6.5 Site Visits and Investigations

- a. A training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite scheduled evaluation for initial BON approval and renewal of approval.
- b. For reasonable cause, as determined by the BON, a training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite announced or unannounced evaluation of the program.

10.6.6 Withdrawal of Approval

- a. The BON shall withdraw approval of CNA and MAC education and training programs when:
 - 1. The BON determines that there is not sufficient evidence that the program is meeting standards
 - 2. The education institution or health agency loses state approval or licensure
 - 3. The program fails to correct deficiencies within the period set by the BON in the notice of deficiency
 - 4. The program is noncompliant with federal, state, or if applicable, private postsecondary requirements
 - 5. The program fails to permit a scheduled or unannounced onsite evaluation, authorized by this Article
 - 6. The program loans or transfers program approval to another entity or facility, including a facility with the same ownership
 - 7. The program conducts a CNA training program before approval is granted
 - 8. The program conducts a CNA training program after expiration of approval without filing an application for renewal of approval before the expiration date or
 - 9. The program is conducted by a long-term care facility, charging for any portion of the program
- b. The BON shall provide due process rights and adhere to the procedures of the <state administrative procedures act>, providing notice, opportunity for hearing and correction of deficiencies.
- c. The BON may consider reinstatement or approval of a training and education program upon submission of satisfactory evidence that the program meets the standards for the type of program after a period of two years.

10.6.7 Closing of Education and Training Programs

- a. In order for a program to voluntarily close, the program shall:
 - 1. Notify the BON, in writing, stating the reason and planned date of intended closing
 - 2. Continue program until the committed class schedule for currently enrolled students is completed
 - 3. Notify the BON of final closing date at least 30 days prior to final closing and
 - 4. Notify the BON regarding custody and retention of records
- b. If the BON denies or withdraws approval of any type of training and competency evaluation program, the educational institution or health agency shall cease admitting students and any of the following:

1. Close the program after the graduation of all students currently enrolled or
 2. Close the program after the transfer of students to approved programs and submit to the BON a list of students transferred to approved program and date of transfer and
 3. Consider the date on which the last student was transferred the closing date of the program
- c. The program shall comply with the requirements of all applicable state and federal rules and notify the state that the requirements have been fulfilled and give date of final closing.

10.7 CNA and MAC Competency Evaluation

- a. To be approved by the BON, a CNA competency evaluation shall:
1. Cover the topics addressed in 10.1.1
 2. Administer an examination that is psychometrically sound and legally defensible
 3. Be based upon an incumbent job analysis conducted periodically
 4. Include a practical examination demonstrating the applicant's CNA skills
 5. Be administered by the BON or by a person approved by the BON and
 6. Notify the applicant of the applicant's performance on the competency evaluation
- b. To be approved by the BON, an MAC competency evaluation shall:
1. Meet all the requirements of the CNA evaluation and
 2. Cover the topics addressed in 10.2.1
- c. The BON may contract with a test service for the development and administration of a competency evaluation.
- d. The BON shall determine the minimum passing standard on the competency evaluation.

10.8 Discipline of CNAs and MACs

Any conduct or practice that is or may be harmful or dangerous to the health of a patient or the public constitutes a basis for disciplinary action on a certificate, including the following:

- a. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family
- b. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the CNA or MAC, or any conduct in the work place that a reasonable person would interpret as sexual
- c. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor
- d. Failing to accurately document care and treatment provided to a patient or resident
- e. Falsifying or making a materially incorrect entry in a health care record
- f. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident
- g. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator
- h. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner
- i. Violating the rights or dignity of a patient or resident
- j. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law
- k. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially
- l. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family
- m. Removing, without authorization, any money, property or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker or member of the public
- n. Use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting

- o. Accepting patient or resident care tasks that the CNA or MAC lacks the education or competence to perform
- p. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting
- q. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law
- r. Permitting or assisting another person to use the CNA's or MAC's certificate or identity for any purpose
- s. Making untruthful or misleading statements in advertisements of the individual's practice as a CNA or MAC
- t. Offering or providing CNA or MAC services for compensation without a designated RN supervisor
- u. Threatening, harassing or exploiting an individual
- v. Using violent or abusive behavior in any work setting
- w. Failing to cooperate with the BON during an investigation by:
 - 1. Not furnishing in writing a complete explanation of a matter reported under the Act
 - 2. Not responding to a subpoena issued by the BON
 - 3. Not completing and returning a BON-issued questionnaire within 30 days or
 - 4. Not informing the BON of a change of address or phone number within 10 days of each change
- x. Engaging in fraud or deceit regarding the certification exam or an initial or renewal application for certification
- y. Making a written false or inaccurate statement to the BON or the BONs designee during the course of an investigation
- z. Making a false or misleading statement on a CNA, MAC or health care related employment or credential application concerning previous employment, employment experience, education, or credentials
- aa. Failing to notify the BON, in writing, of any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days of the conviction. The CNA or MAC or applicant shall include the following in the notification:
 - 1. Name, current address, telephone number, Social Security number and certification number, if applicable
 - 2. Date of the conviction and
 - 3. Nature of the offense
- bb. Practicing in any other manner that gives the BON reasonable cause to believe that the health of a patient, resident, or the public may be harmed.

Chapter 11. APRN

11.1 Standards

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards of the national professional nursing associations recognized by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations.

11.2 Licensure

11.2.1 Application for Initial Licensure

- a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:
 - 1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN program accredited by a nursing accrediting body that is recognized by

the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON and

2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- b. In order to be licensed in this state, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in this state.
- c. In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.
- d. The BON shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:
 1. The program is national in the scope of its credentialing.
 2. Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.
 3. Educational requirements are consistent with the requirements of the advanced practice role and population focus.
 4. The standard methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies.
 5. Certification programs are accredited by a national accreditation body as acceptable by the BON.
 6. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.
 7. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.
 8. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.
 9. Examinations are evaluated for psychometric performance.
 10. The passing standard is established using acceptable psychometric methods and is reevaluated periodically.
 11. Examination security is maintained through established procedures.
 12. Certification is issued based upon passing the examination and meeting all other certification requirements.
 13. A retake policy is in place.
 14. A certification maintenance program, which includes review of qualifications and continued competence, is in place.
 15. Mechanisms are in place for communication to BONs for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.
 16. An evaluation process is in place to provide quality assurance in its certification program.
- e. Requirements of 5.3.d.-i. shall apply to APRNs.

11.2.2 Application of an Internationally Educated APRN

An internationally educated applicant for licensure as an APRN in this state shall:

- a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON
- b. Submit documentation through an official transcript directly from the international nursing education program and verified through a BON approved qualified credentials evaluation process for the license being sought and
- c. Meet all other licensure criteria required of applicants educated in the U.S.

11.2.3 Application for Licensure by Endorsement

- a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:
 1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON
 2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
 3. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
 - a) Primary source of verification of certification is required.
 - b) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.
 - c) If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to application. The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
 - d) Preceptor must meet the following requirements:
 - i. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and
 - ii. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting
- b. Requirements of 5.3.d.-i. shall apply to APRNs.

11.2.4 Application for License Renewal

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:

- a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and
- b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 11.2.1

11.2.5 Quality Assurance/Documentation and Audit

The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.

11.2.6 Reinstatement of License

The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:

- a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
- b. Preceptor must the following requirements:

1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and
 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting
- c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.

11.3. Titles and Abbreviations

- a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.
- b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term doctor or abbreviation "Dr."
- c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.

11.4 APRN Education

11.4.1. Required Criteria for APRN Education Programs

The BON shall determine whether an APRN education program meets the qualifications for the establishment of a program based upon the following standards:

- a. An APRN program shall appoint the following personnel:
 1. An APRN program administrator whose qualifications shall include:
 - a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited
 - b) A doctoral degree in a health-related field
 - c) At least two years of clinical experience as an APRN and
 - d) Current national APRN certification
 2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.
 3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:
 - a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited
 - b) A minimum of a master's degree in nursing or health related field in the clinical specialty
 - c) Two years of APRN clinical experience and
 - d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities
 4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.
 5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.
 6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them.
 7. Clinical preceptors will be approved by faculty and meet the following requirements:
 - a) Hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus and
 - b) Function as a supervisor and teacher and evaluate the individual's performance in the clinical setting

- b. The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric /mental health. The curriculum shall include:
 1. Three separate graduate level courses (the APRN core) in:
 - a) Advanced physiology and pathophysiology, including general principles that apply across the lifespan
 - b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches and
 - c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents
 2. Diagnosis and management of diseases across practice settings including diseases representative of all systems
 3. Preparation that provides a basic understanding of the principles for decision making in the identified role
 4. Preparation in the core competencies for the identified APRN role and
 5. Role preparation in one of the six population foci of practice
- c. Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:
 1. Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10.
 2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate programs offered by an accredited college or university shall include the following components:
 - a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus and
 - b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
 - i. Graduate APRN program core courses and
 - ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN
 3. The curriculum shall be consistent with competencies of the specific areas of practice
 4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci
 5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients and
 6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.

11.4.2 Models for Determining Compliance with Standards

The models for determining compliance with APRN education standards are the same as previously stated for RN and LPN/VN programs in Chapter 6.

11.4.3 Establishment of a New APRN Education Program

Before establishing a new nursing education program, the APRN program shall complete the process outlined below:

- a. Application to the professional accrediting body and
- b. The proposed program shall provide the following information to the BON:
 1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates
 2. Identification of sufficient financial and other resources
 3. Governing institution approval and support.
 4. Community support
 5. Type of educational program proposed
 6. Clinical opportunities and availability of resources
 7. Availability of qualified faculty
 8. A pool of available students and
 9. A proposed time line for initiating and expanding the program

11.5 Prescriptive Authority

11.5.1 Requirements for Prescribing, Ordering, Dispensing and Furnishing Authority

- a. An APRN licensed by the BON may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.
- b. Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.
- c. All prescriptions shall include, but not be limited to, the following information:
 1. Name, title, address and phone number of the APRN who is prescribing
 2. Name of patient
 3. Date of prescription
 4. Full name of the drug, dosage, route, amount to be dispensed and directions for its use
 5. Number of refills
 6. Signature of prescriber on written prescription and
 7. DEA number of the prescriber on all scheduled drugs
 - a) The APRN shall comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substances.
 - b) The APRN shall immediately file any and all of the nurse's DEA registrations and numbers with the BON.
- d. The BON shall maintain current records of all APRNs with DEA registration and numbers.

11.5.2 Distribution of Samples

- a. APRNs may receive, sign for, record and distribute samples to patients.
- b. Distribution of drug samples shall be in accordance with state law and DEA laws, regulations and guidelines.

11.6 Discipline

- a. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.
- b. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.
- c. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:
 1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards
 2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples
 3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes or
 4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus

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11.7 Implementation

- a. After <date>, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.
- b. An APRN applying for licensure by endorsement in another state may be eligible for licensure if the applicant demonstrates that the following criteria have been met:
 1. Current, active practice in the advanced role and population focus area
 2. Current active national certification or recertification, as applicable, in the advanced role and population focus area
 3. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program and
 4. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education

Chapter 12. Nursing Licensure Compact

Chapter 13. APRN Compact

DRAFT



Attachment C

Model Act Redline Version

Model Act and Rules Committee FY2012 Edits to the January 2011 Model Nursing Practice Act Model Nursing Practice Act

Introduction to Revised Models

Article I. Title and Purpose

Article III. Scope of RN and LPN/VN Nursing Practice

Article II. Definitions

Article IV. ~~The~~ Board of Nursing

Article V. Application of Other Statutes RN and LPN/VN Licensure and Exemptions

Article VI. Licensure Prelicensure Nursing Education

Article VII. Titles and Abbreviations Discipline and Proceedings

Article VIII. Nursing Assistive Personnel Violations and Penalties

Article IX. Approval of Nursing Education Programs Implementation

Article X. Violations and Penalties Unlicensed Assistive Personnel

Article XI. Discipline and Proceedings APRN

Article XII. Emergency Relief

Article XIII. Reporting

Article XIV. Exemptions

Article XV. Revenue and Fees

Article XVI. Implementation

Article XVII. Nurse Licensure Compact

Article XVIII. APRN Scope of Practice

Article XIX. APRN Compact

Article I. Title and Purpose

a. ~~Section 1. Title of Act.~~ This Act shall be known and may be cited as ~~The~~ <NAME OF STATE <the JURISDICTION> Nursing Practice Act (NPA), which creates and empowers the board of nursing (BON) to regulate nursing and to enforce the provisions of this Act.

b. ~~The purpose of this Act is to protect the health, safety and welfare of the residents of this state.~~

~~Section 2. Effective Date. This Act shall take effect <DATE>.~~

~~Section 3. Description of Act. An Act concerning the regulation of nursing that creates and empowers the state board of nursing (BON) to regulate nursing and to enforce the provisions of this act.~~

*~~***The language was changed to concisely describe the Act as concerning the regulation of nursing and creating the BON to enforce the act.~~*

~~Section 4. Purpose. The legislature finds that the practice of nursing is directly related to the public health, safety, and welfare of the citizens of the state and is subject to regulations and control in the public interest to assure that nurses at all levels are qualified and competent. It is further declared that the practice of nursing, as defined in the Act, merits and deserves the confidence of the public and that only qualified persons be permitted to engage in the practice of nursing. The legislature recognizes that the practice of nursing is continually evolving and responding to changes within health care patterns and systems.~~

****This model recognizes that nursing is an evolving profession and acknowledges overlapping functions with other health care providers.*

Article III. Scope of RN and LPN/VN Nursing Practice

Section 1. Practice of Nursing. Nursing is a scientific process founded on a professional body of knowledge; it is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a client with others and within the environment; and it is an art dedicated to caring for others. The practice of nursing means assisting clients to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals within the context of a client centered health care plan and evaluating responses to nursing care and treatment. Nursing is a dynamic discipline that increasingly involves more sophisticated knowledge, technologies and client care activities.

Section 2. Registered Nurse (RN).

a. Registered Nurse is the title given to an individual licensed to practice registered nursing.

b. The Practice of registered nurses shall include as an RN means the full scope of nursing, with or without compensation or personal profit, that incorporates caring for all clients in all settings, is guided by the scope of practice authorized in this section, through nursing standards established or recognized by the BON and includes, but is not limited to:

a.1. Providing comprehensive nursing assessment of the health status of patients clients.

****Comprehensive nursing assessment is an extensive data collection (initial and ongoing) used for individuals, families, groups and communities in addressing anticipated changes in client conditions as well as emergent changes in a client's health status; recognizing alterations to previous client conditions; synthesizing the biological, psychological, spiritual and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and nursing diagnoses, plan nursing interventions, evaluate the need for different interventions, and assess the need to communicate and consult with other health team members.*

b.2. Collaborating with health care team to develop and coordinate an integrated patient client- centered health care plan.

3. Developing a comprehensive patient centered health care plan, including:

a. strategy of nursing care to be integrated within the client centered health care plan that establishings nursing diagnoses

b. settings goals to meet identified health care needs and

c. prescribings nursing interventions; and

4. Implementings nursing care through the execution of independent nursing strategies, and the provision of regimens requested, ordered or prescribed by authorized health care providers.

5. Evaluating responses to interventions and the effectiveness of the plan of care

6. Designing and implementing teaching plans based on patient needs

c.

d.7. Delegating and assigning nursing interventions to implement the plan of care.

e.8. Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.

f. Promoting a safe and therapeutic environment.

g.9. Advocating the best interest of patients clients.



- ~~h.10. Evaluating responses to interventions and the effectiveness of the plan of care.~~
- ~~i.11. Communicating and collaborating with other health care providers in the management of health care and the implementation of the total health care regimen within and across care settings.~~
- ~~j. Acquiring and applying critical new knowledge and technologies to the practice domain.~~
- ~~k.12. Managing, supervising and evaluating the practice of nursing.~~
- ~~l.13. Teaching the theory and practice of nursing.~~
- 14. Participating in development of health care policies, procedures and systems ~~to support the client.~~
- ~~m.15. Wearing identification that clearly identifies the nurse as an RN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and~~
- ~~n.16. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the RN's continuing education, demonstrated competencies and experience.~~

Section 13. Licensed Practical/Vocational Nurse (LPN/VN).

- a. Licensed Practical/Vocational Nurse is the title given to an individual licensed to practice practical/vocational nursing.
- b. Practice as a ~~An LPN/VN means a directed scope of nursing practices,~~ with or without compensation or personal profit, under the supervision of an RN, advanced practice registered nurse (APRN), licensed physician or other health care provider authorized by the state; that is guided by nursing standards established or recognized by the BON; and includes, ~~but is not limited to:~~
 - ~~a.1. Collecting data and conducting focused nursing assessments of the health status of patients/individuals.~~

~~*** A focused assessment is an appraisal of an individual's status and situation at hand, contributing to comprehensive assessment by the RN, supporting ongoing data collection and deciding who needs to be informed of the information and when to inform.~~

- ~~b. Planning nursing care episodes for individuals with stable conditions.~~
- ~~c. Participating with other health care providers in the development and modification of the comprehensive patient centered health care plan/plan of care for all types of clients. Implementing appropriate aspects of the strategy of care/nursing interventions within a patient/client centered health care plan. Assisting in the evaluation of responses to interventions Providing for the maintenance of safe and effective nursing care rendered directly or indirectly~~
- ~~d. Advocating the best interest of patients~~
- ~~e.a. Communicating and collaborating with patients and members of the other health care team professionals.~~
- ~~b. Providing input into the development of policies and procedures/health care information to patients~~
- ~~c. Delegating and assigning nursing interventions to implement the plan of care~~
- ~~f. Wearing identification which clearly identifies the nurse as an LPN/VN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient~~
- ~~g. Other acts that require education and training consistent with professional standards as prescribed by the BON and commensurate with the LPN/VN's education, demonstrated~~

~~competencies and experience, continuing education and demonstrated LPN/VN competencies. Each nurse is accountable to clients, the nursing profession and the BON for complying with the requirements of this Act and for ensuring the quality of nursing care rendered; for recognizing limits of knowledge and experience; and for planning for the management of situations beyond the nurse's expertise.~~

~~*** Additions to the LPN/VN scope of practice are based on analysis of the various elements that make up this scope as evidenced by the most recent LPN/VN job analysis. This remains a directed scope of practice.~~

~~*** The first step in the nursing process assessment is the basis for nursing decisions and interventions. The subcommittee believes that the first step is implemented in much the same way across jurisdictions, but that it is described and discussed very differently. The subcommittee members believe that both LPN/VNs and RNs assess, but the members identified a significant difference in the breadth, depth and comprehensiveness of the assessments conducted by the two levels of licensed nurses. These differences are reflected in the term "focused assessment" to describe the LPN/VN role in the first step of the nursing process and the term comprehensive assessment to describe the role of the RN (see definitions in Section 4 below).~~

~~*** An alternative for BONs that have difficulty with the term assessment is to not use the term with either LPN/VN or RN practice, but rather describe what is expected of the level of licensee for the first step of the nursing process. See definitions below for focused assessment and comprehensive assessment.~~

Article III. Definitions

As used in Articles III through XI of this Act, unless the context thereof requires otherwise:

Section 1. BON. "BON" means the <NAME OF STATE> Board of Nursing.

Section 2. Other BON. "Other BON" means the comparable regulatory agency in any U.S. state, territory or the District of Columbia.

Section 3. License. "License" means current authority to practice nursing as an RN, LPN/VN or APRN.

Section 4. Other Definitions.

Absolute discharge from sentence	Completion of any sentence, including imprisonment, probation, parole, community supervision or any form of court supervision.
Advanced assessment	Assessment by an APRN based on additional knowledge and skill developed; a graduate level nursing education program in the APRN category; and the nurse's experience working in the APRN role. <u>means the taking by an advanced practice registered nurse (APRN) of the history, physical and psychological assessment of a patient's signs, symptoms, pathophysiologic status and psychosocial variations in the determination of differential diagnoses and treatment.</u>



Adverse action	A home or remote state disciplinary action.
Alford plea	Plea agreements where the defendant may plead guilty, yet not admit all the facts that comprise the crime. North Carolina v Alford, 40 US 25, 91 S Ct 160, 27 L Ed2d 162 (1970).
Alternative program	A voluntary, non-disciplinary monitoring program approved by a nurse licensing BON.
APRN	A nurse: <ol style="list-style-type: none">1. Who has completed an accredited graduate level education program preparing him/her for one of the four recognized APRN roles.2. Who has passed a national certification examination that measures APRN role and population focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program.3. Who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals.4. Whose practice builds on the competencies of RNs by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy.5. Who has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions.6. Who has clinical experience of sufficient depth and breadth to reflect the intended license.7. Who has obtained a license as an APRN in one of the four APRN roles: CRNA, CNM, CNS or CNP.
APRN licensure/authority to practice	The regulatory mechanism used by a party state to grant legal authority to practice as an APRN.
APRN uniform licensure/authority to practice requirements	Those minimum uniform licensure, education and examination requirements as agreed to by the APRN Compact administrators and adopted by licensing boards for the recognized APRN role and title.
Assignment	Designating nursing activities to be performed by another nurse or assistive personnel that are consistent with his/her scope of practice (licensed person) or role description (unlicensed person).
Chief administrative nurse	The RN who oversees the provision of nursing services in an organization, regardless of title.
Client	A recipient of care; may be an individual, family, group or community.

<u>Patient/client-centered healthcare plan</u>	Identification of desired goals, strategies for meeting goals and processes for promoting, attaining and maintaining optimal client health outcomes. The multidiscipline health care team partners with the client to develop this plan. Team members identify, respect and care about client differences, values, preferences and expressed needs. <u>means, in collaboration with patient, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining and maintaining optimal patient health outcomes.</u>
<u>Clinical learning experiences</u>	<u>means the planned, faculty-guided learning experiences that involve direct contact with patients</u>
Competence	The application of knowledge, and the interpersonal, decision-making and psychomotor skills expected for the practice role within the context of public health, safety and welfare. <u>means the ability of the nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice</u>
Competence assessment	Evaluation of the practitioner's knowledge, skills and abilities. Assessment mechanisms may include examination, peer review, professional portfolio and professional certification.
Competence conduct	The health and behavior expectations that may be evaluated through reports from the individual practitioner, employer reports and discipline checks. Part of competence conduct is assurance that licensees possess the functional abilities to perform the essential functions of the nursing role and population focus.
Competence development	The method by which a practitioner gains, maintains or refines practice knowledge, skills and abilities. This development can occur through a formal education program, continuing education or clinical practice and is expected to continue throughout the practitioner's career.
Comprehensive nursing assessment by an RN	An extensive data collection (initial and ongoing) used for individuals, families, groups and communities in addressing anticipated changes in client conditions, as well as emergent changes in a client's health status; recognizing alterations to previous client conditions; synthesizing the biological, psychological, spiritual and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and nursing diagnoses; plan nursing interventions; evaluate need for different interventions; and assess the need to communicate and consult with other health team members. <u>means collection, analysis and synthesis of data performed by an RN used to establish a health status baseline, plan care and address changes in a patient's condition.</u>
Coordinated licensure information	An integrated process for collecting, storing and sharing



system	information on nurse licensure/authority to practice and enforcement activities related to nurse licensure/authority to practice laws, which is administered by a non-profit organization composed of and controlled by state nurse licensing BONs.
Current significant investigative information	Investigative information that a licensing BON, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.
Delegating	<u>Means</u> Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.
Eligible for graduation	<u>means</u> having met all program and institutional requirements pending conferment of the degree
Encumbered	<u>means</u> a license with current discipline, conditions or restrictions
First officer	The presiding officer of the BON who may be called BON president in some jurisdictions and BON chairman in others.
Focused nursing assessment by an LPN/VN	An appraisal of an individual's status and situation at hand, contributing to comprehensive assessment by the RN, supporting ongoing data collection, and deciding who needs to be informed of the information and when to inform. <u>means</u> recognizing patient characteristics by an LPN/VN that may affect the patient's health status, gathering and recording assessment data and demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in patient condition in an ongoing manner to the supervising registered nurse or physician
Grandfathering	A provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.
Health care provider	An individual authorized (e.g., licensed or certified) to prescribe and/or administer various aspects of health care.
Home state	The party state which is the nurse's primary state of residence.
Home state action	Any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing BON or other authority, including actions against an individual's license, such as revocation, suspension, probation or any other action which affects a nurse's authorization to practice.
Independent nursing strategies	Nursing activities based on nursing assessment; within the nurse's scope of practice and not subject to control by others.
Innovative approach	A creative nursing education strategy that departs from the current rule structure and requires Board approval for

	implementation.
<u>Inactive license</u>	<u>Means the voluntary termination of an individual's license to practice nursing or failure to renew a license</u>
<u>Internationally educated applicants</u> nurse	<u>Means A person</u> nurse <u>educated outside the U.S. who applies for state licensure or seeks temporary authorization to practice as a graduate nursing student to complete program objectives.</u>
<u>Interpretive statement</u>	<u>A statement developed by a BON to provide guidance, clarification and direction regarding whether nursing practice procedures or policies comply with acceptable standards of nursing practice as defined in the NPA and rules.</u>
<u>Lapsed Inactive license</u>	<u>Means Tthe voluntary termination of an individual's license privilege to practice nursing or failure to renew a license due to the individual's failure to renew the nursing license within a specified period of time.</u> ***Some BONs refer to this situation as an inactive license.
<u>License</u>	<u>means the authority granted by the BON to practice nursing as an RN, LPN/VN or APRN</u>
<u>Licensing board</u>	<u>A party state's regulatory body responsible for nurse licensure/authority to practice.</u>
<u>Licensure by endorsement</u>	<u>The granting of authority to practice based on an individual's licensure in another jurisdiction.</u>
<u>Licensure by examination</u>	<u>The granting of authority to practice based on an individual's passing of a prescribed examination.</u>
<u>Licensure reinstatement</u>	<u>The procedure of restoring or reestablishing a nursing license that has lapsed or that has been suspended, revoked or voluntarily surrendered.</u>
<u>Licensure renewal</u>	<u>The process for periodic reissuing of the legal authority to practice.</u>
<u>Modified license</u>	<u>A license to practice nursing within a scope of practice with limitations or with accommodations, or both, as specified by the BON through a non-disciplinary process.</u>
<u>Moral turpitude</u>	<u>Conduct that involves one or more of the following:</u> <u>Intentional, knowing or reckless conduct that causes injury or places another in fear of imminent harm.</u> <u>Conduct done knowingly contrary to justice or honesty.</u> <u>Conduct that is contrary to the accepted and customary rule of right and duty that a person owes to fellow human beings and society in general.</u> <u>Conduct that is wrong in itself even if no statute were to prohibit the conduct.</u>
<u>Multistate advanced practice privilege</u>	<u>Current authority from a remote state permitting an APRN to practice in that state in the same role and title as the nurse is licensed/authorized to practice in the home state to the extent that the remote state laws recognize such APRN role and title. A remote state has the authority, in accordance with existing state due process laws, to take actions against the APRN's privilege, including revocation, suspension, probation or any other action</u>



Multistate licensure privilege	that affects an APRN's multistate privilege to practice. Current, official authority from a remote state permitting the practice of nursing as either an RN or an LPN/VN in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege, such as revocation, suspension, probation or any other action which affects a nurse's authorization to practice.
Nolo contendere	A "no contest" plea in a criminal case that has a similar effect as pleading guilty.
Nursing	An RN or LPN/VN, as those terms are defined by each party's state practice laws. means a profession focused on the care of individuals, families and populations to attain, maintain or recover optimal health and quality of life from conception to death.
Nursing services	The professional practice and auxiliary functions that support the client's meeting of the client's desired health goals; processes for promoting, attaining and maintaining optimal health outcomes.
Nursing student	A person studying in an approved nursing education program.
Party state	Any state that has adopted the NLC or APRN Compact.
Patient	Means a recipient of care; may be an individual, family, group or group community. May also be referred to as client.
Patient-centered healthcare plan	means, in collaboration with patient, the identification of desired goals, strategies for meeting goals and processes for promoting, attaining and maintaining optimal patient health outcomes.
Prescribing	Determining which legend drugs and controlled substances shall be used by or administered to a patient; exercised in compliance with applicable state and federal laws.
Prescriptive authority	The authority to determine the need for drugs, immunizing agents or devices; select the remedy; and write a prescription to be filled by a licensed pharmacist.
Population focus	The section of the population which the APRN has targeted to practice within. The categories of population foci are: family/individual across the lifespan, adult gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.
Primary care provider	The provider who acts as the first point of consultation for all patients with an undiagnosed health concern, as well as providing continuing care of varied medical conditions not limited by cause, organ systems or diagnosis.
Privilege to practice	The authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.
Professional boundaries	The space between the nurse's power and the client's vulnerability; the power of the nurse comes from the professional

	<p>position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient's needs.</p>
<u>Remote state</u>	<p>A party state other than the home state where the patient is located at the time nursing care is provided, or in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.</p>
<u>Reactivation</u>	<p>means reissuance of a license that has lapsed, expired or been placed on inactive status in absence of disciplinary action while in good standing.</p>
<u>Reinstatement</u>	<p>means reissuance of a license following disciplinary action by the BON</p>
<u>Second officer</u>	<p>The board member next in line after the first officer to be presiding officer: often called vice president or vice chair, but could also be the secretary, treasurer or other title.</p>
<u>State practice laws</u>	<p>A party state's laws and regulations that govern nurse practice, define the scope of advanced nursing practice, including prescriptive authority, and create the methods and grounds for imposing discipline. State practice laws do not include the requirements necessary to obtain and retain nurse licensure/authority to practice as a nurse, except for qualifications or requirements of the home state.</p>
<u>Strategy of nursing care</u>	<p>Goal-oriented nursing activities developed within the client centered health care plan to assist clients achieve optimal health potential.</p>
<u>Supervision</u>	<p>Means Provision of guidance or oversight by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.</p>
<u>Unencumbered</u>	<p>A state has no current disciplinary action against a license/authority to practice.</p>
<u>Unlicensed assistive personnel (UAP)</u>	<p>Means Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.</p>

Article IV. The Board of Nursing

Section 1. Membership; Nominations; Qualifications; Appointment; and Term of Office.

a.

a.—The BON shall consist of < > members to be appointed by the governor, ~~< > days prior to the expiration of the term of office of a current member.~~ Nominations for appointment may be made to the governor by any interested individual, association or any other entity, ~~provided that such nominations be supported by a petition executed by no less than < > qualified voters in this state. These nominations shall not be binding upon the governor.~~

****The majority of BON members are appointed by the state's governor. This section's language may be adapted to meet the needs of a jurisdiction that use a different process for BON appointments.*

- b. The membership of the BON shall be ~~at least~~ < > ~~members of~~ RNs, ~~at least~~ < > ~~members of~~ LPN/VNs, ~~at least~~ < > ~~members of~~ APRNs, and ~~at least~~ < > members representing the public.
- c. Each RN member shall be ~~an eligible voting~~ resident in this ~~jurisdiction~~ state, licensed in good standing under the provisions of this chapter, currently engaged in ~~RN~~ the practice of ~~nursing as an RN~~ and shall have no less than five years of experience as an RN, at least three of which immediately preceded appointment.
- d. Each LPN/VN member shall be ~~an eligible voting~~ resident in this ~~jurisdiction~~ state, licensed in good standing under the provisions of this chapter, currently engaged in ~~LPN/VN~~ the practice of ~~nursing as an LPN/VN~~ and shall have no less than five years of experience as an LPN/VN, at least three of which immediately preceded appointment.
- e. Each APRN member shall be ~~an eligible voting~~ resident in this ~~jurisdiction~~ state, licensed in good standing under the provisions of this chapter, currently engaged in ~~APRN~~ the practice of ~~nursing as an APRN~~ and shall have no less than five years of experience as an APRN, at least three of which immediately preceded appointment.
- f. The ~~representatives of the public~~ ~~member(s) of the BON~~ shall be ~~eligible voting~~ residents of this ~~jurisdiction~~ state who are knowledgeable in consumer health concerns and shall not be, ~~nor shall ever have been, a person who has ever had any material financial interest in the provision of nursing services or who has engaged in any activity directly related to nursing nursing associated with the provision of health care or be enrolled in any health-related education program.~~
- g. ~~Membership shall be restricted to no more than one person who is associated with a particular agency, corporation, other enterprise or subsidiary at one time.~~
- h. Members of the BON shall be appointed for a term of < > years. ~~Terms shall be staggered.~~
- i. ~~The present members of the BON holding office under the provisions of the <NAME OF ACT BEING AMENDED OR REPEALED> shall serve as members for their respective terms.~~
- j.i. No member shall serve more than two consecutive full terms. The completion of an unexpired portion of a full term shall not constitute a full term for purposes of this section. Any ~~board~~ member initially appointed for less than a full term shall be eligible to serve two additional terms.
- k. ~~An appointee to a full term on the BON shall be appointed by the governor before the expiration of the term of the member being succeeded and shall become a member of the BON on the first day following the appointment expiration date. Appointees to unexpired terms shall become members of the BON on the day following such appointment.~~
- j.j. Each term of office shall expire at midnight on the last day of the term of the appointment or at midnight on the date on which any vacancy occurs. If a replacement appointment has not been made, the term of the member shall be extended until a replacement is made.

Section 2. Officers-

- a. The board shall elect officers from its members. Officers elected by the BON shall serve a term of < > years, beginning ~~< > on the day of election~~ and ending ~~< > upon the election of successors.~~
***BONs have different titles for their elected officers, e.g., president and vice president, chairman and vice chairman, or some other combination of officer titles.*
- b. The ~~first officer~~ shall preside at board meetings and shall be responsible for the performance of all duties and functions of the BON required or permitted by this Act. In the absence of the first officer, the ~~second officer~~ shall assume these duties.
- c. Additional offices shall be established and filled by the BON at its discretion.

Section 3. Meetings. ~~The BON shall conduct meetings within the following guidelines:~~

- a. The BON shall meet at least ~~once every <-> months~~ quarterly for the purpose of transacting its business. A majority of the members of the BON constitutes a quorum; however, if there is a vacancy on the BON, a majority of the members serving constitutes a quorum. A BON member is required to attend meetings or to provide proper notice and justification of inability to do so. Unexcused absences from meetings may result in removal from the BON.
- b. One meeting shall be designated ~~as for the annual meeting for~~ the purpose of electing officers and BON reorganization and planning.
- c. The BON ~~may~~ shall meet ~~such~~ additional times ~~as it may determine. Such~~ Additional meetings may be called by the <_first officer> of the BON or shall be called at the request of two-thirds of the board members.
- ~~a-d.~~ The BON shall give official and public notice of the place and time of the meeting. Board meetings and hearings shall be open to the public. In accordance with the law, the BON may, at its discretion, conduct part of the meeting in executive session closed to the public. Notice of all board meetings shall be given in the manner and pursuant to requirements prescribed by the state's applicable statutes and rules and regulations.

Section 4. Guidelines

- a. The BON may develop guidelines to assist board members in the evaluation of possible conflicts of interests. Members shall recuse themselves from the discussion and abstain from voting when a conflict arises.
- b. The BON may develop guidelines to assist board members in the disclosure of ex parte communications.
- c. The BON may develop other guidelines as needed that would support governance and direction of work.

Section 54. Vacancies; Removal and Immunity-

- a. Any vacancy that occurs for any reason in the membership of the BON shall be filled by the governor in the manner prescribed in the provisions of this article regarding appointments. ~~Vacancies created by reason other than the expiration of a term shall be filled within <-> days after such vacancy occurs.~~ A person appointed to fill a vacancy shall serve for the unexpired portion of the term.
- b. The governor may remove any member from the BON for neglect of any duty required by law, for incompetence, or for unprofessional or dishonorable conduct. The general laws of this jurisdiction state controlling the removal of public officials from office shall be followed in dismissing board members.
- c. All members of the BON shall have immunity from individual civil liability while acting within the scope of the duties as board members.
- ~~e-d.~~ In the event that the entire BON, an individual member or staff is sued, the attorney general shall appoint an attorney to represent the involved party, or pursuant to jurisdictional law.

Section 65. Powers and Duties- ~~The BON shall:~~

- ~~a-~~ The BON shall ~~be~~ responsible for the interpretation and enforcement of the provisions of this Act. The BON shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as other duties, powers and authority as it may be granted by appropriate statute, including:-

- ~~b.a.~~ Be authorized to make, adopt, amend, repeal and enforce such administrative rules consistent with the law, as it deems necessary for the proper administration of this Act and to protect public health, safety and welfare.
- ~~c.~~ Be authorized to do the following without limiting the foregoing:
1. ~~Related to the competence development duties of the BON:~~
- a) ~~b.~~ Develop and enforce standards for nursing education-
- b) ~~Enforce educational standards and rules set by the BON-~~
- ~~c.~~ Provide consultation; conduct conferences, forums, studies and research on nursing education and practice-
2. ~~Related to competence assessment duties of the BON:~~
- a) ~~d.~~ Maintain membership in national organizations that develop national licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of public health, safety and welfare-
3. ~~Related to the licensing responsibilities of the BON:~~
- a) ~~e.~~ Grant temporary permits for qualified applicants as set forth in rule-
- b) ~~f.~~ License qualified applicants for RN, LPN/VN and APRN licenses and regulate their practice-
4. ~~Related to competence maintenance duties of the BON:~~
- a) ~~g.~~ Develop standards for maintaining competence of licensees and requirements for returning to practice-
- b) ~~Develop standards for maintaining competence of licensees returning to practice-~~
5. ~~Related to the regulation of nursing practice responsibilities of the BON:~~
- a) ~~h.~~ Regulate the practice of LPN/VN, RN and APRN practice-
- b) ~~i.~~ Certify and ~~Regulate~~ the clinical support of nursing services by unlicensed assistive personnel (UAP)s, including certified nursing assistants (CNAs) and medication assistants certified (MACs) regardless of title.
- ~~e)j.~~ Develop and enforce standards for nursing practice-
- ~~d)~~ ~~Enforce nursing practice standards and rules set forth by the BON-~~
- ~~e)k.~~ Interpret and apply Model Nursing Practicing Act (MNPA) and Model Nursing Administrative Rules (MNAR) through the issuance of advisory opinions, interpretive statements and declaratory statements regarding the interpretation and application of the jurisdiction's nursing law and regulation-
- ~~f)l.~~ Regulate the manner in which nurses announce their practice to the public-
- ~~g)~~ Issue a modified license to practice nursing to an individual to practice within a limited scope of practice or with accommodations, or both, as specified by the BON
6. ~~Related to the discipline duties of the BON:~~
- a) ~~m.~~ Implement the discipline process:
- i. Issue subpoenas in connection with investigations, inspections and hearings-
 - ii. Obtain access to records as reasonably requested by the BON to assist the BON in its investigation; the BON shall maintain any records pursuant to this paragraph as confidential data-
 - iii. Order licensees to submit to physical, mental health or chemical dependency evaluations for cause-
 - iv. Prosecute alleged violations of this Act-
 - v. Conduct hearings, compel attendance of witnesses and administer oaths to persons giving testimony at hearings, consistent with administrative rules-
 - v. ~~vi.~~ Close discipline sessions and hearings to the public-
 - vi. ~~vii.~~ Provide alternatives to discipline:

- 1) Establish alternative programs for monitoring of nurses who agree to seek treatment of substance ~~ab~~use disorders, mental health or physical health conditions that could lead to disciplinary action by the BON as established in rule and-
 - 2) Establish programs to educate and re-mediate nurses with practice concerns who meet criteria established in rule-
- ~~b)n.~~ Discipline nurses for violation of any provision of this Act-
- ~~7.~~ Related to the communication and record keeping duties of the BON:
- ~~a)o.~~ Maintain a record of all persons regulated by the BON-
- ~~b)p.~~ Maintain records of proceedings as required by the laws of this jurisdiction state-
- ~~c)g.~~ Inform nurses on an established basis about changes in law and rules regarding nursing practice-
- ~~d)r.~~ Collect and analyze data regarding nursing education, nursing practice and nursing resources.
- ~~e)s.~~ Submit an annual report to the governor summarizing the BON's proceedings and activities.
- ~~8.~~ Related to other duties of the BON:
- ~~a)~~ Personnel
- ~~i.t.~~ Appoint and employ a qualified RN to serve as executive officer and approve such additional staff positions as may be necessary, in the opinion of the BON, to administer and enforce the provisions of the Act-
- ~~ii.u.~~ Employ professional and support staff, investigators, legal counsel and other personnel necessary for the BON to carry out its functions-
- ~~iii.v.~~ Delegate to the executive officer director those activities that expedite the functions of the BON, employing professional and support staff, investigators, legal counsel and other personnel necessary for the BON to carry out its functions-
- ~~b)~~ Financial
- ~~i.~~ Determine and collect reasonable fees-
 - ~~ii.~~ Require such surety bonds as are deemed necessary-
 - ~~iii.~~ Receive and expend funds in addition to appropriations from this state, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the governor-
- ~~e)~~ Other
- ~~i.~~ Develop disaster preparedness plans-
- ~~w.~~ Adopt a seal that shall be in the care of the executive officer and shall be affixed only in a manner as prescribed by the BON-
- ~~x.~~ Share current significant investigative information with other regulatory bodies and law enforcement entities
- ~~y.~~ Withdraw a license issued in error
- ~~z.~~ Conduct criminal background checks for nurse licensure in accordance with state and federal law under Section 9 of Article V of this Act
- ~~aa.~~ Issue a cease and desist order for any violation of this Act and
- ~~bb.~~ Adopt criteria for recognizing national certifying bodies for APRN roles and population foci
- ~~d)~~ This Act shall not be construed to require the BON to report violations of the provisions of the Act whenever, in the BON's opinion, the public interest will be served adequately by a suitable written notice of warning-

Article XV. Revenue, Fees **Section 7. Financial**

- a. Section 1. Revenue. The BON is authorized to establish by rule appropriate fees for licensure by examination, reexamination, endorsement and such other fees and fines as the BON determines necessary.
- b. Section 2. Disposition of Fees. All fees collected by the BON shall be administered according to the established fiscal policies of this jurisdiction~~state~~ and in such manner as to adequately implement ~~adequately~~ the provisions of this Act.
- c. Section 3. Grants and Contributions. The BON may accept grants, contributions, devices, bequests and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.
- d. The BON may receive and expend funds in addition to appropriations from this jurisdiction, provided such funds are received and expended for the pursuit of the authorized objectives of the BON, such funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the governor.
- e. All fees collected by the BON shall be retained by the BON. The monies retained shall be used for any of the BON's duties, including but not limited to, the addition of full time equivalent positions for program services and investigations. Monies retained by the BON pursuant to this section are not subject to reversion to the general fund of the jurisdiction.

Section 86. Executive Officer.

The executive officer shall be responsible for:

- a. The performance of administrative responsibilities of the BON.
 - b. Employment of personnel needed to carry out the functions of the BON.
 - c. The performance of any other duties as the BON may direct.
- a. The executive officer shall be responsible for:
 1. The performance of administrative responsibilities of the BON
 2. Employment of personnel needed to carry out the functions of the BON and
 3. The performance of any other duties as necessary to the proper conduct of BON business and to the fulfillment of the BON's responsibilities as defined by this Act
 - b. The BON shall monitor and periodically evaluate the effectiveness of the executive officer.

Article V. Application of Other Statutes

Proceedings and records of the BON are subject to the state Administrative Procedures Act and other statutes that govern administrative agencies. Nurses are subject to other statutory provisions throughout state law.

Article VI. RN and LPN/VN Licensure and Exemptions

Section 1. Titles and Abbreviations for Licensed Nurses

Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations:

- a. Title: "Registered Nurse" and the abbreviation "RN"

b. Title: “Licensed Practical/Vocational Nurse” and the abbreviation “LPN/VN”

Section 21. Examinations.

- a-f. The BON shall authorize the administration of the examination to applicants for licensure as RNs or LPN/VNs.
- b-g. The BON may employ, contract and cooperate with any entity in the preparation and process for determining results of a uniform licensure examination. When such an examination is utilized, the BON shall restrict access to questions and answers.
- e-h. The BON shall determine whether a licensure examination may be repeated, the frequency of reexamination and any requisite education prior to reexamination.

Section 32. Licensure by Examination-

- a. An applicant for licensure by examination to practice as an RN or LPN/VN who successfully meets the requirements of this section shall be entitled to licensure as an RN or LPN/VN, whichever is applicable.
- b. Application for Licensure by Examination as an RN or LPN/VN. An applicant shall:
 1. Submit a completed application and fees as established by the BON.
 2. Graduate from or be eligible for graduation from a <your jurisdiction> BON-approved preclicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules~~verify successful completion and eligibility for graduation from a BON-approved nursing education program or a program that meets criteria comparable to those established by the BON in its rules.~~
 3. ~~Be proficient in the English language as set forth in the BON rules.~~
****English proficiency is required of all applicants and may be demonstrated by successful completion of an educational program conducted in English or by passing an approved English proficiency examination.*
 - 4-3. ~~Pass an examination authorized by the BON.~~
 - 5-4. ~~Report any any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction pending criminal charge, criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction.~~

**** See Article IX for how the BON is authorized to use this information. Some states require a direct link to nursing practice; other BONs can consider convictions and pleas in making determinations about character and fitness.*

- 5. Report any substance use disorder in the last five years
- 6. Report any action taken or initiated against a professional or occupational license, registration or certification
- 6-7. Have committed no acts or omissions that which are grounds for disciplinary action as set forth in Article VII X, Section 2 of this Act or, if such acts have been committed and would be grounds for disciplinary action, the BON has found after investigation sufficient restitution has been made and-
- 7-8. Meet other criteria established by the BON in rule-
- c. Graduates from an RN preclicensure program may take the LPN/VN licensure examination if they have completed a BON approved LPN/VN role delineation course. The BON shall by rule set standards for approval of the role delineation course.

~~Section 3. Criminal Background Checks~~

- a. ~~Each applicant for initial licensure or licensure by endorsement shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the Federal Bureau of Investigation (FBI). The information shall be used to:~~
- ~~1. Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the Nurse Licensure Compact) [NLC] *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults and exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).~~
 - ~~2. Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the NLC) *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson and who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filing an application pursuant to this chapter. Persons who have had an absolute discharge from one of the above felony convictions may apply to the BON for licensure. At that time, the BON may issue a license or deny licensure or otherwise discipline the person.~~
 - ~~3. Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the NLC) *** or not issue a license or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.~~
- b. ~~The BON may require applicants for reinstatement after lapsed license and shall require applicants for reinstatement after discipline to submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check. The BON may deny reinstatement or otherwise discipline the applicant for reinstatement.~~
- c. ~~Each applicant for listing on the Nurse Aide Registry, initial nursing assistant I or II, or medication assistant certification or certification by endorsement shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the FBI. The information shall be used to:~~
- ~~1. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults and exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).~~
 - ~~2. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson, and an applicant who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filing an application pursuant to this chapter.~~
 - ~~3. Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II or medication assistant certification of a person or not list on the Nurse Registry and/or not~~

~~issue a nursing assistant I or II or medication assistant certification or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.~~

~~This paragraph does not apply to a person who has filed an application for licensure or renewal before [effective date] and who has disclosed to the BON one or more felony convictions on the person's application.~~

~~***Brackets around a phrase or term indicate language that will be state specific. The phrases with both brackets and *** identifies language that would be used by states participating in the NLC and APRN Compact.~~

Section 43. Licensure by Examination of Internationally Educated Applicants- ~~An internationally educated applicant for licensure by examination shall meet the requirements in Section 2 above and follow the process for application set forth in rule.~~

~~Requirements for licensure by examination of internationally educated applicants, include:~~

- ~~a. Graduation from a nursing program comparable to a BON approved prelicensure RN or LPN/VN program, whichever is applicable, and meet all other requirements of section 3~~
- ~~b. Applicant must submit to a credentials evaluation by a BON approved/authorized organization for the level of licensure being sought~~
- ~~c. Successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language, and the nursing program where the applicant attended was taught in English, used English textbooks and clinical experiences were conducted in English, and~~
- ~~d. Disclosure of nursing licensure status in country of origin, if applicable~~

Section 5. Modified License. ~~The BON may issue a modified license to an individual who has met licensure requirements and who is able to practice without compromise to the public safety within a modified scope of practice or with accommodations, or both, as specified by the BON.~~

Section 56. Licensure by Endorsement-

- ~~a. An applicant for licensure by endorsement to practice as an RN or LPN/VN shall:
 - ~~a.1. Submit a completed application and fees as established by the BON-~~
 - ~~b.2. Graduate from- a <your jurisdiction> BON-approved prelicensure program or a program that meets criteria comparable to those established by the <your jurisdiction> BON in its rules or verify successful completion and eligibility for graduation from a BON approved nursing education program or a program that meets criteria comparable to those established by the BON in its rules, which prepares for the level of licensure being sought.~~
 - ~~c.3. Hold an unencumbered license as an RN or an LPN/VN that is not encumbered.~~
 - ~~d.4. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the BON has found after investigation that sufficient restitution has been made.~~
 - ~~e.5. Pass an examination authorized by the BON.~~
 - ~~f.b. Be proficient in English language as set forth in the BON rules.~~~~

~~g.~~ ~~7.~~ Report status of all nursing licenses, including any BON actions taken or any current or pending investigations Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination.

~~h.~~ ~~9.~~ Meet continued competency requirements as stated in Article VI, Section 9(b) and as set forth in BON rules.

~~10.~~ Report any any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction.

~~11.~~ Report any substance use disorder in the last five years

~~12.~~ Report any actions taken or initiated against a professional or occupational license, registration or certification

~~13.~~ Report current participation in an alternative to discipline program in any jurisdiction

~~14.~~ Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article VIII, Section 2, of this Act, the BON has found after investigation that sufficient restitution has been made.

~~15.~~ Be proficient in English language as set forth in the BON rules.

~~16.~~ Submit verification of licensure status directly from the U.S. jurisdiction of licensure by examination

~~17.~~ Meet continued competency requirements as stated by the BON and

~~18.~~ Meet other criteria established by the BON in rule.

~~b.~~ ~~Section 7.~~ Temporary Permits-

~~1.~~ The BON may issue time-limited authorization to practice nursing through the granting of temporary permits, as set forth in BON rules.

~~2.~~ Any person who has been approved as an applicant for licensure and has been granted a temporary permit shall have the right to use the titles < > and abbreviations < > designated by the state.

~~Section 68.~~ Renewal of RN and LPN/VN Licenses-

~~a.~~ RN and LPN/VN licenses issued under this Act shall be renewed every < > years according to a schedule established by the BON.

~~b.~~ An applicant for renewal of license to practice as an RN or LPN/VN renewal shall: submit a verified statement that indicates whether the applicant has been convicted of a felony and if convicted of one or more felonies, indicate the date of absolute discharge from the sentences for all felony convictions.

~~1.~~ Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction

~~2.~~ Report status of all nursing licenses, including any BON actions taken or any current or pending investigations

~~3.~~ Report any substance use disorder in the last five years

~~4.~~ Report any actions taken or initiated against a professional or occupational license, registration or certification and

~~a-5.~~ Report current participation in an alternative to discipline program in any jurisdiction

~~b-d.~~ A renewal license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.

e. No license shall be renewed unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.

f. Failure to renew the license shall result in forfeiture of the right to practice nursing in this jurisdiction.

Section 79. Reactivation ~~Reinstatement~~ of License. ~~The BON shall reinstate a nursing license as set forth in BON rules.~~

a. Applicants for RN or LPN/VN licensure reactivation shall:

1. Report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction

2. Report status of all nursing licenses, including any BON actions taken or any current or pending investigations

3. Report any substance use disorder in the last five years

4. Report any actions taken or initiated against a professional or occupational license, registration or certification and

5. Report current participation in an alternative to discipline program in any jurisdiction

b. A reactivated license shall be issued to an RN or LPN/VN who submits an application, remits the required fee and satisfactorily completes any other requirements established by the BON as set forth in rules.

c. No license shall be reactivated unless the RN or LPN/VN shows evidence of continued competence as specified in BON rule.

Section 840. Duties of Licensees-

a. The nurse shall comply with the provisions of this ~~A~~act. The burden of responsibility is on the licensee to know and practice according to the laws and regulations of this ~~jurisdiction state~~.

b. The nurse shall report to the BON those acts or omissions which are violations of the Act or grounds for disciplinary action as set forth in Articles ~~VII and VIII IX and X~~ of this Act.

c. The licensee shall, in response to BON inquiries, provide relevant and truthful personal, professional or demographic information requested by the BON to perform its duties in regulating and controlling nursing practice in order to protect the public health, safety and welfare.

d. Failure to provide the requested information may result in non-renewal of the license to practice nursing ~~and/or~~ licensure disciplinary action.

~~e. A licensee or an applicant for licensure shall submit to a BON ordered physical or mental evaluation for cause. The BON shall direct the licensee or applicant in writing of the type of evaluation and shall designate a professional to conduct the evaluation.~~

~~1. The licensee may also designate another professional to conduct an independent medical examination.~~

~~2. Refusal or failure of a licensee or applicant to complete such examinations shall constitute an admission of any allegations relating to such condition.~~

~~3. All objections shall be waived as to the admissibility of the examining professional's testimony or examination reports on the grounds that they constitute privileged communication.~~

~~4. The medical testimony or examinations reports shall not be used against an RN, LPN/VN or APRN in another proceeding and shall be confidential.~~

~~5.1 At reasonable intervals, an RN or LPN/VN shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to clients.~~

Section 93. Criminal Background Checks.

~~e. — Each applicant for initial licensure or licensure by endorsement shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the Federal Bureau of Investigation (FBI). The information shall be used to:~~

~~4. — Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the Nurse Licensure Compact) [NLC] *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults and exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).~~

~~5. — Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the NLC) *** or not issue a license or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson and who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filing an application pursuant to this chapter. Persons who have had an absolute discharge from one of the above felony convictions may apply to the BON for licensure. At that time, the BON may issue a license or deny licensure or otherwise discipline the person.~~

~~6. — Revoke a license of a person (revoke the multi-state licensure privilege of a person pursuant to state statute pertaining to the NLC) *** or not issue a license or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.~~

~~e. — The BON may require applicants for reinstatement after lapsed license and shall require applicants for reinstatement after discipline to submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check. The BON may deny reinstatement or otherwise discipline the applicant for reinstatement.~~

~~f. — Each applicant for listing on the Nurse Aide Registry, initial nursing assistant I or II, or medication assistant certification or certification by endorsement shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to [state statute] and Public Law 92-544. The [state agency responsible for managing fingerprint data] may exchange this fingerprint data with the FBI. The information shall be used to:~~

~~4. — Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felonies: murder, felonious assault, kidnapping, rape, aggravated robbery, sexual crimes involving children or vulnerable adults, criminal mistreatment of children or vulnerable adults and exploitation of a vulnerable individual (e.g., financial exploitation in an entrusted role).~~

~~5. — Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II, or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant who has been convicted of one or more of the following felony convictions: drug trafficking, embezzlement, theft, arson, and an applicant who has not received an absolute discharge from the sentences for these felony convictions three years or more years prior to the date of filing an application pursuant to this chapter.~~

~~6. — Remove from the Nurse Aide Registry and/or revoke the nursing assistant I or II or medication assistant certification of a person or not list on the Nurse Registry and/or not issue a nursing assistant I or II or medication assistant certification or renewal to an applicant or otherwise discipline a person who has been convicted of lesser offenses or agreed to a plea agreement.~~

~~This paragraph does not apply to a person who has filed an application for licensure or renewal before [effective date] and who has disclosed to the BON one or more felony convictions on the person's application.~~

Article XIV Section 10. Exemptions

~~Section 1. No provisions of this Act shall be construed to prohibit:~~

- ~~a. The practice of nursing that is an integral part of a program by a nursing students currently enrolled in and actively pursuing completion of a prelicensure BON approved nursing education programs, or a graduate nursing program involving nursing practice, if all the following are met:;~~
 - ~~1. The student is participating in a program located in this jurisdiction and approved by the BON or participating in this jurisdiction in a component of a program located in another jurisdiction and approved by a BON that is a member of NCSBN~~
 - ~~2. The student's practice is under the auspices of the program and~~
 - ~~3. The student acts under the supervision of an RN serving for the program as a faculty member or teaching assistant~~
- ~~b. The provision of nursing services to family members or in emergency situations~~
- ~~c. Caring for the sick when done in connection with the practice of religious tenets of any church and by or for its members~~
- ~~d. The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof~~
- ~~e. The activities of an individual currently licensed to practice nursing in another jurisdiction, if the individual's license has not been revoked, the individual is not currently under suspension or on probation, and one of the following:~~
 - ~~1. The individual is engaging in the practice of nursing as an employee of an individual agency or corporation located in the other jurisdiction in a position with employment responsibilities that include transporting patients into, out of, or through this state, as long as each trip in this state does not exceed seventy-two hours~~
 - ~~2. The individual is consulting with an individual licensed in this state to practice any health-related profession~~
 - ~~3. The individual is engaging in activities associated with teaching in this state as a guest lecturer at a nursing education program, continuing nursing education program or in-service presentation~~
 - ~~4. The individual is conducting evaluations of nursing care that are undertaken on behalf of a nationally recognized accrediting organization~~
 - ~~5. The individual is providing nursing care to an individual who is in this state on a temporary basis, not to exceed six months in any one calendar year, if the nurse is directly employed by or under contract with the individual or a guardian or other person acting on the individual's behalf, or~~
 - ~~6. The individual is providing nursing care during any disaster, natural or otherwise, that has been officially declared to be a disaster by a public announcement issued by an appropriate federal, state, county or municipal official~~
- ~~a-~~
- ~~b. The clinical practice needed to fulfill program requirements by a graduate nursing student currently licensed in another jurisdiction who meets criteria set forth in rule.~~

- ~~c. The rendering of assistance by any nurse in the case of an emergency or disaster.~~
- ~~d. The practice of any nurse, currently licensed in another state, in the provision of nursing care in the case of emergency or disaster.~~
- ~~e. The incidental and gratuitous care of the sick by members of the family, friends or companions; or household aides at the direction of a person needing such care who resides independently outside any hospital, nursing or health care facility, or other similar institutional setting.~~
- ~~f. Caring for the sick in accordance with tenets or practices of any church or religious denomination that teaches reliance upon spiritual means for healing.~~
- ~~g. The practice of any nurse currently licensed in another state who is employed by any bureau, division or agency of the U.S. government while in the discharge of official governmental duties.~~
- ~~h. The practice of any nurse currently licensed in another state who is in this state on a non-routine basis for a period not to exceed < > days to:
 - ~~1. Provide care to a client being transported into, out of or through this state.~~
 - ~~2. Provide professional nursing consulting services.~~
 - ~~3. Attend or present a continuing nursing education program.~~
 - ~~4. Provide other short term, non clinical nursing services.~~~~
- ~~i. The practice of any other occupation or profession licensed under the laws of this state, provided that such care does not constitute the practice of nursing within the meaning of this Act.~~

Article ~~IXVI~~. Prelicensure Nursing Education

Section 1. Approval Standards.

- a. The BON shall, by ~~administrative~~ rules, set standards for the establishment and outcomes of prelicensure nursing education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.
- b. ~~Establishment of a new nursing education program. The BON shall set requirements for the establishment of a new nursing education program.~~
- c. ~~Continuing approval of nursing programs. The BON shall set requirements for continuing approval of prelicensure nursing programs, periodically review educational nursing programs and require such programs to submit evidence of compliance with standards and administrative rules. If, upon review of evidence, the BON determines that the program(s) meets the established standards, it shall grant continuing approval. The BON will publish a list of approved programs.~~
- d. ~~Denial or withdrawal of approval. The BON may deny or withdraw approval or take such action as deemed necessary when prelicensure nursing education programs fail to meet the standards established by the BON, provided that all such actions shall be in accordance with this state's < jurisdiction's Administrative Procedures Act > and/or the Administrative Rules of the BON rule.~~
- e. ~~Reinstatement of approval. The BON may shall~~ reinstate approval of a prelicensure nursing education program upon submission of satisfactory evidence that ~~the its~~ program meets the standards established by the BON.

Section 23. Closure of Prelicensure Nursing Education Programs.

~~The Board shall, by administrative rules, identify the process for prelicensure nursing education programs that cease operation.~~

Section 32. Provision for innovative ~~A~~approaches in ~~Prelicensure A~~Nursing ~~E~~ducation ~~P~~programs.

The ~~B~~Board shall, by administrative rule, identify the process for implementing innovative approaches in ~~prelicensure~~ nursing education programs.

~~**Section 3** Closure of Nursing Education Programs. The Board shall, by administrative rules, identify the process for nursing education programs that cease operation.~~

~~Article VII. Titles and Abbreviations~~

~~Section 1. Titles and Abbreviations for Licensed Nurses.~~

- a. ~~Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations:~~
 1. ~~Title: "Registered Nurse" and the abbreviation "RN."~~
 2. ~~Title: "Licensed Practical/Vocational Nurse" and the abbreviation "LPN/VN."~~
- b. ~~It shall be unlawful for any person to use the title "nurse," "registered nurse," "licensed practical/vocational nurse," "advanced practice registered nurse," their authorized abbreviations, or any other title that would lead a person to believe the individual is a licensed nurse unless permitted by this Act.~~

~~**Section 2.** Titles and Abbreviations for Temporary Permits. Any person who has been approved as an applicant for licensure and has been granted a temporary permit shall have the right to use the titles <-> and abbreviations <-> designated by the state.~~

~~Article VIII. Nursing Assistive Personnel~~

~~**Section 1** Delegation. Delegation is a management technique used by licensed nurses to work with nursing assistive personnel in a variety of healthcare settings:~~

- a. ~~The RN may delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the BON for the level of nursing assistive personnel.~~
- b. ~~The LPN/VN nurse may, in limited settings, delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the BON for the level of nursing assistive personnel.~~

~~***States vary as to whether LPN/VNs are authorized to delegate. Because the review of BON statutes showed that a majority of BONs do allow LPN/VN delegation in specified settings, they are included in this section.~~

- c. ~~Those nursing care tasks/functions/activities that may be delegated to nursing assistive personnel are determined by criteria to be put forth in rule.~~



~~***For the purposes of this Model Nursing Practice Act and Model Nursing Administrative Rules, the following terms may be used interchangeably: medication assistant/medication aide and nursing assistant/nurse aide.~~

~~**Section 2**—Nursing assistive personnel. Individuals employed within a health care, residential or community support context that includes a component of direct hands-on care and performing delegated nursing care tasks set forth by the BON in administrative rules. Nursing assistive personnel work under the supervision of an RN or, in limited settings, an LPN/VN.~~

~~***States currently vary as to what types of nursing assistive personnel are regulated.~~

~~**Section 3**—Nursing Assistive Personnel Registry. Each individual who successfully meets all requirements for certification shall be entitled to be listed on the Nursing Assistive Personnel Registry as a certified nursing assistant (CNA), certified nursing assistant II (CNA II) or medication assistant certified (MA-C).~~

- ~~a. An applicant whose certificate or listing in another jurisdiction has been disciplined or who has had a criminal conviction may not be eligible for certification.~~
- ~~b. Before listing nursing assistive personnel on the Nursing Assistive Personnel Registry, the BON shall investigate and act upon each application for certification.~~
- ~~c. The BON shall require the periodic renewal of certifications and updating of listings in the registry on a biennial basis.~~

~~**Section 4**—CNA Range of Functions. Nursing assistive personnel function within a range of tasks and activities that are typically performed by nursing assistive personnel for patients and that are taught in basic CNA education and training as set forth in rule. A licensed nurse may need to limit the range of tasks based on patient needs, situation or available resources and shall supervise all nursing tasks/functions/activities.~~

~~***The delegating/supervising nurse is accountable for decisions made and actions taken in the course of delegation and supervision.~~

~~***Employers may choose to limit or restrict, but cannot expand the range of functions articulated by the BON.~~

~~**Section 5**—CNA II Range of Functions. A CNA with additional education and training as prescribed in rule may perform more complex nursing skills with emphasis on sterile technique, elimination, oxygenation and nutrition that are learned in a CNA II education and training program and are performed under the direct supervision of a licensed nurse.~~

~~**Section 6**—MA-C Range of Functions. A CNA or CNA II with additional education and training as set forth in rule may administer medications as prescribed by an authorized provider within the parameters set forth in rule. A licensed nurse shall supervise the MA-C.~~

~~***Any state restrictions regarding the type and route of medications to be administered by a MA-C should be placed here. Other state restrictions may address the licensure level required of supervising nurses.~~

~~**Section 7**—CNA, CNA II, MA-C.~~

- a. ~~The BON shall regulate the preparation and competency assessment of nursing assistive personnel in this state.~~
- b. ~~The BON shall issue certification to qualified applicants.~~
- c. ~~The BON shall adopt rules regarding the certification of nursing assistive personnel, including educational, training and other qualifications for certification that will ensure that the nursing assistive personnel are competent to perform safely within the range of functions.~~
- d. ~~The BON shall conduct state and federal criminal background checks on all applicants.~~
- e. ~~The BON will adopt an application process in rule.~~
- f. ~~Upon meeting all requirements and successful completion of the basic CNA education, training and competency assessment prescribed in rule, an applicant shall be certified as a CNA.~~
- g. ~~Upon meeting all requirements and successful completion of additional education, training and competency assessment prescribed in rule, an applicant shall be certified as an MA-C.~~
- h. ~~A person may not use the title "certified nursing assistant," "certified nursing assistant II," "medication aide certified," or the abbreviations "CNA," "CNA II," or "MA-C" unless the person has been duly certified under this section.~~

~~**Section 8—Education and Training Program Approval.** The BON shall adopt rules governing the approval of education and training programs for CNAs, CNAs II and MA-Cs.~~

~~**Section 9—CNA, CNA II and MA-C Competency Evaluation.**~~

~~The BON shall set forth in rule criteria for acceptable CNA, CNA II and MA-C competency evaluations.~~

~~**Section 10—Certification.**~~

~~The BON shall develop a certification process in rule.~~

~~**Section 11—Disciplinary Procedures.**~~

- a. ~~**Purpose**~~
 - 1. ~~To protect the public from unsafe nursing assistants.~~
 - 2. ~~To assure minimum competence of CNAs, CNAs II, and MA-Cs.~~
 - 3. ~~To provide a process to resolve complaints regarding nursing assistants.~~
- b. ~~**Authority.** For any one or a combination of grounds, the BON shall have the authority to:~~
 - 1. ~~File a letter of concern if the BON believes there is insufficient evidence to support direct action against the CNAs, CNAs II and medication assistants certified.~~
 - 2. ~~Indicate on the certificate and registry the existence of any substantiated complaints against the certificate holder.~~
 - 3. ~~Deny certification or recertification, suspend, revoke or accept the voluntary surrender of a certificate if a CNA, CNA II or MA-C commits an act of unprofessional conduct.~~
 - 4. ~~Refer criminal violations of this article to the appropriate law enforcement agency.~~
 - 5. ~~Revoke the certificate or not issue a certificate or recertification to an applicant who has committed serious felonies as set forth in rule.~~
 - 6. ~~In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars per violation.~~
 - 7. ~~Recover costs of case prosecution.~~
- c. ~~**Grounds for denial, suspension, revocation of a certificate or license, or other discipline of a nursing assistant include the inability to function with reasonable skill and safety for the following reasons:**~~
 - 1. ~~Substance abuse/dependency.~~
 - 2. ~~Client abandonment.~~



3. ~~Client abuse.~~
4. ~~Fraud or deceit, which may include but is not limited to:~~
 - a) ~~Filing false credentials.~~
 - b) ~~Falsely representing facts on an application for initial certification, reinstatement or certificate renewal.~~
 - c) ~~Giving or receiving assistance in taking the competency evaluation.~~
5. ~~Client neglect, abuse or abandonment.~~
6. ~~Boundary violations.~~
7. ~~Performance of unsafe client care.~~
8. ~~Performing acts beyond the CNA, CNA-II or MA-C range of functions or beyond those tasks delegated under provision of Article XVIII, section 1 of this Act.~~
9. ~~Misappropriation or misuse of property.~~
10. ~~Obtaining money or property of a client or resident by fraud, misrepresentation or duress.~~
11. ~~Criminal conviction.~~
12. ~~Failure to conform to the standards of nursing assistant.~~
13. ~~Putting clients at risk of harm.~~
14. ~~Violating the privacy or failing to maintain the confidentiality of client or resident information.~~
- d. ~~Disciplinary process. The BON shall comply with the provisions of the <STATE> Administrative Procedures Act for taking disciplinary actions against certificates.~~
- e. ~~Disciplinary records. The BON shall maintain records of disciplinary actions and make available all public findings of abuse, neglect or misappropriation of client property or other disciplinary findings and any statement disputing the finding by the nursing assistant listed on the registry.~~
- f. ~~Disciplinary notification. The BON will notify the [relevant state and federal agencies] of the disciplinary action.~~

~~Article X. Violations and Penalties~~

~~***This chapter describes the remedies available to the BON when there is a violation of the NPA or Nursing Administrative Rules (NAR) by a person who is not a licensee or a candidate for licensure, thus not directly subject to the jurisdiction of the BON.~~

~~Section 1. Violations.~~

- a. ~~Failure of an employer of a licensed nurse or any person acting as an agent for the nurse in obtaining employment to verify the current status of the licensee's authorization to practice nursing in this jurisdiction. As used in this section, the term "agent" includes, but is not limited to, nurse recruiters and nurse registries.~~
- b. ~~No person shall:~~
 1. ~~Engage in the practice of nursing as defined in the Act without a valid, current license, except as otherwise permitted under this Act.~~
 2. ~~Practice nursing under cover of any diploma, license, or record that was illegally or fraudulently obtained, or that was signed or issued unlawfully or under fraudulent representation.~~
 3. ~~Practice nursing during the time a license is suspended, revoked, surrendered, inactive or lapsed.~~

4. ~~Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is an RN, LPN/VN or APRN, unless such person is duly licensed to practice under the provisions of this Act.~~
5. ~~Fraudulently obtain or furnish a license by or for money or any other thing of value.~~
6. ~~Knowingly employ unlicensed persons in the practice of nursing.~~
7. ~~Fail to report information relating to violations of this Act.~~
8. ~~Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.~~
9. ~~Conduct courses or provide consultation that conflicts with the scope and standards of practice set forth in this Act and in rule.~~
10. ~~Otherwise violate, aid or abet another person to violate any provision of this Act.~~
11. ~~Engage in irregular behavior in connection with the licensure examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers.~~

~~Section 2~~ Penalties. Violation of any provision of this article shall constitute a misdemeanor.

~~***A state's practice act may specify that all violations of the listed provisions are misdemeanors or may choose to specify which violation would constitute a misdemeanor.~~

~~Section 3~~ Criminal Prosecution. Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.

~~Section 4~~ Civil Penalties. The BON may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Administrative Rules a civil penalty not to exceed ~~-\$~~ for each count or separate offense.

Article ~~VIII~~. Discipline and Proceedings

~~***This chapter provides remedies for the BON to address violations of the NPA or NAR by licensees or applicants for licensure. The Model Act includes a very detailed list of discipline grounds. The subcommittee that worked on this revision identified two approaches to discipline grounds in the NPA:~~

~~APPROACH ONE — BROAD GROUNDS CATEGORIES IN NPA~~

~~Details would be promulgated in rules/regulations.~~

~~APPROACH TWO — DETAILED GROUNDS IN NPA~~

~~The detailed language is included as part of the NPA, precluding the need for additional rules.~~

~~***There are advantages to both approaches. Having broad ground category with detail in rules/regulations provides more flexibility for the BON to add to the rules as needed. Having the detail in the Act provides clear notice to nurses as to the types of conduct that the BON sees as problematic.~~

~~***This document presents the grounds in a format that will meet both needs; BONs using the broad category approach can use the heading language for each group of grounds in their act, the details in their rules. The BONs using the detailed grounds can use all or selected parts of the detailed language in their law.~~



Section 1. Authority-

For any one or combination of the grounds set forth in Sections 2 and 3 below, the BON is granted the authority to deny a license or impose the following discipline on a licensee ~~shall have the power to:~~

- a. Revoke a license
- b. Place a license on probation
- c. Place a license on suspension
- d. Summarily issue emergency limitation or restriction of a license subject to Section 10 of this Article
- e. Summarily issue an emergency suspension of a license subject to Section 10 of this Article
- f. Reprimand or otherwise discipline a licensee
- g. Accept a voluntary surrender of a license
- h. Accept other voluntary limitation or restriction of a license
- ~~a-i. Place other limitations or restrictions on a license~~
- j. Deny license renewal
- k. Deny initial issuance of license
- ~~b. Refuse to issue or renew a license.~~
- ~~c. Limit/restrict a license.~~
- ~~d. Suspend a license.~~
- e. Revoke a license.
- f. Place a license on probation or place conditions on a license.
- ~~g-l. Reprimand or otherwise discipline a licensee.~~
- ~~h-m. Impose a fine or monetary civil penalty not exceeding \$10,000 for each separate violation.~~
- ~~i-n. Impose other publicly known conditions or findings fines of up to (\$).~~
- o. Impose restitution
- ~~j. Take any other action justified by the facts in the case.~~
- p. Recover the costs of the proceedings resulting in revocation, suspension or limitation/restrictions of a nursing license. The cost of proceedings shall include, but is not limited to: the cost paid by the BON to the office of administrative hearings and the office of the attorney general or other BON counsel for legal and investigative services; the costs of a court reporter and witnesses; reproduction of records; BON staff time, travel and expenses; and BON members' per diem reimbursements, travel costs and expenses.
- ~~k-q. Any other action as warranted by the facts in the case~~

****States will vary as to how they obtain investigative, legal and administrative proceedings services, and the language of this section would need to be congruent with the state's administrative process and procedures.*

****The rationale for the option of large civil penalties is to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the BON for the cost of counsel, investigation and proceeding, and to discourage repeated violations. The "other action" provision gives to the BON flexibility to be creative with remedy provisions.*

Section 2. Accountability

- a. Each nurse is required to know and comply with the requirements of this Act and related rules.

- b. All individuals licensed or privileged under this Act shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

Section 32. Grounds for Discipline-

The BON may discipline a licensee or deny a license to an applicant for any one or a combination of the following grounds:

- a. Non-Compliance with federal, jurisdictional or contractual requirements
- a. Failing to meet requirements: failure to demonstrate the qualifications or satisfy the requirements for licensure contained in Article VI.
- b. Licensing examination violations: conduct that violates the security of the examination, including, but not limited to:
1. Copying, disseminating or receiving of any portion of an examination.
 2. Having unauthorized possession of any portion of a future, current or previously administered examination.
 3. Violating the standard of test administration.
 4. Permitting an impersonator to take the examination on one's behalf or impersonating an examinee.
- c. Criminal convictions: convictions by a court, or entry of an Alford plea or a nolo contendere plea to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing, or adjudication in any jurisdiction, including, but not limited to being convicted of, pleading guilty to, entering a plea of nolo contendere or no contest to, or receiving a deferred judgment or suspended sentence.
- b. Confidentiality, patient privacy, consent or disclosure violations
- d.c. Misconduct or abuse
1. Falsifying reports, client documentation, agency records or other essential health documents.
 2. Failure to cooperate with a lawful investigation conducted by the BON.
 3. Failure to maintain professional boundaries with patients, as defined by the Board.
 4. Engaging in sexual misconduct with a current or former patient, as defined by the Board with a current or former patient or key party, inside or outside of the health care setting.
 5. Use of excessive force upon or mistreatment or abuse of any patient. Threatening or violent behavior in the workplace.
- e. Fraud, deception or misrepresentation and/or deceit: employing fraud or deceit in procuring or attempting to procure a license to practice nursing; in filing any reports or completing client records; in representation of self to BON or public; in authenticating any report or records in the nurse's capacity as an RN, LPN/VN or APRN; or in submitting any information or record to the BON.
- f. Unethical conduct: including, but not limited to: conduct likely to deceive, defraud or harm the public; or demonstrating a willful or careless disregard for the health or safety of a client. Actual injury need not be established.
- g.d. Action in another jurisdiction: a nurse's license to practice nursing, a multi-state practice privilege, or another professional license or other credential has been denied, revoked, suspended, restricted or otherwise disciplined in this or any other state.
- h. Unsafe practice, substandard care or unprofessional conduct practice: actions or conduct including, but not limited to:
1. Failure or inability to perform registered nursing, practical/vocational nursing or advanced practice nursing as defined in Article II of this Act and rule, with reasonable skill and safety.



2. ~~Unprofessional conduct, including but not limited to:
 - a) ~~A departure from or failure to conform to nursing standards.~~
 - b) ~~Improper management of client records.~~
 - c) ~~Delegating or accepting the delegation of a nursing function or a prescribed health function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective client care.~~
 - d) ~~Failure to supervise the performance of acts by any individual working at the nurse's delegation or assignment.~~
 - e) ~~Failure of a clinical nursing instructor to supervise student experiences.~~~~
3. ~~Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system.~~
4. ~~Failure to practice within a modified scope of practice or with the required accommodations, as specified by the BON, in granting a modified license as defined in Article VI, Section 5, or any stipulated agreement with the BON.~~
5. ~~Conduct or any nursing practice that may create unnecessary danger to a client's life, health or safety. Actual injury to a client need not be established.~~
- e. ~~Demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical conditions.~~
- 6.f. ~~Improper supervision or allowing unlicensed practice~~
- i.g. ~~Misconduct~~
 - 6-1. ~~Falsifying reports, client documentation, agency records or other essential health documents.~~
 - 7-2. ~~Failure to cooperate with a lawful investigation conducted by the BON.~~
 - 8-3. ~~Failure to maintain professional boundaries with patients, as defined by the Board.~~
 - 9-4. ~~Engaging in sexual misconduct with a current or former patient, as defined by the Board with a current or former patient or key party, inside or outside of the health care setting.~~
 - 10-5. ~~Use of excessive force upon or mistreatment or abuse of any patient.~~
 - 11-6. ~~Threatening or violent behavior in the workplace.~~
- j. ~~Drug related offenses or diversion: diversion or attempts to divert drugs or controlled substances.~~
- k. ~~Failure to comply with alternative program requirements: failure of a participant of an alternative (to discipline) program to comply with terms of his/her alternative program agreement.~~
- l. ~~Other drug related: actions or conduct that include, but are not limited to:
 1. ~~Use of any controlled substance, drug, device, or alcoholic beverage to an extent or in a manner dangerous or injurious to himself/herself, any other person or the public, or to the extent that such use may impair his/her ability to practice safely.~~
 2. ~~Falsification of or making incorrect, inconsistent or unintelligible entries in any agency, client or other record pertaining to drugs or controlled substances.~~~~
- 3.h. ~~A positive drug screen of a drug for which the individual has no lawful prescription.~~
- m. ~~Unlawful practice: actions or conduct that include, but are not limited to:
 1. ~~Knowingly aiding, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing.~~
 2. ~~Violating a rule adopted by the BON, an order of the BON, a state or federal law relating to the practice of registered or practical nursing, or a state or federal narcotics or controlled substance law.~~~~

- ~~3. Practicing beyond the scope of practice as stated in this Act.~~
- ~~4. Failing to report violations of this Act as required in Article XI, Sections 1 and 2.~~
- ~~i. Other violations of the Act or administrative rules adopted thereunder~~

Section ~~43~~. Procedure-

The BON shall establish a disciplinary process by rule based on the Administrative Procedure Act of the Jurisdiction State of <NAME OF STATE/JURISDICTION>.

*~~***The BON disciplinary process assures due process to any nurse who is the subject of a complaint and investigation. The statutory language for due process requirements is set forth in the state's Administrative Procedures Act.~~*

Section ~~54~~. Immunity and Protection from Retaliation-

- ~~a. Anyone, including BON board staff or member, who in good faith reports to the BON information relating to alleged incidents of negligence, malpractice, failure to meet qualifications for licensure, or fitness or character issues of a licensee or an applicant for licensure violations of this Act or administrative rules shall not be subject to a civil action for damages as a result of reporting such information. The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before the committee authorized by the BON to act pursuant to this section.~~
- ~~b. A person may not suspend, terminate, or otherwise discipline, discriminate against, or retaliate against anyone who reports, or advises on reporting, in good faith under this section.~~
- ~~c. A person who in good faith reports violations in accordance with this Article has a cause of action against a person who violates subsection b., and may recover:~~
 - ~~1. The greater of:~~
 - ~~a) Actual damages, including damages for mental anguish even if no other injury is shown,~~
 - ~~or~~
 - ~~b) \$5,000~~
 - ~~2. Exemplary damages~~
 - ~~3. Court costs, and~~
 - ~~4. Reasonable attorney's fees~~
- ~~d. In addition to the amount recovered under subsection c., a person whose employment is suspended or terminated in violation of this section is entitled to:~~
 - ~~1. Reinstatement in the employee's former position or severance pay in an amount equal to three months of the employee's most recent salary and~~
 - ~~2. Compensation for wages lost during the period of suspension or termination~~

Section ~~65~~. Notification-

- ~~f. The BON shall communicate disciplinary actions taken as set forth in rule and may report to other entities.~~
- ~~g. The BON may notify certification programs when an APRN has an encumbered license or privilege to practice.~~

Section ~~67~~. Alternative to Discipline Monitoring Program-

The BON ~~shall~~ may establish through rules an alternative program to discipline program for nurses with chemical dependency substance use disorder or mental health conditions.

Section 87. Practice Remediation Program (PRP)-

The BON ~~may shall~~ establish through rules a practice remediation program to offer an alternative to discipline ~~program for early identification and remediation of opportunity to correct nursing~~ practice deficiencies ~~of the nurse to promote effective nursing practice and public safety.~~

Section 9. Article XIII. Reporting

- a. ~~Licensees shall report, within 30 days of the event, the following: change of address, criminal convictions, malpractice claims, or discipline or complaints pending in another jurisdiction or by another professional licensing board.~~
- b. ~~Section 1. Duty to Report by Licensed Nurses:~~ A licensed nurse shall report names of ~~subject individuals to the BON if the nurse has reasonable cause to suspect that a nurse or an applicant has engaged in conduct that may constitute violated any of the grounds for disciplinary actions under this Act found in Article X, Section 2, except for minor incidents as described in rule.~~
- c. ~~Section 2. Duty to Report by Others:-~~
 1. ~~Hospitals, nursing homes, temporary staffing agencies and other employers of RNs, LPN/VNs or APRNs shall report to the BON the names of any licensee or applicant for nursing licensure whose employment has been terminated or who has resigned in order to avoid termination for any conduct that may constitute grounds for disciplinary action under this Act reasons stipulated in Article XI, Section 2.~~
 2. ~~A jurisdictional state agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies shall report to the BON when that agency has evidence that the nurse has engaged in conduct that may constitute grounds for disciplinary action under this Act violated Article X, Section 1.~~
 3. ~~Each insurer that provides professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report to the BON any payment made on behalf of a nurse in a claim or lawsuit.~~
 4. ~~The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:~~
 - a) ~~Mentally ill~~
 - b) ~~Mentally incompetent~~
 - c) ~~Chemically dependent~~
 - d) ~~Dangerous to the public~~
 - e) ~~Guilty of a crime~~
 - f) ~~Guilty of a violation of federal or jurisdictional narcotics laws or controlled substances act~~
 - g) ~~Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance~~
 - h) ~~Guilty of an abuse or fraud under Medicare or Medicaid~~
 - i) ~~Appointed a guardian or~~
 - j) ~~Committed under the laws of the jurisdiction~~
 4. ~~The BON shall develop procedures to identify criminal convictions of licensed nurse involving:~~
 2. ~~Moral turpitude.~~
 3. ~~Violation of a state or federal narcotics or controlled substances law.~~
 4. ~~Fraud or abuse under the Medicare or Medicaid program.~~
 5. ~~Court determination that a nurse is mentally ill or mentally incompetent.~~

5. A person who is required to report a nurse under this section because the nurse is impaired or suspected of substance use disorder being impaired by chemical dependency or mental illness may report to the alternative to discipline program instead of reporting to the BON. Alternative to discipline programs have a duty to report to the BON any nurse's failure to comply with the program requirements or termination from the program.
6. The BON shall inform, in the manner the BON determines appropriate, nurses, facilities, agencies and other persons of their duty to report under this section.

d. Section 3. Exceptions to Duty to Report. Minor incidents are exceptions to reporting requirements for violations of Article X, Section 1 when the continuing practice by the subject nurse does not pose a risk of harm to a patient, client or others and can be addressed through corrective action by the nurse's employing health care facility. The BON shall adopt rules governing reporting of minor incidents. The BON may evaluate a complaint and determine that it is a minor incident under this section.

e. Section 4. Court Order. The BON may seek an order from a court of competent jurisdiction for a report from any of the parties stipulated in Section 1 and 2 of this Article if one is not forthcoming voluntarily.

Section 5. Penalty. The BON may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 and 2 of this Article.

Section 6. Immunity.

a-f. Any organization or person reporting in good faith information to the BON under this Article shall be immune from civil action as provided in Article VII, Section 54.

b-g. Any physician or other licensed health care professional who, at the request of the BON, examines a nurse at the request of the BON shall be immune from suit for damages by the nurse examined if the examining physician or examining health care professional conducted the examination and made findings or diagnoses in good faith.

Section 10 Article XII. Emergency Action Relief

a. Section 1. Summary Suspension-

a.1. Authority. The BON is authorized to temporarily summarily suspend the license of a nurse without a hearing if:

1-a) The BON finds that there is probable cause to believe that the nurse has violated a statute or rule that the BON is empowered to enforce and-

Continued practice by the nurse would create imminent and serious risk of harm to others. Or
2-b) The nurse fails to obtain a BON ordered evaluation

b.2. Duration. The suspension shall remain in effect until the BON issues a stay of suspension or a final order in the matter after a hearing or upon agreement between the BON and licensee.

c.3. Hearing. Upon request of the nurse, the BON shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than < > days after the issuance of the summary suspension order receipt of the request. The licensee shall receive at least < > days notice of the hearing.

b. Section 2. Automatic Suspension.

a.1. Unless the BON orders otherwise, a license to practice nursing is automatically suspended if:

1-a.) A guardian of a nurse is appointed by order of a court under sections
<REFERENCE TO GOVERNING JURISDICTIONAL STATE LAW>.

2-b.) The nurse is committed by order of a court under <REFERENCE TO GOVERNING
JURISDICTIONAL STATE LAW>.

c.) The nurse is determined to be mentally incompetent, mentally ill, chemically
dependent or a person dangerous to the public by a court of competent
jurisdiction within or without this jurisdictionstate.

3.

b.2. ~~The license remains suspended until the nurse is restored to capacity by a court.~~ The nurse
shall petition the BON for reinstatement. The BON may terminate the suspension after a
hearing or upon agreement between the BON and the nurse.

c. Section 3. Injunctive Relief.

a.1. Authority. The BON or any prosecuting officer, upon a proper showing of the facts, is
authorized to petition a court of competent jurisdiction for an order to enjoin ~~(injunctive
relief):~~

2-a.) Any person who is practicing nursing within the meaning of this Act from
practicing without a valid license, unless exempted under Article VXII.

3-b.) Any person, firm, corporation, institution or association from employing any
person who is not licensed to practice nursing under this Act or exempted
under Article VXII.

4-c.) Any person, firm, corporation, institution or association from operating a
school of nursing without approval.

5-d.) Any person whose license has been suspended or revoked ~~from~~ practicing
as an RN, LPN/VN or APRN ~~or~~

6-e.) Any person ~~from using to use~~ the title “nurse,” “licensed practical/vocational
nurse,” “registered nurse,” “advanced practice registered nurse” or their
authorized abbreviations unless licensed or privileged to practice nursing in
this jurisdictionstate.

b.2. The court may, without notice or bond, enjoin such acts and practice. A copy of the
complaint shall be served on the defendant and the proceedings thereafter shall be
conducted as in other civil cases. ~~In case of violation of an injunction issued under this
section, the court, or any judge thereof, may summarily try and punish the offender for
contempt of court.~~

d. Section 4. Preservation of Other Remedies. The emergency proceedings herein described shall be in
addition to, not in lieu of, all penalties and other remedies provided by law.

Article VIIIX. Violations and Penalties

***This chapter describes the remedies available to the BON when there is a violation of the NPA or
Nursing Administrative Rules (NAR) by a person who is not a licensee or a candidate for licensure, thus
not directly subject to the jurisdiction of the BON.

Section 1. Violations.

No person shall:

- a. Use the title “nurse,” “registered nurse,” “licensed practical/vocational nurse,” “advanced practice registered nurse,” their authorized abbreviations, or any other words, abbreviations, figures, letters, title, sign, card or device that would lead a person to believe the individual is a licensed nurse unless permitted by this Act
- c-b. Failure of an employer of a licensed nurse or any person acting as an agent for the nurse in obtaining employment to verify the current status of the licensee’s authorization to practice nursing in this jurisdiction. As used in this section, the term “agent” includes, but is not limited to, nurse recruiters and nurse registries Employ a nurse without verifying the nurse’s authority to practice in this jurisdiction.
- d. No person shall:
 - 12-c. Engage in the practice of nursing as defined in the Act without a valid, current license or privilege to practice, except as otherwise permitted under this Act.
 - 13-d. Practice nursing under cover of any diploma, license, or record that was illegally or fraudulently obtained, or that was signed or issued unlawfully or under fraudulent representation.
 - 14-e. Practice nursing during the time a license is suspended, revoked, surrendered, inactive or lapsed or otherwise prohibited to practice by agreement or order.
 - 15. Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is an RN, LPN/VN or APRN, unless such person is duly licensed to practice under the provisions of this Act.
 - 16-f. Fraudulently obtain or furnish a license by or for money or any other thing of value.
 - 17-g. Knowingly employ unlicensed persons in the practice of nursing.
 - 18. Fail to report information relating to violations of this Act.
 - 19-h. Conduct a program for the preparation for licensure under this chapter, unless the BON has approved the program.
 - 20. Conduct courses or provide consultation that conflicts with the scope and standards of practice set forth in this Act and in rule.
 - 21-i. Otherwise violate, aid or abet another person to violate any provision of this Act, or
 - j. Engage in irregular behavior in connection with the licensure examination, including, but not limited to, the giving or receiving of aid in the examination or the unauthorized possession, reproduction, or disclosure of examination questions or answers.
- 22-k. Act in violation of Article VII section 5

Section 2. Penalties:

Violation of any provision of this article shall constitute a misdemeanor/crime.

****A state’s practice act may specify that all violations of the listed provisions are misdemeanors or may choose to specify which violation would constitute a misdemeanor.*

Section 3. Criminal Prosecution:

Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.

Section 4. Civil Penalties:

The BON may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Administrative Rules a civil penalty not to exceed <\$> for each count or separate offense.



~~Article XIII. Reporting~~

~~Section 1. Duty to Report by Licensed Nurses. A licensed nurse shall report names of subject individuals to the BON if the nurse has reasonable cause to suspect that a nurse or an applicant has violated any of the grounds for discipline found in Article X, Section 2, except for minor incidents as described in rule.~~

~~Section 2. Duty to Report by Others:~~

- ~~1. Hospitals, nursing homes, temporary staffing agencies and other employers of RNs, LPN/VNs or APRNs shall report to the BON the names of any licensee or applicant for nursing licensure whose employment has been terminated or who has resigned in order to avoid termination for any reasons stipulated in Article XI, Section 2.~~
- ~~2. A state agency that licenses, registers or certifies a hospital, nursing home, home health agency or other type of health care facility or agency section, or surveys one of these facilities or agencies shall report to the BON when that agency has evidence that the nurse has violated Article X, Section 1.~~
- ~~3. Each insurer that provides professional liability insurance that covers claims arising from providing or failing to provide nursing care shall report to the BON any payment made on behalf of a nurse in a claim or lawsuit.~~
- ~~4. The BON shall develop procedures to identify criminal convictions of licensed nurse involving:
6-2. Moral turpitude.
7-3. Violation of a state or federal narcotics or controlled substances law.
8-4. Fraud or abuse under the Medicare or Medicaid program.
9-5. Court determination that a nurse is mentally ill or mentally incompetent.~~
- ~~5. A person who is required to report a nurse under this section because the nurse is impaired or suspected of being impaired by chemical dependency or mental illness may report to the alternative to discipline program instead of reporting to the BON.~~
- ~~6. The BON shall inform, in the manner the BON determines appropriate, nurses, facilities, agencies and other persons of their duty to report under this section.~~

~~Section 3. Exceptions to Duty to Report. Minor incidents are exceptions to reporting requirements for violations of Article X, Section 1, when the continuing practice by the subject nurse does not pose a risk of harm to a client or others and can be addressed through corrective action by the nurse's employer. The BON shall adopt rules governing reporting of minor incidents. The BON may evaluate a complaint and determine that it is a minor incident under this section.~~

~~Section 4. Court Order. The BON may seek an order from a court of competent jurisdiction for a report from any of the parties stipulated in Section 1 and 2 of this Article if one is not forthcoming voluntarily.~~

~~Section 5. Penalty. The BON may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 and 2 of this Article.~~

~~Section 6. Immunity:~~

- ~~e-h. Any organization or person reporting in good faith information to the BON under this Article shall be immune from civil action as provided in Article X, Section 4.~~
- ~~d-i. A physician or other licensed health care professional who, at the request of the BON, examines a nurse shall be immune from suit for damages by the nurse examined if the examining~~

~~physician or examining health care professional conducted the examination and made findings or diagnoses in good faith.~~

~~Article XIV. Exemptions~~

~~Section 1. No provisions of this Act shall be construed to prohibit:~~

- ~~a. The practice of nursing that is an integral part of a program by nursing students enrolled in BON approved nursing education programs.~~
- ~~b. The clinical practice needed to fulfill program requirements by a graduate nursing student currently licensed in another jurisdiction who meets criteria set forth in rule.~~
- ~~c. The rendering of assistance by any nurse in the case of an emergency or disaster.~~
- ~~d. The practice of any nurse, currently licensed in another state, in the provision of nursing care in the case of emergency or disaster.~~
- ~~e. The incidental and gratuitous care of the sick by members of the family, friends or companions; or household aides at the direction of a person needing such care who resides independently outside any hospital, nursing or health care facility, or other similar institutional setting.~~
- ~~f. Caring for the sick in accordance with tenets or practices of any church or religious denomination that teaches reliance upon spiritual means for healing.~~
- ~~g. The practice of any nurse currently licensed in another state who is employed by any bureau, division or agency of the U.S. government while in the discharge of official governmental duties.~~
- ~~h. The practice of any nurse currently licensed in another state who is in this state on a non-routine basis for a period not to exceed ~~<=>~~ days to:
5-2. Provide care to a client being transported into, out of or through this state.
6-3. Provide professional nursing consulting services.
7-4. Attend or present a continuing nursing education program.
8-5. Provide other short term, non-clinical nursing services.~~
- ~~i. The practice of any other occupation or profession licensed under the laws of this state, provided that such care does not constitute the practice of nursing within the meaning of this Act.~~

~~Article XV. Revenue, Fees~~

~~Section 1. Revenue. The BON is authorized to establish appropriate fees for licensure by examination, reexamination, endorsement and such other fees and fines as the BON determines necessary.~~

~~Section 2. Disposition of Fees. All fees collected by the BON shall be administered according to the established fiscal policies of this state and in such manner as to implement adequately the provisions of this Act.~~

~~Section 3. Grants and Contributions. The BON may accept grants, contributions, devices, bequests and gifts that shall be kept in a separate fund and shall be used by the BON to enhance the practice of nursing.~~

~~Article XVI. Implementation~~

~~Section 1. Persons Licensed Under a Previous Law.~~

- a. Any person holding a license to practice nursing as an RN in this [jurisdictionstate](#) that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an RN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
 - b. Any person holding a license to practice nursing as an LPN/VN in this [jurisdictionstate](#) that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an LPN/VN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
 - c. Any person holding a license to practice nursing as an APRN in this [jurisdictionstate](#) that is valid on < EFFECTIVE DATE > shall be deemed to be licensed as an APRN under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
 - d. Any person eligible for [reactivationinstatement](#) of a license as an RN, LPN/VN or APRN, respectively, under provisions, conditions and standards prescribed in this Act by applying for [reactivationinstatement](#) according to rules established by the BON. Application for such [reactivationinstatement](#) must be made within < > months of the effective date of this Act.
 - e. Any person holding an [inactive lapsed](#) license to practice nursing as an RN, LPN/VN or an APRN on <EFFECTIVE DATE> because of failure to renew may become licensed as an RN, LPN/VN or APRN, respectively, under the provisions of this Act by applying for [reactivationinstatement](#) according to rules established by the BON. Application for such reinstatement must be made within < > months of the effective date of this Act.
- e-f. Those licensed under the provisions of [this Article XV, Section 2 \(a\) through \(e\) above](#), shall be eligible for renewal of such license under the conditions and standards prescribed by this Act.

Section 2. Severability-

The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.

Section 3. Repeal-

The laws specified below are repealed, except with rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. <LIST STATUTES TO BE REPEALED, FOR EXAMPLE THE CURRENT NPA OR APPROPRIATE SECTIONS.>

Article XVIII. Unlicensed Assistive Personnel ~~Nursing Assistive Personnel~~

Section 1. Certified Nursing Assistant (CNA)

A CNA is an unlicensed person who has been determined by the BON to meet the education and certification requirements of this Act and rule and is supervised by a licensed nurse.

Section 2. Medication AssistantCertified (MAC)

- a. An MAC is a CNA with additional education and training as set forth in rule who may administer medications as prescribed by an authorized provider and delegated by a supervising licensed nurse within the parameters set forth in rule.

b. An MAC shall perform medication administration and related tasks only.

Section 34. Delegation. Delegation is a management technique used by licensed nurses to work with nursing assistive personnel in a variety of healthcare settings:

d. The RN may delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the BON for the level of nursing assistive personnel.

The LPN/VN nurse may, in limited settings, delegate nursing care tasks/functions/activities to nursing assistive personnel, regardless of title, that are appropriate to the level of knowledge and skill of the nursing assistive personnel and are within the range of functions as defined by the BON for the level of nursing assistive personnel.

e. The BON shall promulgate rules regarding delegation including conditions for delegation and the tasks, functions and activities that may be delegated to CNAs and MACs.

***States vary as to whether LPN/VNs are authorized to delegate. Because the review of BON statutes showed that a majority of BONs do allow LPN/VN delegation in specified settings, they are included in this section.

f. Those nursing care tasks/functions/activities that may be delegated to nursing assistive personnel are determined by criteria to be put forth in rule.

***For the purposes of this Model Nursing Practice Act and Model Nursing Administrative Rules, the following terms may be used interchangeably: medication assistant/medication aide and nursing assistant/nurse aide.

Section 2. Nursing assistive personnel. Individuals employed within a health care, residential or community support context that includes a component of direct hands-on care and performing delegated nursing care tasks set forth by the BON in administrative rules. Nursing assistive personnel work under the supervision of an RN or, in limited settings, an LPN/VN.

***States currently vary as to what types of nursing assistive personnel are regulated.

Section 34. Nursing Assistive Personnel Registry.

a. The BON shall:

1. Maintain a list of BON approved training programs
2. Establish testing and certification requirements
3. Establish recertification requirements
4. Assess fees, consistent with state and federal requirements
5. Conduct state and federal criminal background checks on all applicants and
6. Adopt an application process in rule

b. Each applicant for CNA or MAC certification shall submit a full set of fingerprints to the BON for the purpose of obtaining a state and federal criminal records check pursuant to <state statute> and Public Law 92-544. The <state agency responsible for managing fingerprint data> may exchange this fingerprint data with the FBI

c. Each individual who successfully meets all requirements for certification shall be certified entitled to be listed on the Nursing Assistive Personnel Registry as a certified nursing assistant (CNA), certified nursing assistant II (CNA II) or medication assistant certified (MA-C).



- d. An applicant whose certificate or listing in another jurisdiction has been disciplined or who has had a criminal conviction may not be eligible for certification.
- e. Before listing nursing assistive personnel on the Nursing Assistive Personnel Registry, the BON shall investigate and act upon each application for certification. All persons certified under this Article shall meet the requirements of the BON as established in rule.
- f. The BON shall require the periodic renewal of certifications and updating of listings in the registry on a biennial basis.

Section 4. CNA Range of Functions. Nursing assistive personnel function within a range of tasks and activities that are typically performed by nursing assistive personnel for patients and that are taught in basic CNA education and training as set forth in rule. A licensed nurse may need to limit the range of tasks based on patient needs, situation or available resources and shall supervise all nursing tasks/functions/activities.

***The delegating/supervising nurse is accountable for decisions made and actions taken in the course of delegation and supervision.

***Employers may choose to limit or restrict, but cannot expand the range of functions articulated by the BON.

Section 5. CNA II Range of Functions. A CNA with additional education and training as prescribed in rule may perform more complex nursing skills with emphasis on sterile technique, elimination, oxygenation and nutrition that are learned in a CNA II education and training program and are performed under the direct supervision of a licensed nurse.

Section 6. MA-C Range of Functions. A CNA or CNA II with additional education and training as set forth in rule may administer medications as prescribed by an authorized provider within the parameters set forth in rule. A licensed nurse shall supervise the MA-C.

***Any state restrictions regarding the type and route of medications to be administered by a MA-C should be placed here. Other state restrictions may address the licensure level required of supervising nurses.

Section 57. Titles and Abbreviations CNA, CNA II, MA-C.

- i. The BON shall regulate the preparation and competency assessment of nursing assistive personnel in this state.
- j. The BON shall issue certification to qualified applicants.
- k. The BON shall adopt rules regarding the certification of nursing assistive personnel, including educational, training and other qualifications for certification that will ensure that the nursing assistive personnel are competent to perform safely within the range of functions.
- l. The BON shall conduct state and federal criminal background checks on all applicants.
- m. The BON will adopt an application process in rule.
- n. Upon meeting all requirements and successful completion of the basic CNA education, training and competency assessment prescribed in rule, an applicant shall be certified as a CNA.
- o. Upon meeting all requirements and successful completion of additional education, training and competency assessment prescribed in rule, an applicant shall be certified as an MA-C.

~~p.~~ A person shall may not use the titles “certified nursing assistant,” “certified nursing assistant –II,” “medication –aide certified,” or the abbreviations “CNA,” “CNA-II,” or “MA-C” unless the person has been duly certified under this Articlesection.

Section 86. Education and Training Program Approval:

The BON shall adopt rules governing the approval and re-approval of education and training programs for CNAs, CNAs-II and MA-Cs.

Section 79. CNA, CNA-II and MA-C Competency Evaluation:

The BON shall set forth in rule criteria for acceptable CNA, CNA-II and MA-C competency evaluations.

Section 10. Certification:

The BON shall develop a certification process in rule.

Section 811. Disciplinary Procedures:

g. Purpose

4. To protect the public from unsafe nursing assistants.
5. To assure minimum competence of CNAs, CNAs-II, and MA-Cs.
6. To provide a process to resolve complaints regarding nursing assistants.

h.a. Authority For any one or a combination of grounds, the BON shall have the authority to:

- 8.1. File a letter of concern if the BON believes there is insufficient evidence to support direct action against the CNAs, CNAs-II and MACs medication assistants certified.
- 9.2. Indicate on the certificate and registry the existence of any substantiated complaints against the certificate holder.
- 10.3. Deny certification or recertification, suspend, revoke or accept the voluntary surrender of a certificate if a CNA, CNA-II or MA-C commits an act of unprofessional conduct.
- 11.4. Refer criminal violations of this Aarticle to the appropriate law enforcement agency.
5. Revoke the certificate or not issue a certificate or recertification to an applicant who has committed serious felonies as set forth in rule a criminal conviction.
6. Issue a public reprimand for a violation of statute or rule
- 12.7. Recover costs of case prosecution and
- 13.8. In addition to any other disciplinary action it may take, impose a civil penalty of not more than one thousand dollars per violation.
14. Recover costs of case prosecution.

i.b. Grounds for denial, suspension, revocation of a certificate or license, or other discipline of a CNA or MAC nursing assistant include the inability to function with reasonable skill and safety for the following reasons:

- 15.1. Substance use disorder abuse/dependency.
- 16.2. Patient neglect, abuse or Client abandonment.
17. Client abuse.
- 18.3. Fraud or deceit, which may include but is not limited to:
 - e)a) Filing false credentials.
 - e)b) Falsely representing facts on an application for initial certification, reinstatement or certificate renewal or.
 - e)c) Giving or receiving assistance in taking the competency evaluation.
19. Client neglect, abuse or abandonment.
- 20.4. Boundary violations.
- 21.5. Performance of unsafe patientclient care.

- ~~22.6. Performance ing of acts beyond the tasks, functions and activities that may be delegated to a CNA, CNA-II or MA-C under BON rule range of functions or beyond those tasks delegated under provision of Article XVIII, section 1 of this Act.~~
- ~~23.7. Misappropriation or misuse of property.~~
- ~~24.8. Misappropriation of Obtaining money or property of a patient client or resident by fraud, misrepresentation or duress.~~
- ~~25.9. Criminal conviction.~~
- ~~26.10. Failure to conform to the standards of CNA or MAC nursing assistant.~~
- ~~27. Putting clients at risk of harm.~~
- ~~11. Violations of the privacy or failureing to maintain the confidentiality of patient client or resident information. Or~~
- ~~28.12. Any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public~~
- ~~j.c. Disciplinary process.The BON shall comply with the provisions of the <JURISDICTIONSTATE> Administrative Procedures Act for taking disciplinary actions against certificates.~~
- ~~k.d. Disciplinary records.The BON shall maintain records of disciplinary actions and make available all public findings of abuse, neglect or misappropriation of client property or other disciplinary findings and any statement disputing the finding by of the CNA or MAC nursing assistant listed on the registry.~~
- ~~l.e. Disciplinary notification.The BON will notify the {<relevant state and federal agencies>} of the disciplinary action.~~

Article XVIII. APRN Scope of Nursing Practice

Section 1. Title and Scope of Practice of APRNs.

- a. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice Advanced practice registered nursing within one of the following roles: by certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), certified nurse-midwives (CNM) or clinical nurse specialists (CNS), and who functions in a population focus as set forth in rule is based on knowledge and skills acquired in basic nursing education; licensure as an RN; and graduation from or completion of a graduate level APRN program accredited by a national accrediting body and current certification by a national certifying body in the appropriate APRN role and at least one population focus. An APRNs may serve as primary care providers of record.

Practice as an APRN means an expanded scope of nursing in a role and population focus approved by the BON, with or without compensation or personal profit, and includes the RN scope of practice. The scope of an APRN includes, but is not limited to, performing acts of advanced assessment, diagnosing, prescribing and ordering. APRNs may serve as primary care providers of record.

- b. Population focus shall include:
 1. Family/individual across the lifespan
 2. Adult-gerontology
 3. Neonatal
 4. Pediatrics
 5. Women's health/gender-related or
 6. Psychiatric/mental health
- c. In addition to includes the RN scope of practice and within the APRN role and population focus, The scope of an APRN practice shall includes, but is not limited to.

1. Conducting an ~~performing acts of advanced assessment~~
2. Ordering and interpreting ~~diagnostic procedures~~ing.
3. Establishing primary and differential diagnoses
~~Prescribing, and ordering, administering, dispensing and furnishing therapeutic measures including: pharmacological agents as set forth in Section 5 of this Article. APRNs may serve as primary care providers of record.~~
4. Delegating and assigning therapeutic measures to assistive personnel
5. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources
6. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and
7. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience

d. APRNs are ~~expected to practice as~~ licensed independent practitioners within standards established ~~and/or~~ recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for:

1. ~~C~~omplying with the requirements of this Act and the quality of advanced nursing care rendered~~, for~~
2. ~~R~~ecognizing limits of knowledge and experience~~; p~~
3. ~~P~~lanning for the management of situations beyond the APRN's expertise~~; and for~~
4. ~~C~~onsulting with or referring patients to other health care providers as appropriate.

Section 2: Licensure of APRNs.

a. Initial licensure for an APRN

a. An applicant for initial licensure ~~or privilege~~ to practice as an APRN shall:

1. Submit a completed written application and appropriate fees as established by the BON.
 2. Hold a current RN license or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory.
 3. Have completed an accredited graduate ~~or post-graduate~~ level APRN program in one of the four roles and at least one population focus.
 4. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation.
 5. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
 6. Have committed no acts or omissions ~~that, which~~ are grounds for disciplinary action ~~in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action~~ as set forth in Article VII of this Act ~~X, Section 2, of this Act, the BON has found, after investigation, that sufficient restitution has been made.~~ and
 7. Provide other evidence as required by rule.
- b. Endorsement of APRNs. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:
1. Submit a completed written application and appropriate fees as established by the BON.

2. Hold a current ~~unencumbered~~ license or privilege to practice as an RN and APRN in a state or territory-
3. Not have an encumbered license or privilege to practice in any state or territory-
4. Have completed an accredited graduate ~~or post-graduate~~ level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in section ~~18-7 of this Article-~~
5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation-
6. Meet continued competency requirements as ~~stated in Article VI, Section 9, and as~~ set forth in BON rules-
7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction.
- ~~8.~~ Have committed no acts or omissions, which are grounds for disciplinary action in another jurisdiction ~~or, if such acts have been committed and would be grounds for disciplinary action as set forth in Article X, Section 2, of this Act, the BON has found, after investigation, that sufficient restitution has been made, and~~
- ~~8-9.~~ Provide other evidence as required by the BON in its rules.

~~***An individual new to a state can apply for an RN and an APRN license at the same time.~~

- c. ~~Renewal of APRN License.~~ APRN licenses issued under this Act shall be renewed at least every \leq ~~two~~ years according to a schedule established by the BON. An applicant for APRN license renewal shall:
 1. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule.
 2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON- ~~and~~
 3. Meet other requirements set forth in rule-
- d. ~~Reinstatement of APRN License~~

The BON may ~~reactivate or~~ reinstate an APRN ~~nursing~~ license as set forth in BON rules.

e. ~~Duties of Licensees~~

The duties of licensees are the same as previously stated for ~~RNs and LPN/VNs~~ in Article VI, Section ~~128~~ ~~for RNs and LPN/VNs.~~

~~In addition, at reasonable intervals, the APRN shall be afforded the opportunity to demonstrate competence to resume the practice of nursing with reasonable skill and safety to patients~~

Section 3: Titles and Abbreviations ~~for APRNs-~~

- a. Only those persons who hold a license or privilege to practice advanced practice ~~registered~~ nursing in this state shall have the right to use the title "advanced practice registered nurse" and the roles of "certified registered nurse anesthetist," "certified nurse-midwife," "clinical nurse specialist" and "certified nurse practitioner," and the abbreviations "APRN," "CRNA," "CNM," "CNS" and "CNP," respectively.
- b. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.

c. It shall be unlawful for any person to use the title “APRN” or “APRN” plus their respective role titles, ~~the role alone~~, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

Section 4. ~~APRN Nursing~~ Education Programs-

- a. ~~Approval standards-~~The BON shall, by administrative rules, set standards for the establishment and outcomes of ~~APRN nursing~~ education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.
- b. ~~Process for determining compliance with standards-~~The BON shall, by administrative rules, identify the process for determining APRN ~~nursing~~ education program compliance with standards.
- c. ~~Establishment of a new nursing education program-~~The BON shall set requirements for the establishment of a new APRN ~~nursing~~ education program. New programs will be preapproved by an ~~APRN~~ accrediting body.

Section 5. Prescribing ~~and~~ Ordering, ~~Dispensing and Furnishing~~ Authority-

- a. The BON ~~shall grants~~ prescribing, ~~and~~ ordering, ~~dispensing and furnishing~~ authority through the APRN license.
- b. ~~Prescribing, ordering, dispensing and furnishing shall include the authority to:~~All licensed APRNs are authorized to
 1. ~~diagnose~~, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources. ~~They are authorized to~~
 2. ~~prescribe~~, procure, administer, ~~and~~ dispense ~~and furnish pharmacological agents, including~~ over the counter, legend and controlled substances. ~~They are authorized to and~~
 3. ~~plan~~ and initiate a therapeutic regimen that includes ordering and prescribing ~~non-pharmacological interventions, including, but not limited to, durable medical equipment,~~ medical devices ~~and equipment~~, nutrition, ~~blood and blood products~~ and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy.

Section 6. Discipline-

APRN discipline and proceedings shall be the same as stated for ~~RNs and LPN/VNs~~ in Article ~~VIII~~ for ~~RNs and LPN/VNs~~.

Section 7. ~~APRN~~ Implementation-

Any person holding a license to practice nursing as an APRN in this state that is valid on Dec. 30, 2015, shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

[Article XII. Nursing Licensure Compact](#)

[Article XIII. APRN Compact](#)



Attachment D

Model Rule Redline Version

Model Act and Rules and Education Committees FY2012 Edits to the January 2011 Model Nursing Administrative Rules

Model Nursing Administrative Rules

Chapter 1 – Title and Purpose
Chapter 2 – ~~Definitions~~ ~~Standards of Nursing Practice~~
Chapter 3 – ~~Scope of RN and LPN/VN Practice~~ ~~Definitions~~
Chapter 4 – ~~The~~ Board of Nursing
~~Chapter 5 – Application of Other Statutes~~
Chapter ~~56~~ – ~~RN and LPN/VN~~ Licensure ~~and Exemptions~~
~~Chapter 96 – Prelicensure Approval of Nursing Education Programs~~
~~Chapter 711 – Discipline and Proceedings~~
~~Chapter 810 – Violations and Penalties~~
~~Chapter 916 – Implementation~~
~~Chapter 7 – Titles and Abbreviations~~
Chapter ~~810~~ – ~~Unlicensed Nursing~~ Assistive Personnel
~~Chapter 9 – Approval of Nursing Education Programs~~
~~Chapter 10 – Violations and Penalties~~
~~Chapter 11 – Discipline and Proceedings~~
~~Chapter 12 – Emergency Relief~~
~~Chapter 13 – Reporting~~
~~Chapter 14 – Exemption~~
~~Chapter 15 – Revenue and Fees~~
~~Chapter 16 – Implementation~~
~~Chapter 1811 – APRN Scope of Practice~~
Chapter ~~127~~ – Nurse Licensure Compact
~~Chapter 18 – APRN Scope of Practice~~
Chapter ~~139~~ – APRN Compact

Chapter ~~1~~ – Title and Purpose

~~1.1 Title.~~ This section of the administrative rules shall be known and may be cited as the <NAME OF STATE> Nursing Administrative Rules.

~~***If a board of nursing (BON) has developed a BON philosophy and wishes to include it in the administrative rules, this would be an appropriate section to make that statement.~~

Chapter ~~2,3~~ – Definitions

~~3.4 Other Definitions~~

~~As used in Chapters 3 through 11 of this Act, unless the context thereof requires otherwise:~~

Adjunct faculty	Temporary nursing faculty, in addition to regular program faculty, used to enrich student experiences.
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Advanced nurse refresher course	Formal program with both didactic and clinical components, designed to prepare an APRN who has been out of practice to re-enter into the profession.
APRN practice BON	The scope of practice associated with an APRN role and title. A party state's regulatory body responsible for issuing nurse licenses.
Clinical judgment	The application of the nurse's knowledge and experience in making decisions about client care.
Clinical learning experiences	The planned, faculty-guided learning experiences that involve direct contact with patients.
Competence assessment	Evaluation of the practitioner's knowledge, skills and abilities. Assessment mechanisms may include examination, peer review, professional portfolio and professional certification.
Competence development	The method by which a practitioner gains, maintains or refines practice knowledge, skills and abilities. This development can occur through formal education program, continuing education or clinical practice and is expected to continue throughout one's career.
Content validity	The degree to which an examination is representative of a defined body of knowledge.
Cultural bias	Non-nursing elements of examination items that may influence the performance of culturally distinct groups of examinees.
Direction	Monitoring and guiding the practice of another through written or verbal communication.
Distance education	Teaching/learning strategies used to meet the learning needs of students when the students and faculty are separate from each other. ***This model uses a broad definition that captures many different technological approaches. Other sources may use this term in a more restricted fashion.
Dual relationship	<u>Means</u> <u>W</u> hen a nurse is involved in any relationship with a patient, in addition to the therapeutic nurse-patient relationship.
Electronic Media	Online forms of publication, including, but not limited to, websites, blogs and social networking sites
Encumbrance	A nurse's license or authority to practice has been disciplined and that the current status of the licensure/authority to practice is subject to conditions and/or limitations or removal from practice.
Episodic care	Nursing care that occurs at non-specific intervals; focused on the individual and situation at hand.
Faculty directed clinical practice	The role of nursing program faculty in overseeing student clinical learning, including those programs utilizing preceptors.
Grandfathering	Provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated. An exception to a restriction that allows all those already doing something to continue doing it even if they would be stopped by the new restriction.

Health-related	Any domains that affect the well-being of a population.
Informatics	Information technology that can be used to communicate, manage knowledge, mitigate error and support decision-making.
Information system	The coordinated licensure information system.
Interdisciplinary faculty	Faculty from other professions who, in addition to regular program faculty, add diversity and enrich student experiences.
Interdisciplinary team	All individuals involved in providing a client's care; who cooperate, collaborate, communicate and integrate care to ensure that care is continuous and reliable.
Key party	Immediate family members and others who would be reasonably expected to play a significant role in health care decisions of the patient. This includes, but is not limited to, a spouse, domestic partner, sibling, parent, child, guardian and person authorized to make health care decisions for the patient.
NCLEX-PN®	<u>Means</u> The National Council Licensure Examinations for Practical Nurses; used in the U.S. and its territories to assess licensure applicants' nursing knowledge, skills and abilities. BONs use passing the examination to inform licensing decisions.
NCLEX-RN®	<u>Means</u> The National Council Licensure Examinations for Registered Nurses; used in the U.S. and its territories to assess licensure applicants' nursing knowledge, skills and abilities. BONs use passing the examination to inform licensing decisions.
Nursing program faculty	<u>Means</u> Individuals employed full or part time by an academic institution; responsible for developing, implementing, evaluating and updating curricula.
Nurse refresher course	A formal program with both didactic and clinical components; designed to prepare a nurse who has been out of practice to reenter the profession.
Nursing management	The coordination and integration of resources through planning, organizing, directing and controlling the provision of nursing services while managing role differences and staffing to accomplish specific institutional goals and objectives within the context of legal considerations, regulatory issues, patient safety and continuous quality improvement.
Preceptors	<u>Means</u> An individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model and/or supervisor in a clinical setting.
Prescribed devices	An instrument or an apparatus intended for use in diagnosis or treatment and in the prevention of disease or restoration of health.
Prescriptive authority	An APRN is qualified and authorized to determine a client's need for medications, drugs and/or prescribed devices and to order such therapy to be dispensed by a licensed pharmacist or other authorized provider.
Primary state of residence	The state of a person's declared fixed permanent and principal home for legal purposes; domicile.
Professional boundaries	<u>Means</u> the space between the nurse's power and the patient's

	<p><u>vulnerability; the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient's needs.</u></p>
Professional-boundary Crossing	<p><u>Means A</u> deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship.</p>
Professional-boundary Violation	<p><u>Means F</u> failure of a nurse to maintain appropriate boundaries with a patient and key parties.</p>
Professional certification	<p>A credential issued by a national certifying body meeting specified requirements acceptable to the BON that is used as a requirement for APRN licensure.</p>
Public	<p>Any individual or entity other than designated staff or representatives of party state BONs or NCSBN.</p>
Quality improvement processes	<p>To identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process and outcomes in relation to client and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</p>
Sexual Misconduct	<p>Conduct of a sexual nature that constitutes grounds for discipline, as defined by the board of nursing (BON).</p>
Sexualized Body Part	<p><u>Means A</u> part of the body not conventionally viewed as sexual in nature that evokes arousal.</p>
Single state licensure/authority to practice	<p>A Compact state has limited a nurse's authority to practice to the home state only, without the multi-state privilege to practice in other party states.</p>

Chapter 3.2— Scope of RN and LPN/VN Standards of Nursing Practice

~~***Article II of the Model Nursing Practice Act (MNPA) and Chapter 2 of the Model Nursing Administrative Rules (MNAR) address scopes of nursing practice and standards for nursing practice respectively. The rules have been reordered to follow the framework provided by the MNPA so that the scope defined in the MNPA and the standards delineated in the MNAR can be viewed together to facilitate their use.~~

2-3.1.1 Standards Related to Licensed Practical/Vocational Nurse (LPN/VN) Professional Accountability

The LPN/VN:

- a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the Nurse Practice Act (MNPA) and rules governing nursing.
- b. Demonstrates honesty and integrity in nursing practice.
- c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and clients and the licensed practical nursing standards expectations delineated by the BON.
- d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice.

- e. ~~Maintains continued~~ competence through ongoing learning and application of knowledge in ~~the client's interest, practical nursing practice and~~
- e-f. ~~Reports violations of the act or rules by self or other licensees~~

32.13.2 Standards Related to LPN/VN Scope of Practice Responsibilities for Nursing Practice Implementation.

The LPN/VN:

- a. ~~Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience~~

~~The LPN/VN, practicing under the direction of an RN, advanced practice registered nurse (APRN), licensed physician or other authorized licensed health care provider:~~

- ~~1-b.~~ Conducts a focused nursing assessment, which is an appraisal of the ~~patient~~client's health status and needs situation at hand that contributes to ongoing data collection.
- c. ~~Plans for patient episodic nursing care, including:~~
 - 1. ~~Planning episodic nursing care for a patient whose condition is stable or predictable~~
 - 2. ~~Assisting the registered nurse or supervising physician in identification of patient needs and goals and~~
 - ~~1-3.~~ Determining priorities of care together with the supervising registered nurse or physician
- ~~2-d.~~ Demonstrates attentiveness and provides ~~ss~~ patient client surveillance and monitoring.
 - ~~3.—Assists in identification of client needs.~~
- ~~4-e.~~ Seeks clarification of orders when needed.
- ~~5-f.~~ Assists and contribute in the evaluation of the patient-centered health care plan~~impact of nursing care. Contributes to the evaluation of client care.~~
- ~~6.—Recognizes client characteristics that may affect the client's health status.~~
- ~~7-g.~~ Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations.
- h. Recognizes patient characteristics that may affect the patient's health status
- ~~8-i.~~ Implements nursing interventions and prescribed medical regimens ~~appropriate aspects of client care~~ in a timely and safe manner:
 - ~~1.—Provides assigned and delegated aspects of client's health care plan.~~
 - ~~2.—Implements treatments and procedures.~~
 - ~~3.—Administers medications accurately.~~
- ~~9-j.~~ Documents nursing care provided accurately and timely.
- ~~10-k.~~ Collaborates and Communicates relevant and timely patient/client information with patients and other health team members to ensure quality and continuity of care, including:
 - 1. Patient Client status and progress.
 - 2. Patient Client response or lack of response to therapies.
 - 3. Significant Changes in patient/client condition and.
 - ~~3-4.~~ 4.Patient Client needs and special requests.
 - ~~11.~~ Participates in nursing management.
 - ~~1.—Assigns nursing activities to other LPN/VNs.~~
 - ~~2.—Delegates nursing activities for stable clients to assistive personnel.~~
 - ~~3.—Observes nursing measures and provides feedback to nursing manager.~~
 - ~~4.—Observes and communicates outcomes of delegated and assigned activities.~~
- ~~12-l.~~ Takes preventive measures to promote and environment that is conductive to safety and health for protect client patients, others and self.

~~13.m.~~ Respects ~~the client's~~ patient diversity and advocates for the patient's rights, concerns, decisions and dignity.

~~***This standard includes respecting the client's concerns regarding end-of-life care.~~

~~14. Attends to client or family concerns or requests.~~

~~15. Promotes safe client environment.~~

~~n.~~ Maintains appropriate professional boundaries.

~~16-o.~~ Participates in the health teaching required by the patient and family

~~p.~~ Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes. Assumes responsibility for nurse's own decisions and actions.

~~Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes~~

~~q.~~ Contributes to evaluation of the plan of care by:

~~1. Gathering, observing, recording, and communicating patient responses to nursing interventions; and~~

~~2. Modifying the plan of care in collaboration with a registered nurse based on an analysis of patient responses~~

~~r.~~ Assigns and delegates nursing activities. The LPN shall:

~~1. Assign nursing care within the LPN scope of practice to other LPNs;~~

~~2. Delegate to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, the LPN shall ensure that the:~~

~~a) Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task;~~

~~b) Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;~~

~~c) Results of the task are reasonably predictable;~~

~~d) Task does not require assessment, interpretation, or independent decision making during its performance or at completion;~~

~~e) Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening;~~

~~f) LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task~~

~~g) LPN provides supervision and feedback to the UAP; and~~

~~h) LPN observes and communicates the outcomes of the delegated task.~~

~~2.3.3 Standards Related to LPN/VN Responsibilities as a Member of an Interdisciplinary Health Care Team~~

~~The LPN/VN:~~

~~17-s.~~ Functions as a member of the health care team, contributing to the implementation of an integrated patient-centered health care plan.

~~18. Respects client property and the property of others.~~

~~19. Protects confidential information unless obligated by law to disclose the information.~~

~~t.~~ Acts as an advocate for the patient



- u. ~~Assumes responsibility for nurse's own decisions and actions~~
- v. ~~Attends to patient concerns or requests~~

2.1 Purpose of Standards

- a. ~~To communicate BON expectations and provide guidance for nurses regarding safe nursing practice.~~
- b. ~~To articulate BON criteria for evaluating the practice of nurses to determine if the practice is safe and effective.~~

*~~***Standards promulgated by BONs of nursing provide a broad framework for nursing practice and provide notice to nurses as to BON expectations regarding practice. Nursing standards developed by professional and specialty nursing organizations complement BON standards, provide detail and specificity, and are typically drafted to promote excellence in clinical practice.~~*

32.2.1 Standards Related to Registered Nurse (RN) Professional Accountability

The RN:

- a. ~~Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing.~~
- b. ~~Demonstrates honesty and integrity in nursing practice.~~
- c. ~~Bases professional decisions on nursing knowledge and skills, the needs of patients/clients and the expectations delineated in professional registered nursing standards.~~
- d. ~~Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice.~~
- e. ~~Maintains continued competence through ongoing learning and application of knowledge in registered nursing practice and the client's interest.~~
- e.f. ~~Reports violations of the act or rules by self or other licensees~~

*~~***The first two standards reflect the need for any professional to accept responsibility for knowing the legal, ethical, and professional parameters of practice, maintaining those boundaries and acknowledging when a decision or action has not been in the best interest of a client while taking corrective action in the client's behalf. Nursing judgments and actions include decisions made when delegating nursing tasks to others and providing supervision for those activities. The delegating/supervising nurse is not accountable in the sense of having to stand at the delegate's elbow throughout the activity. The delegating/supervising nurse is accountable for decisions made and actions taken in the course of that delegation/supervision.~~*

32.2.2 Standards Related to RN Responsibility for Nursing Practice Implementation Scope of Practice

The RN:

- a. ~~Conducts a comprehensive nursing assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups and communities.~~
- b. ~~Detects faulty or missing patient/client information.~~
- c. ~~Applies nursing knowledge effectively in the synthesis of based upon the biological, psychological and social aspects of the patient/client's condition.~~
- d. ~~Detects faulty or missing patient/client information.~~
- e. ~~Uses this broad and complete analysis to pPlans strategies of nursing care and nursing interventions consistent that are integrated within the patient/client's overall health care plan.~~

- f. ~~Provides appropriate~~Utilizes decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses.
- g. Seeks clarification of orders when needed.
- h. Implements treatment and therapy, including medication administration and delegated medical and independent nursing functions.
- i. Obtains orientation/training for competence when encountering new equipment and technology or unfamiliar care situations.
- j. Demonstrates attentiveness and provides ~~patient~~client surveillance and monitoring.
- k. Identifies changes in ~~patient~~client's health status and comprehends clinical implications of ~~patient's~~client signs, symptoms and changes as part of expected and unexpected ~~patient~~client course or emergent situations.
- l. Evaluates the ~~impact of nursing care, the patient~~client's response to ~~nursing care~~therapy, including:
 - 1. ~~Patient's response to interventions~~
 - 2. ~~the~~Need for alternative interventions, ~~and the~~
 - 3. ~~Need~~to communicate and consult with other health team members ~~and~~.
 - 4. ~~Need to revise the plan of care~~
- m. ~~Communicates and consults with other health team members, including:~~
 - 1. ~~Patient concerns and special needs~~
 - 2. ~~Patient status and progress~~
 - 3. ~~Patient response or lack of response to interventions and~~
 - 4. ~~Significant changes in patient condition~~
- ~~n.~~ Documents nursing care.
- ~~m-o.~~ ~~Intervenes on behalf of client when problems are identified and~~Revises care plan as needed.
- n. ~~Recognizes client characteristics that may affect the client's health status.~~
- p. Takes preventive measures to protect ~~patient~~client, others and self. ~~And~~
- q. ~~Provides comprehensive nursing and health care education in which the RN:~~
 - 1. ~~Assesses and analyzes educational needs of learners~~
 - 2. ~~Plans educational programs based on learning needs and teaching-learning principles~~
 - 3. ~~Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons and~~
 - 4. ~~Evaluates the education to meet the identified goals~~

23.2.3 Standards Related to RN Responsibility to Act as an Advocate for Patient Client

The RN:

- a. Respects the ~~patient~~client's rights, concerns, decisions and dignity. ~~***This standard includes respecting the client's concerns regarding end-of-life care.~~
- b. Identifies ~~patient~~client needs.
- c. Attends to ~~patient~~client concerns or requests.
- d. Promotes safe ~~patient~~client environment.
- e. Communicates ~~patient~~client choices, concerns and special needs with other health team members regarding:
 - 1. ~~Patient~~Client status and progress.
 - 2. ~~Patient~~Client response or lack of response to therapies. ~~and~~
 - 3. Significant changes in ~~patient~~client condition.
- f. Maintains appropriate professional boundaries. ~~and~~
- ~~g.~~ ~~Maintains client confidentiality.~~
- ~~h-g.~~ Assumes responsibility for nurse's own decisions and actions.



32.2.4 Standards Related to RN Responsibility to Organize, Manage and Supervise the Practice of Nursing

The RN:

- a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description, including:
 - 1. Assigning nursing care within the RN scope of practice to other RNs
 - 2. Assigning nursing care to an LPN within the LPN scope of practice based on the RN's assessment of the patient and the LPN's ability
 - 3. Supervising, monitoring and evaluating the care assigned to an LPN
- b. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an RN shall ensure that the:
 - 1. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task
 - 2. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions
 - 3. Results of the task are reasonably predictable
 - 4. Task does not require assessment, interpretation, or independent decision making during its performance or at completion
 - 5. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening
 - 6. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task
 - 7. RN provides supervision and feedback to the UAP and
 - 8. RN observes and communicates the outcomes of the delegated task
- b.c. Matches ~~patient/~~ patient/ needs with personnel qualifications, available resources and appropriate supervision-
- e.d. Communicates directions and expectations for completion of the delegated activity-
- e.e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcomes; and assures documentation of the activity-
- e.f. Provides follow-up on problems and intervenes when needed-
- f.g. Evaluates the effectiveness of the delegation or assignment-
- g.h. Intervenes when problems are identified and revises plan of care as needed-
- h.i. Retains professional accountability for nursing care as provided-
- i.j. Promotes a safe and therapeutic environment by:
 - 1. Providing appropriate monitoring and surveillance of the care environment-
 - 2. Identifying unsafe care situations-
 - 3. Correcting problems or referring problems to appropriate management level when needed
- j.k. Teaches and counsels ~~patient/~~ patient/ and families regarding their health care regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention-

2.2.5 Standards Related to RN Responsibilities as a Member of an Interdisciplinary Health Care Team

The RN:

- a.—Functions as a member of the health care team, collaborating and cooperating in the implementation of an integrated client-centered health care plan.
- b.—Respects client property and the property of others.
- c.—Protects confidential information.

2.2.6 Standards Related to the RN When Functioning in a Chief Administrative Officer Role

The RN as a chief administrative nurse:

- a.—Assures that organizational policies, procedures and standards of nursing practice are developed, kept current, and implemented to promote safe and effective nursing care for clients.
- b.—Assures that the knowledge, skills, and abilities of nursing staff are assessed and that nurses and nursing assistive personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level.
- c.—Assures that competent organizational management and management of human resources within the nursing organization is established and implemented to promote safe and effective nursing care for clients.
- d.—Assures that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained.

****Assessing the knowledge, skills, and abilities of nursing staff includes initial and periodic validation of licensure status.*

2.2.7 Standards Related to the RN when Functioning in a Nursing Program Educator (Faculty) Role

The RN as nursing faculty:

- a.—Teaches current theory, principles of nursing practice and nursing management.
- b.—Provides content and clinical experiences for students consistent with the MNPA, BON administrative rules and other relevant state statutes.
- c.—Supervises students in the provision of nursing services.
- d.—Evaluates student scholastic and clinical performance with expected program outcomes.

Chapter 4. The Board of Nursing (BON)

****Article IV of the MNPA and Chapter 4 of the MNAR define the authority of the BON and parameters for how it functions.*

4.1 Membership, Nominations, Qualifications, Appointment and Term of Office

4.2 Officers

4.3 Meetings

4.4 Guidelines

4.5 Vacancies, Removal and Immunity

4.6 Powers and Duties

4.3.1 Quorum

- a.—A majority of the board members, including the first or second officer, shall constitute a quorum for conducting a board meeting.



~~b.—The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the BON.~~

4.3.2 Guidelines

- ~~a.—The BON shall develop guidelines to assist board members in the evaluation of possible conflicts of interests. Members shall abstain from voting when a conflict arises.~~
- ~~b.—The BON shall develop guidelines to assist board members in the disclosure of ex-parte communications.~~
- ~~c.—The BON may develop other guidelines as needed that would support governance and direction of work.~~

****States vary widely as to whether and what process is used for advisory opinions, interpretive statements and declaratory statements. Some states may not have such authority; others find such documents to be useful tools for the BON and the public. The users of these models are advised to seek legal counsel regarding the authority and required process in specific states.*

Chapter 15—Revenue and Fees

4.715.1 Collection of Fees

a. The BON shall collect the following fees:

<u>Fee Category</u>	<u>Fee</u>
<u>1. Application for licensure by examination</u>	
a. <u>RN</u>	<u><></u>
b. <u>LPN/VN</u>	<u><></u>
c. <u>APRN</u>	<u><></u>
<u>2. Temporary permit for initial licensure applicant</u>	
a. <u>RN</u>	<u><></u>
b. <u>LPN/VN</u>	<u><></u>
c. <u>APRN</u>	<u><></u>
<u>3. Application for licensure by endorsement</u>	
a. <u>RN</u>	<u><></u>
b. <u>LPN/VN</u>	<u><></u>
c. <u>APRN</u>	<u><></u>
<u>4. Temporary permit for endorsement applicant</u>	
a. <u>RN</u>	<u><></u>
b. <u>LPN/VN</u>	<u><></u>
c. <u>APRN</u>	<u><></u>
<u>5. Renewal of licensure</u>	
a. <u>RN</u>	<u><></u>
b. <u>LPN/VN</u>	<u><></u>
c. <u>APRN</u>	<u><></u>
<u>6. Temporary permit to practice for the clinical portion of a nursing refresher course</u>	<u><></u>
<u>7. Late renewal</u>	<u><></u>
<u>8. Reinstatement</u>	<u><></u>
<u>9. Certified statement that nurse is licensed in</u>	<u><></u>

<u>jurisdiction</u> <u>state</u>	
<u>10. Duplicate or reissued license</u>	<>
<u>11. Returned check</u>	<>
<u>12. Fee for each level of nursing education program survey and evaluation</u>	<>
<u>13. Discipline monitoring</u>	<>
<u>*** Applicable only to licensees with encumbered licenses</u>	
<u>14. Copying costs</u>	<>
<u>15. Criminal background check processing fees</u>	<>
<u>15. Other miscellaneous costs</u>	<>

b. Cost of service. Fees collected by the BON shall reflect the cost of service provided.
c. Refund of fees. All fees collected by the BON are non-refundable.

~~4.6-8~~ Executive Officer

- ~~a. The BON shall employ an executive officer with the following qualifications:~~
- ~~1. Master's degree or higher from an accredited college or university.~~
 - ~~2. Licensed to practice as an RN in this state.~~
 - ~~3. At least <> years experience in nursing practice, including administration, teaching or supervision in nursing educational programs, supervision in health agencies, or nursing regulation.~~
- ~~b. The BON shall monitor the effectiveness of the executive officer in carrying out the:~~
- ~~1. Administrative performance of the BON.~~
 - ~~2. Employment of personnel needed to carry out the functions of the BON.~~
- ~~c. The BON may authorize the appointment and employment of legal counsel, accountants and such other employees, assistants and agents as may be necessary, in the opinion of the BON, to administer and enforce the provisions of this Act.~~

~~Chapter 5 — Application of Other Statutes~~

~~***There are other state statutes that affect the operation of the BON and the practice of nursing. Examples range from state agencies working with the BON, to provisions governing worksites, to laws addressing the handling of pharmaceuticals and products.~~

~~Chapter 5.6 — RN and LPN/VN Licensure and Exemptions~~

~~5.1 Titles and Abbreviations for Licensed Nurses~~

~~5.2 Examinations~~

~~6.1 Information~~

~~The BON will make information available to applicants regarding the:~~

- ~~a.—Examination.~~
- ~~b.—Examination registration process.~~
- ~~c.—Licensure processes.~~
- ~~d.a. Application fees.~~

56.32 Application for Licensure by Examination as an RN or LPN/VN

An applicant for licensure as an RN or ~~LPN/VN licensed practice/vocational nurse~~, whichever is applicable, by examination in this state shall submit to the BON the required fee for licensure by examination, as specified in Chapter ~~44~~, and a completed application for licensure by examination that provides the following information:

6.2.1 Competence Development

~~Graduation from or verification of completion and eligibility for graduation from a state approved registered or practical/vocational nursing program as evidenced by official documentation directly from a state approved nursing education program for the level of licensure being sought. This~~

- ~~a. Documentation of graduation shall verify the date of graduation or graduation eligibility and, the credential conferred, and evidence of meeting the standards of nursing education in this state. An official transcript is required prior to the issuance of a permanent license.~~

~~*** This model does not allow RN students or RN applicants who fail the NCLEX-RN® to apply for LPN/VN licensure and sit for the NCLEX-PN®.~~

~~*** If a BON allows an RN student to sit for the NCLEX-PN examination, the BON may expect the RN educational program to identify a PN exit point.~~

~~*** If a BON allows an RN graduate to sit for the NCLEX-PN examination, the BON may require additional coursework addressing the limitations of the LPN/VN scope of practice and the role of the LPN/VN in the health care team.~~

~~*** If a BON chooses to permit RN graduates to sit for the NCLEX-PN, the BON should advise individuals regarding their ability to endorse to other states.~~

6.2.2 Competence Assessment

~~a.b. In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®. The results will be reported to the applicant as pass or fail.~~

~~b.c. In order to be licensed in this state, all LPN/VNs applicants shall take and pass the NCLEX-PN®. The results will be reported to the applicant as pass or fail.~~

6.2.3 Competence Conduct

~~a.d. Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:~~

- ~~1. The number and status of the license or credential, and~~
- ~~2. The original state or country of licensure or credentialing.~~

~~*** Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the BON to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.~~

- ~~b.e.~~ Current employer if employed in health care, including address, telephone number, position and dates of employment-
- ~~e.f.~~ Previous employer in health care, if any, if current employment is less than 12 months-
- ~~d.g.~~ The date and jurisdiction the applicant previously applied for a license in ~~<NAME OF STATE>~~ another jurisdiction and either was denied a license, or withdrew the application or allowed the application to expire, if applicable-
- ~~e.~~ Responses to questions related to the applicant's background in the following areas:
 - ~~1.~~ Pending disciplinary action or investigation regarding any professional license or credential-
 - ~~2.~~ Pending criminal charges-
 - ~~3.~~ Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction-
 - ~~4.~~ Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any-
 - ~~5.~~ Any current substance abuse-
- ~~f.h.~~ Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and-
- ~~g.i.~~ Submission of state and federal criminal background checks completed within the last < > months-

**** Details of this procedure will be state specific, depending on requirements of state criminal agencies. In the near future, expect electronic processes to be perfected for accomplishing these background checks.*

**** While the majority of states use criminal history of candidates on a case-by-case approach, the MNPA provides a time-limited bar to licensure if an individual has felony convictions. This approach provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction), but also leaves the opportunity for an individual to apply for licensure after a criminal conviction.*

5.46.3 Application for Licensure by Internationally Educated Applicants

An internationally educated applicant for licensure by examination in this state shall submit to the BON required fees for licensure by examination, as specified in Chapter 14 of these rules, and a completed application for licensure by examination that provides the following information:

6.3.1 Competence Development

- ~~a.~~ Graduation from an international nursing program comparable to an approved nursing education program in the U.S.; as documented in an official transcript directly from the international nursing education program and verified by a credentials evaluation by
 - ~~1.~~ BON approved/authorized organization for the level of licensure being sought.

**** "Comparable" is the term used by many academic evaluation services for describing programs similar in content and process to U.S. nursing education programs.*

- ~~b.a.~~ Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®.

~~c.b.~~ Credentials shall be reviewed internally or by an external agency specializing in international academic credentials review to verify the comparability of the international nursing education program to nursing education programs in ~~this~~ jurisdiction.

****The Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate program for internationally educated and licensed nurses includes credentials review, qualifying examination and English proficiency evaluation and is required by many BONs; other BONs use other private agencies established for credential review or do the credential review internally.*

6.3.2 Competence Assessment

****Language proficiency is a critical variable in the practice of safe nursing care. Nurses must be able not only to understand, but also to speak English in order to practice safely in the U.S.*

~~c.~~ In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN®.

~~d.~~ In order to be licensed in this state, all LPN/NV applicants shall take and pass the NCLEX-PN®.

~~a.~~ Documentation of English proficiency by:

~~1.~~ Graduation from a school of nursing outside of the U.S. in which:

~~a)~~ All classroom instruction was in English.

~~b)~~ All nursing textbooks were in English.

~~c)~~ The preponderance of clinical experience was in English.

~~2.~~ Passing a designated English proficiency examination with ~~<BON set standard>~~.

****Please note that the focus of the English proficiency examinations has been on reading and listening skills. Health related terminology is not assessed because there are currently no English proficiency examinations that measure an individual's knowledge and understanding of medical terminology.*

****On July 25, 2003, the Department of Homeland Security (DHS) published its final rule related to Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA). Section 343 requires that certain health care workers have their credentials evaluated and certified before they will be allowed to work in their profession in the U.S. A health care certification identifies and documents that an international health care worker has met minimum requirements for training and English proficiency.*

****The final rule applies to temporary and permanent employment based visas as well as Trade NAFTA health care workers from Canada and Mexico.*

****This is an evolving situation and readers are advised to consult their legal counsel for updated information regarding immigration.*

~~b.~~ Evidence of licensure or eligibility for licensure from the original country of nursing education.

This documentation shall be in English or a certified translation.

~~c.~~ Assessment of nursing knowledge, skills and abilities:

~~1.~~ In order to be licensed in this state, all RN applicants shall take and pass the NCLEX-RN. The results will be reported to the applicant as pass or fail.

~~2.~~ In order to be licensed in this state, all practical/vocational nurse applicants shall take and pass the NCLEX-PN. The results will be reported to the applicant as pass or fail.

~~6.3.3 Competence Conduct~~

~~a-e.~~ Identification of any state, territory or country in which the applicant holds a professional license or credential, if applicable. Required information includes:

- ~~1.~~ The license number and status of the license or credential and.
- ~~2.~~ The original state or country of licensure or credentialing.

~~***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the BON to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.~~

~~b-f.~~ Current employer if employed in health care, including address, telephone number, position and dates of employment.

~~e-g.~~ Previous employer in health care, if any, if current employment is less than 12 months.

~~d-h.~~ The date and jurisdiction the applicant previously applied for a license in ~~<NAME OF STATE>~~ another jurisdiction and either was denied a license or withdrew the application, if applicable.

~~e.~~ Responses to questions related to the applicant's background in the following areas:

- ~~1.~~ Pending disciplinary action or investigation regarding any professional license or credential.
- ~~2.~~ Pending criminal charges.
- ~~3.~~ Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction.
- ~~4.~~ Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely and a description of accommodations and/or practice limitations needed, if any.
- ~~5.~~ Any current substance abuse.

~~f-i.~~ Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background and.

~~g-j.~~ Submission of state and federal criminal background checks completed within the last < > months.

~~***While the majority of states use criminal history of candidates on a case-by-case approach and use proximity in time, along with other factors, as a consideration in licensure denial on the basis of criminal conviction. However, at least one state uses a time-limited bar to licensure if an individual has felony convictions. The rationale for this approach is that it provides protection to the public (as the most recidivism occurs in the first years after a criminal conviction), but also leaves the opportunity for an individual to still apply for licensure after a criminal conviction.~~

~~6.4 BON Review~~

~~Each program shall be subject to periodic review by the BON to determine whether criteria for approval are being maintained.~~

~~6.5 Modified License~~

~~A modified license requires that an individual nurse practice only within a modified scope of practice or with accommodations, or both, as specified by the BON. A modified license may be granted for all levels of licensure.~~

~~6.5.1 Purpose~~

To provide a process to authorize licensure for individuals with current disabilities who can practice nursing safely within a modified scope, or practice safely with accommodations, or both, to be granted a license for modified practice.

6.5.2 Identification of Need. The BON may be informed of the potential need for a modified license by:

- Request by an individual for a modified license.
- Information provided by an individual on application for licensure by examination, licensure by endorsement or licensure renewal.
- Information provided by an endorsing state as part of the license verification process.
- Information provided by nursing educational program that a student required accommodation to accomplish clinical education objectives.

6.5.3 Process. An applicant for licensure may request a modified license. The issuance of a modified license is documented in a written agreement between the applicant and the BON.

****Consideration should be given to whether the agreement needs to address practice in other jurisdictions. The BON may require that the nurse holding the modified license inform the BON of an intention to move or work in another state, as well as inform that state as to the modified license status in this state. This is particularly important if the BON participates in the Nurse Licensure Compact (NLC) and the nurse would have a privilege to practice in other compact states.*

6.5.4 Reconsideration. A nurse granted a modified license may apply to the BON for reconsideration if the licensee's circumstances change.

5.5.6-6 Application for Licensure by Endorsement as an RN or LPN/VN-

****Acceptance and use of the Uniform Core Licensure Requirements (UCLR) would promote mobility of nurses and decrease challenges arising from the variation between BON licensure requirements. Verification of licensure in another jurisdiction, whether electronically or by paper copy, is the key requirement for licensure by endorsement. BONs are challenged to meet the goal of using technology and trust that other BONs have reviewed transcripts and other information in making licensure decisions.*

6.6.1 Competence Development

- An applicant for licensure by endorsement in this state shall submit to the BON the required fee for licensure by endorsement as specified in Chapter 14 and a completed application for licensure by endorsement.
- The BON shall verify licensure by examination by the state of original licensure and receive from that BON information regarding graduation or successful program completion-eligibility for graduation from a nursing education program for the level of license sought, date of original licensure and current licensure status in the jurisdiction.
- The BON shall also verify date of the applicant's licensure and licensure status or privilege with the state of most recent employment, if different from the state of original licensure.

Nursys® offers BONs direct access to licensure information for those participating BONs.

6.6.2 Competence Assessment

- a-d Evidence of having passed the licensure examination required by this jurisdiction at the time the applicant was initially licensed in another jurisdiction, and
- b-e Evidence of continued competence as defined in 5.6.26-9-3 below.

~~*** A refresher course may be required if an individual has not maintained active licensure and practice in the last three years.~~

6.6.3 Competence Conduct

- ~~a-f.~~ Identification of any state, territory or country in which the applicant holds a health profession license or credential, if applicable. Required information includes:
- ~~1.~~ The number and status of the license or credential ~~and-~~
 - ~~2.~~ The original state or country of licensure or credentialing.

~~***Please note that a professional license may be that of a nurse or other health professional. Asking about any professional license, not just nursing, allows the BON to evaluate the applicant's entire professional background for previous discipline history that could have implications for the applicant's ability to practice nursing safely.~~

- ~~b-g.~~ Current employer if employed in health care, including address, telephone number, position and dates of employment.
- ~~e-h.~~ Previous employer in health care, if any, if current employment is less than 12 months.
- ~~d-i.~~ The date ~~and jurisdiction~~ the applicant previously applied for a license in ~~<NAME OF STATE>~~ another jurisdiction ~~and either was denied a license or withdrew the application~~, if applicable.
- ~~e.~~ Responses to questions related to the applicant's background in the following areas:
- ~~1.~~ Pending disciplinary action or investigation regarding any professional license or credential.
 - ~~2.~~ Any pending criminal charges.
 - ~~3.~~ Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction.
 - ~~4.~~ Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely and a description of accommodations and/or practice limitations needed, if any.
 - ~~5.~~ Any current substance abuse.
- ~~f-j.~~ Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background ~~and-~~
- ~~g-k.~~ Submission of state and federal criminal background checks completed within the last < > months.

5.5.16.7 Temporary Permits

~~a.~~ A temporary permit is a time-limited authorization to practice nursing as specified by the type of permit.

6.7.1 Types of Temporary Permits

- ~~b.~~ The BON may issue, upon request of the applicant, a temporary permit to practice nursing to:
- ~~a.~~ Applicants for licensure by examination; ~~to practice under the direct supervision of an RN.~~
 - ~~a~~ Applicants for endorsement; ~~to practice nursing at the applied level of licensure to an individual who submits an application for licensure by endorsement and with verification of current licensure in another jurisdiction.~~
 - ~~b.~~ Individuals enrolled in refresher courses; ~~to provide direct client nursing care as part of a nursing refresher course. The individual shall have been previously licensed to practice. The refresher course may be for completing continued competence requirements, for seeking reinstatement of license or application for licensure by endorsement.~~

**** Rationale: In the previous version of the Model Rules, “postbasic” was a separate type of permit granted to individuals in certain educational situations. However, the term “post basic” may be confusing in light of some of the new educational programs that have evolved since the last edition of the rules, so this type of permit was deleted. See exemptions in Article XIII for a provision to allow practice by graduate students.*

6.7.2 Duration

c. Temporary permits may be issued for a time period not to exceed < > months. Permits are non-renewable and are valid from the submission of a proper request until the date of the BON decision on the application.

6.7.3 Procedure for Issuing Temporary Permits

d. An applicant may request a temporary permit to practice nursing by submitting application to the BON and paying the required fee, as specified in Chapter 44 of these rules.

~~a.— Upon submission of application for licensure and to sit for the licensing examination, including submission of request for a criminal background check, an applicant for licensure by examination may receive a temporary permit to practice under the direct supervision of an RN.~~

e. Upon submission of application for licensure, including submission of request for criminal background check and receipt of verification ~~that the of unencumbered~~ license from another jurisdiction ~~is not encumbered~~, an applicant for licensure by endorsement may receive a temporary permit to practice nursing.

~~6.— Upon verification, made on the applicant’s behalf that the individual has been enrolled as a nursing refresher student and agreement by the applicant to practice nursing only as part of the nursing refresher course and under the supervision of an RN, an applicant may receive a temporary permit to enroll in nursing refresher course. This permit is only in effect while the holder is enrolled in a refresher course and authorizes the holder to actively practice only in the clinical portion of the refresher course.~~

5.6.8 Renewal of Licenses

The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdictionstate.

6.8.1 Notification to Renew

~~At least <> days before the expiration date of a license, the BON shall notify the licensee that it is time to renew and inform the licensee of the timelines and options for completing the application.~~

**** Many BONs are using new ways to provide notice of renewal to nurses, including the use of postcards and the Internet.*

5.6.16-8.2 Application for Renewal of License as an RN or LPN/VN

An applicant for license renewal shall submit to the BON the required fee for license renewal, as specified in Chapter 44, and a completed application for license renewal that provides the following information:

a. Evidence of completion of the continued competence requirements specified in ~~6.9.35.6.2~~ below. and

~~b.— Responses to questions related to the applicant’s background in the following areas:~~

1. Pending disciplinary action or investigation regarding any professional license or credential.
 2. Pending criminal conviction.
 3. Criminal conviction, nolo contendere plea, Alford plea or other plea arrangements in lieu of conviction since the last renewal.
 4. Any chemical, physical or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any.
 5. Any current substance abuse.
- e. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.

5.6.26-8.3 License Renewal Practice Hours Requirement for RNs and LPN/VNs Continued Competence

- a. Purpose. The purpose of requiring practice hours for license renewal is to promote currency of practice for licensed nurses.
- b. Practice hours requirement. Each RN and LPN/VN shall document 960 hours of nursing practice satisfactory to the BON in the three-year period immediately preceding application for license renewal.
- c. Documentation and audit. Practice hours requirements shall be documented as directed by the BON and are subject to audit at the discretion of the BON.

****At the present time, evidence does not support any one mechanism for continued competence and further study is warranted.*

****Examples of satisfactory practice hours may include clinical practice, nursing education (both as educator and as student), nursing research and performance of other activities requiring a nursing license. The BON may provide additional guidelines for nurses regarding the practice requirement through policy development. It is the responsibility of the licensee to demonstrate to the BON how activities constitute nursing practice.*

Requiring practice hours for license renewal is based on National Council of State Boards of Nursing (NCSBN) research, "Evaluating the Efficacy of Continuing Education Mandates" (Smith, 2003) that indicated that the factor that contributed most to professional development was the practice of that profession. Five other healthcare professions participated in this research study with the same outcomes. Continuing education, while an important strategy that is used by many nurses regardless of BON mandate, in and of itself has not been demonstrated to assure competence.

At the 2004 Midyear Meeting, the subcommittee received feedback regarding this approach to continued competency that requested that a specific number of practice hours be recommended to promote uniformity and ease of endorsement. The 960 practice hours in three years requirement was added per this recommendation. Having a set number of practice hours is intended to promote consistency among BONs. This number was selected because it approximates the number of hours of service and training required annually of military reservists. Given that reserve training is intended to prepare personnel for ready deployment, it seemed a reasonable and realistic model to use to show practice currency, until specific research is available to assist in setting this figure. In addition, this number is reflective of practice hours currently required in one state that uses practice hours for renewal of licensure.

Life-long learning and professional development have never been more important. There are several ongoing NCSBN initiatives, as well as several state projects that will provide additional data to support



the work in this area. Given the continuous development of new technology and the short half life for knowledge, it is likely that some form of standardized continued competency assessment, which may include testing, would be used by BONs in the future.

5.6.36-8.4 Issuance of License

The BON shall renew the license of each renewal applicant who complies with the requirements of this Section listed in 6.9.2 and 6.9.3.

5.76.9 ~~Reactivation~~ instatement of License

An individual whose license has lapsed by failure to renew may apply for re~~activation~~instatement by submitting an application, paying a fee as specified in Chapter ~~4~~ of these rules, meeting all practice requirements for renewal of licensure ~~set forth in Chapter 6.9~~ and satisfying the conditions listed below. At any time after a license has been ~~lapsed or~~ inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before re~~activating~~instating the licensee to the status of active license.

5.7.16.9.1 Reinstatement Following Disciplinary Action

For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order, is required.

5.86.10 Duties of Licensees

****The specificity of Article VI in the MNPA precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column is used for explanatory comments.*

****BON ordered evaluations of fitness to practice may include physical, mental, chemical dependency or other types of evaluation.*

5.9 Criminal Background Checks

- a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.
- b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure.

5.10 Exemptions

Chapter 96. Prelicensure Nursing Education

96-1 Purpose of Prelicensure Nursing Education Standards

The purposes of nursing education standards ~~are~~ is to:

- a. ~~Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.~~

- b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs; and
- ~~e. Ensure candidates are educationally prepared for licensure and recognition at the appropriate level.~~

69.1.1 Prelicensure Nursing Education Standards

All nursing education programs shall meet these standards:

- a. The purpose and outcomes of the nursing program shall be consistent with the Act~~NPA~~ and BON ~~and~~ promulgated administrative rules, regulations and other relevant state statutes.
- b. The purpose and outcomes of the nursing program shall be consistent with ~~generally~~ accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.
- c. The input of ~~stakeholders consumers~~ shall be considered in developing and evaluating the purpose and outcomes of the program.
- d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.
- e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes.
- f. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement.
- g. The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program.
- h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement.
- i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes.
 - j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available.

~~***This includes all methods of educational program delivery.~~

69.1.2 Required Criteria for Prelicensure Nursing Education Programs

The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency body that is recognized by the U.S. Department Secretary of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the U.S. Department of Education by January 1, 2020.

~~The following minimal criteria serve to support implementation of the Nursing Education Standards:~~

- ~~a. Evaluation. A comprehensive nursing education program self-evaluation shall be performed annually for quality improvement and shall include, but not be limited to:
 - ~~1. Students' achievement of program outcomes.~~
 - ~~2. Evidence of adequate program resources including fiscal, physical, human, clinical and technical learning resources; and the availability of clinical sites and the viability of those sites to meet the objectives of the program.~~
 - ~~3. Multiple measures of program outcomes for graduates.~~~~
- ~~b. *** Examples of measures of students' success include NCLEX pass rates, student and/or employer survey, and successful completion of national certification programs.~~
- ~~4. Evidence that accurate program information for consumers is readily available.~~



~~c. ***Examples of information include fees and admission criteria, which can be made available by oral, written and electronic means.~~

~~5. The head of the academic institution and the administration support program outcomes.~~

~~6. Program administrator and program faculty meet BON qualifications and are sufficient to achieve program outcomes.~~

~~7. Evidence that the academic institution assures security of student information.~~

~~***This is a minimal requirement. Nursing programs are encouraged to develop ongoing evaluation programs as part of continuous quality improvement.~~

~~b-a. Curriculum~~

~~1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and ~~abilities~~ ~~competencies~~ necessary for the level, scope and standards of ~~competent~~ nursing practice ~~expected at consistent with~~ the level of licensure. ~~Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery.~~~~

~~1-2. The curriculum, ~~as defined by nursing education, professional and practice standards,~~ shall include:~~

~~a) ~~Content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities.~~~~

~~b) Experiences that promote the development ~~and subsequent demonstration of evidence-based of~~ clinical judgment, ~~leadership and skill in clinical~~ management skills, and ~~the~~ professional ~~commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients, socialization consistent with the level of licensure.~~ This includes demonstration of the ability to supervise others and provide leadership of the profession.~~

~~c) ~~Evidence-based~~ Learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.~~

~~d) Coursework including, but not limited to:~~

~~i. ~~Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.~~~~

~~ii. ~~Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care~~~~

~~iii. ~~Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in ~~patients~~ ~~clients~~ across the life-span and ~~from diverse cultural, ethnic, social and economic backgrounds.~~ Patient experience will occur in a variety of clinical settings, ~~to~~ including:~~~~

~~1) ~~Integrating patient safety principles throughout the didactic and clinical coursework Using informatics to communicate, manage knowledge, mitigate error and support decision making.~~~~

~~2) ~~Implementing~~ ~~Employing~~ evidence-based practice to integrate best research with clinical expertise and ~~patient~~ ~~client~~ values for optimal care, including skills to identify and apply best practices to nursing care.~~

~~3) Providing ~~client~~ ~~patient~~-centered, culturally competent care ~~that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:-~~~~

~~(a) Respecting ~~patient~~ ~~client~~ differences, values, preferences and expressed needs.~~

~~(b) Involving ~~patients~~ ~~clients~~ / ~~designees~~ in decision-making and care management.~~

~~(c) Coordinating and managing ~~continuous~~ ~~patient~~ ~~client~~ care ~~across settings.~~~~

- (d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve. Promoting healthy lifestyles for clients and populations.
- 4) Collaborating with interprofessional Working in interdisciplinary teams to foster open communication, mutual respect and shared decision-making in order to achieve quality patient care-cooperate, collaborate, communicate and integrate client care and health promotion.
- 5) Participating in quality improvement processes to measure client monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems in processes of client care. and
- 5)6) Using information technology to communicate, mitigate error and support decision making

****1) through 5) reflect the recommendations for competencies needed by all health care professionals as recommended by the Institute of Medicine in Who Will Keep the Public Healthy: Educating Health Care Professionals for the 21st Century. The content presented for these competencies will vary as to each level of educational preparation.*

2-3. Faculty Supervised clinical practice shall include development of skills in direct patient care: making clinical judgments; management and care and management of both individuals and groups of patients clients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.

a) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program. Clinical experience shall be comprised of sufficient hours to meet these standards, shall be supervised by qualified faculty and ensure students' ability to practice at an entry level.

a)b) Clinical experiences shall be supervised by qualified faculty.

c) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

d) Measurement of students' competencies shall focus on the students' demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings.

b)e) BON determines the approval process when clinical experiences cross state/jurisdictional borders, and nursing education programs shall comply with the process.

**** Crossing state borders for clinical experiences raises questions regarding who approves these clinical sites, the state of the parent academic institution or the state where the clinical opportunity is located. In addition, schools need to determine whether student practice is covered under an exemption in the state where the practice occurs. [Chapter 14 of these rules provides an exemption for "the practice of nursing that is an integral part of a program by nursing students enrolled in BON approved nursing education programs."]*

**** BONs of the involved states need to determine who should approve these clinical sites and what the process should be. Consensus on the essential components of nursing education program approval would facilitate the reliance on program approval by another BON. Interstate clinical presents an opportunity for BONs to communicate and collaborate for the benefit of the student and the protection of the public.*

3-4. Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes/objectives of the educational program and standards of the BON.

c. Students



1. ~~The program~~ Students shall ~~be provided~~ students the opportunity to acquire and demonstrate the knowledge, skills and abilities required for safe and effective nursing practice, in theory and clinical experience, through ~~with~~ faculty supervision ~~oversight~~
- ~~2.~~ The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
- ~~3.~~ All policies relevant to applicants and students shall be readily available in writing.
- ~~4.~~ Students shall be required to meet the health standards and criminal background checks as required in the state.
- ~~5.~~ Students shall receive faculty instruction, advisement and oversight.
- ~~5.~~ Students shall be held accountable for the integrity of their work.

****This statement reflects the expectation that students do their own work, e.g., not purchasing pre-written papers.*

d. Administrator qualifications

1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
 - a) A current, active, ~~unencumbered~~ RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction ~~state~~ where the program is approved ~~and/or~~ accredited.
 - b) A minimum of a graduate baccalaureate degree in nursing or a bachelor's degree and masters in nursing with a graduate degree in a or related field, or a nursing doctorate.
 - c) ~~Educational preparation and at least <-> years~~ experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, and administration, and evaluation at least two years of clinical experience.
 - d) A current knowledge of nursing practice at the practical/vocational level.
2. Administrator qualifications in a program preparing for RN licensure shall include:
 - a) A current, active, ~~unencumbered~~ RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction ~~state~~ where the program is approved ~~and/or~~ accredited.
 - b) A doctoral degree in nursing; or a graduate master's degree in nursing and a doctoral degree in a related field.
 - c) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, and administration, and evaluation at least two years of clinical experience.
 - d) A current knowledge of registered nursing practice.

e. Faculty

1. There shall be sufficient number of qualified faculty to meet the outcomes objectives and purposes of the nursing education program.
2. The nursing faculty shall hold a current, active, ~~unencumbered~~ RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction ~~state~~ where the program is approved ~~and/or~~ accredited.
3. ~~Clinical~~ Faculty supervising clinical experiences shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted ~~state of the student's clinical site.~~
4. Qualifications Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree. for nursing faculty who teach in a program leading to licensure as an LPN/VN:
 - a) ~~Have a minimum of a master's degree with a major in nursing.~~
 - b) ~~Have <-> years of clinical experience.~~

- c) ~~Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation.~~
 - d) ~~Have current knowledge of LPN/VN nursing practice.~~
- ***It is preferable that the nursing faculty members have a master's degree with major in nursing or a nursing doctorate degree.*
5. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with a:
- a) ~~Have a minimum of a graduate master's degree with a major in nursing or a nursing doctorate degree.~~
 - b) ~~Have < > years of clinical experience.~~
 - c) ~~Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation.~~
 - d) ~~Have current knowledge of RN nursing practice.~~
- ***It is preferable that the nursing faculty hold an earned doctorate related to nursing education and/or the specific content area that the individual teaches.*
6. ~~Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.~~
7. Interprofessional disciplinary faculty ~~who teaching~~ non-clinical nursing courses shall have advanced preparation appropriate for the to these areas of content being taught.
- ***The purpose of adjunct clinical faculty and interdisciplinary faculty is to supplement and complement the nursing faculty, not to substitute for nursing faculty. A team approach, having adjunct faculty work closely with the nursing faculty, will facilitate the clinical application of the specialized content in nursing practice (e.g., issues and trends, nursing law and ethics, pharmacology, nutrition, research, management and statistics).*
8. Preceptors. Clinical preceptors shall ~~have demonstrated~~ competencies related to the area of assigned clinical teaching responsibilities and will serve as ~~a~~ role models and educators ~~for to~~ the students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license to practice should be licensed as a nurse ~~that is not encumbered~~ at or above the level for which the student is being prepared in the jurisdiction where they are precepting students.

69.1.3 Models for Determination of Compliance with Standards

~~The evaluation model for achievement of these standards is determined by each individual jurisdiction and may be met by state BON initial and continuing approval is the model for determining compliance with these standards, and/or through accreditation by a recognized national, regional or state accreditation body. National nursing accreditation shall be required by January 1, 2020, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. The BON shall identify the required correspondence that the programs must submit.~~

****Member Boards vary in the approach used to implement standards. Many BONs are involved in program approval, including school surveys. Some deem the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC) accreditation as meeting state approval requirements. Others perform initial approval and then make joint visits with the accrediting bodies and/or use the accrediting organization reports to inform their decision-making.*

96.1.4 Purposes of Prelicensure Nursing Education Program Approval

- a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
- b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
- c. To ensure graduates ~~that they~~ meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
- d. To ensure continuous evaluation and improvement of nursing education programs.
- e. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

69.1.5 Establishment of a New Prelicensure Nursing Education Program

Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:

- a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
 1. Results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates-
 2. Identification of sufficient financial and other resources-
 3. Governing institution approval and support-
 4. Community support-
 5. Type of educational program proposed-
 6. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the U.S. Department of Education
 7. Evidence of the nursing program actively seeking accreditation from a U.S. Department of Education recognized national nursing accrediting agency
 - ~~6-8. Clinical opportunities and availability of resources-~~
 - ~~7-9. Availability of qualified faculty and program director- and~~
 - ~~8.—A pool of available students-~~
 - ~~9-10. A proposed time line for initiating and expanding the program-~~
- b. Phase II – Initial A approval for Admission of Students. The proposed program shall provide verify to the BON with verification that the following program components and processes have been completed:
 1. Employment of a director and faculty to develop program.
 2. Overview of total curriculum:
 - a) Content
 - b) Schedule (course sequence)
 - c) Course descriptions
 - d) Contracts for clinical sites
 - e) Program evaluation plan
 - f) BON consultation
 - g) Course syllabi for first year with identified timeline for submission of syllabi for next years.
 3. Establishment of student policies for admission, progression, retention and graduation
 4. The BON shall deny initial approval if it determines that a proposed nursing education program is unable to meeting the standards for nursing education.

~~3-5. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.~~

~~When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students.~~

- c. Phase III – Full Approval of program. The BON shall fully approve the program upon:
- ~~1. Graduation of first class.~~
 2. Completion of BON program survey visit concurrent with graduation of first class or eligibility for NCLEX, ~~or with established eligibility for a national certification in an APRN role and specialty.~~
 3. Submission of program's ongoing systematic evaluation plan ~~and data.~~
 4. Satisfactory completion of survey report that verifies that the program is in compliance with the BON's Nursing Education Standards ~~in 9.1.1.~~
 5. The BON may request periodic reports from the new program regarding initial program operations before granting approval.

~~6.9.1.6 Continuing Approval of Prelicensure Nursing Education Programs~~

- a. Every < > years, ~~or at the BON's discretion,~~ previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON. The BON may accept all or partial evidence prepared by a program to meeting national nursing accreditation requirements. The BON shall ~~monitor~~ review and analyze various sources of information regarding program performance, including, but not limited to:
- ~~1.~~ Periodic BON survey visits, as necessary, and/or reports
 - ~~1-2.~~ Evidence of being accredited by a U.S. Department of Education recognized national nursing accredited agency.
 - ~~2-3.~~ BON recognized national nursing Accreditation visits, and reports and other pertinent documents provided by the program.
 - ~~3-4.~~ Results of ongoing program evaluations.
 - ~~4-5.~~ Other sources of evidence information regarding achievement of program outcomes, including, but not limited to:
 - ~~a) Student retention, and attrition and on-time program completion rates.~~
 - ~~b) Sufficient/adequate type and number of Faculty, faculty competence and faculty retention/turnover.~~
 - ~~c) Adequate laboratory and clinical learning experiences Complaints regarding program.~~
 - ~~d) NCLEX pass rates which are at least < > % for one year for graduates taking the examination for the first time Trend data regarding NCLEX performance.~~
 - ~~e) Trend data/action planning related to employer and graduate satisfaction regarding success in obtaining national certification for APRN roles and specialties.~~
 - ~~f) Performance improvement initiatives related to program outcomes and~~
 - ~~e)g) Program complaints/grievance review and resolutions~~
- b. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing Education administrative rules Standards in 9.1.1.

~~9.1.7 Denial or Withdrawal of Approval~~

- a. ~~The BON may deny initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.~~
- b. ~~The BON may withdraw approval if it determines that:~~
- ~~1. A nursing education program fails substantially to meet the standards for nursing education.~~
 - ~~2. A nursing education program fails to correct the identified deficiencies within the time specified.~~



69.1.78 Conditional Approval of Prelicensure Nursing Education Programs

- a. ~~The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.~~
- ~~a-b.~~ If the BON determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the nursing program governing academic institution shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.
- ~~b. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.~~

69.1.87 Denial or Withdrawal of Approval

- ~~c. The BON may deny initial approval if it determines that a new nursing education program will be unable to meet the standards for nursing education.~~
- ~~d-c.~~ The BON ~~shall~~ may withdraw approval if, after proper notice and opportunity, it determines that:
- ~~3-1.~~ A nursing education program fails substantially to meet the standards of this Rule for nursing education, and
 2. A nursing education program fails to correct the identified deficiencies within the time specified
- d. ~~After January 1, 2020, a program that has not received national nursing accreditation from a U.S. Department of Education recognized agency shall, upon request, be granted a one year extension by the BON to comply with this requirement.~~

69.1.9 Appeal.

A program denied approval or given less than full approval may appeal that decision ~~within a <-> month period.~~ All such actions shall be in accordance with due process rights ~~and the <NAME OF STATE> Administrative Procedures Act and/or BON rules.~~

69.1.10 Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

6.29.3 Closure of Prelicensure Nursing Education Program and Storage of Records

~~A nursing education program may close voluntarily or may be closed due to withdrawal of BON approval or may close voluntarily.~~ Provision shall be made for:

- ~~a. Maintenance of the standards for nursing education during the transition to closure.~~
- ~~b. Placement for students who have not completed the program.~~
- ~~c. Arrangements for the secure storage and access to academic records and transcripts.~~

6.2.1. Closure of a Prelicensure Nursing Education Program as a Result of Withdrawal of BON Approval

~~The program shall submit to the BON:~~

- ~~a. An acceptable plan for students to complete a BON approved program~~
- ~~b. Confirmation in writing that the plan has been fully implemented and~~
- ~~c. Arrangements for the secure storage and access to academic records and transcripts~~

6.2.2. Prelicensure Nursing Education Program Closed Voluntarily

~~The program shall submit to the BON:~~

- a. Reason for the closing of the program and date of intended closure
- b. An acceptable plan for students to complete a BON approved program and
- c. Arrangements for the secure storage and access to academic records and transcripts

~~69.32~~ Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in <jurisdiction's> ~~Act~~ statutes.

~~96.23.1~~ Purposes

- a. To foster innovative models of nursing education to address the changing needs in health care.
- b. To assure that innovative approaches are conducted in a manner consistent with the Board's role of protecting the public ~~and~~.
- c. To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the ~~BON~~ Board.

~~69.23.2~~ Eligibility

- a. The nursing education program shall hold full Board approval without conditions.
- b. There are no substantiated complaints in the past 2 years.
- c. There are no rule violations in the past 2 years.

~~69.32.3~~ Application

The following information (no longer than < > pages with a 1-page executive summary) shall be provided to the Board at least <> days prior to a Board meeting:

- a. Identifying information (name of nursing program, address, responsible party and contact information).
- b. A brief description of the current program, including accreditation and Board approval status.
- c. Identification of the regulation(s) affected by the proposed innovative approach.
- d. Length of time for which the innovative approach is requested.
- e. Description of the innovative approach, including objective(s).
- f. Brief explanation of why you want to implement an innovative approach at this time.
- g. Explanation of how the proposed innovation differs from approaches in the current program.
- h. Rationale with available evidence supporting the innovative approach.
- i. Identification of resources that support the proposed innovative approach.
- j. Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources.
- k. Plan for implementation, including timeline.
- l. Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation ~~and~~.
- m. Additional application information as requested by the ~~BON~~ Board.

~~69.32.4~~ Standards for approval

- a. Eligibility criteria in ~~69.32.2~~ and application criteria in ~~69.32.3~~ are met.
- b. The innovative approach will not compromise the quality of education or safe practice of students.
- c. Resources are sufficient to support the innovative approach.
- d. Rationale with available evidence supports the implementation of the innovative approach.
- e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach.



- f. Timeline provides for a sufficient period to implement and evaluate the innovative approach ~~and-~~
- g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology~~-~~

~~69.32.5. Review of application and board action~~

- a. Annually the ~~Board-BON~~ may establish the number of innovative approach applications it will accept, based on available Board resources.
- b. The ~~Board-BON~~ shall evaluate all applications to determine if they meet the eligibility criteria in ~~96.23.2~~ and the standards established in section ~~96.23.4~~.
- c. The ~~Board-BON~~ shall inform the education program of the approval process timeline within <> days of the receipt of the application.
- d. If the application meets the standards, the ~~Board-BON~~ may:
 - 1. Approve the application, or
 - 2. Approve the application with modifications as agreed between the ~~Board-BON~~ and the nursing education program~~-~~
- e. If the submitted application does not meet the criteria in ~~69.32.2~~ and ~~69.32.4~~., the Board may deny approval or request additional information.
- f. The ~~Board-BON~~ may rescind the approval or require the program to make modifications if:
 - 1. The ~~Board-BON~~ receives substantiated evidence indicating adverse impact ~~or-~~
 - 2. The nursing program fails to implement the innovative approach as presented and approved~~-~~

~~69.32.6. Periodic Evaluation~~

- a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the ~~BoardBON~~.
- b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.
- c. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.
- d. Nursing education program maintains eligibility criteria in ~~96.32.2~~.

~~96.32.7. Requesting continuation of the innovative approach~~

- a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
- b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled Board meeting.
- c. The ~~Board-BON~~ may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

~~9.3 Closure of Nursing Education Program and Storage of Records~~

~~A nursing education program may close voluntarily or may be closed due to withdrawal of BON approval. Provision shall be made for:~~

- ~~d.a. Maintenance of the standards for nursing education during the transition to closure.~~
- ~~e.b. Placement for students who have not completed the program.~~
- ~~f.c. Arrangements for the secure storage and access to academic records and transcripts.~~

~~Chapter 7—Titles and Abbreviations~~

7.1 Titles and Abbreviations for Licensed Nurses

Chapter 7.1— Discipline and Proceedings

***There is variation in the use of the language among BONs to describe the disciplinary process. For example, some BONs are specifically authorized to limit (or restrict) a license as a discipline action while other BONs may incorporate a limitation as an element of probation (or conditional license).

*** A person applying for a license has the burden of proof to demonstrate the qualifications or satisfaction of the requirements.

***Other examples of examination violations include:

1. Communicating with another examinee during the examination.
2. Possessing unauthorized materials during the examination.

***While some states require a specific relationship between the crime and nursing practice, this broader ground provides the opportunity for BONs to review a variety of crimes that, while not directly related to nursing practice, could be relevant to an individual's ability to practice nursing, including information related to judgment and character issues.

***Previous models have focused on fraud in procurement of a nursing license. This broadened language reflects other situations where a nurse's misrepresentation or use of fraud could impact nursing practice. This ground reflects situations observed in other professions and modern society.

***Unethical conduct may include behavior that demeans the nursing profession at large. Examples of unethical nursing conduct include lying to a client and/or insurer about whether a service was provided, or failing to report an error to avoid difficulty for the nurse.

***Standards promulgated by BONs provide a broad framework for nursing practice and provide notice to nurses as to BON expectations regarding practice. Violations of such standards may result in unsafe or unprofessional practice.

***Appropriate oversight includes causing validation of a nurse's licensure status on initial hire and periodically throughout employment.

***Misconduct addresses situations when the client is harmed or placed at risk of harm by the conduct of the nurse, including deliberate acts. It may be useful for BONs using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.

7.1 Authority

7.2 Accountability

7.3 Grounds for Discipline

- a. Non-Compliance with federal, jurisdictional or contractual requirements, including, but not limited to:**
 - 1. Failing to meet the initial requirements of a license**



2. Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results, including, but not limited to:
 - a) Copying, disseminating or receiving of any portion of an examination
 - b) Having unauthorized possession of any portion of a future, current or previously administrated examination
 - c) Violating the standard of test administration
 - d) Permitting an impersonator to take the examination on one's behalf.
 - e) Impersonating an examinee
 - f) Communicating with another examinee during the examination
 - g) Possessing unauthorized materials during the examination or
 - h) Any other conduct that violates the security or integrity of the exam
3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied, revoked, suspended, restricted or otherwise disciplined in this or any other state, territory, possession or country or by a branch of the United States military
4. Failing to cooperate with a lawful BON investigation
5. Practicing without an active license
6. Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements.
7. Failing to comply with continuing education or competency requirements
8. Failing to meet licensing board reporting requirements
9. Violating or failing to comply with BON order
10. Practicing beyond the legal scope of practice
11. Failing to comply with health and safety requirements established by an employer, health facility, or federal or jurisdictional laws or rules
12. Violating federal or jurisdictional tax code pursuant to the procedural laws and rules of the jurisdiction
13. Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction
14. Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction
15. Violating jurisdictional health code
- b. Criminal conviction or adjudication in any jurisdiction under Article VII section 3 of the <jurisdiction's> Nurse Practice Act
- c. Confidentiality, patient privacy, consent or disclosure violations, including, but not limited to:
 1. Failing to safeguard the patient's dignity, the right to privacy and confidentiality of patient information. This does not prohibit or affect reporting responsibilities under other statutes such as Child Abuse or Older Adults Protective Services Acts.
 2. Failure to obtain informed consent
 3. Failure to comply with patient consultation requirements
 4. Breach of confidentiality
- d. Misconduct or abuse, including, but not limited to:
 1. Soliciting, borrowing or misappropriating money or property from a patient or a patient's family.
 2. Violating principles of professional boundaries.

11.2.1 Principles of Professional Boundaries

The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party. Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall:

- a) Establish, maintain and communicate professional boundaries with the patient;
- b) Not engage~~Avoid in~~ relationships with patients that could impair the nurse's professional judgment;
- c) Not exploit in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit;
- d) Not engage~~Avoid in~~ dual relationships to the extent possible for <years>, making alternate arrangements for care when necessary, if a nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);
- e) Not engage in self-disclosure to a patient unless it is limited in terms of amount, nature and duration, and does not adversely impact the patient's care and well-being;
- f) Recognize the potential for negative patient outcomes of professional-boundary crossings;
- g) Not use any confidence of a patient to the patient's disadvantage or for the advantage of the nurse;
- h) Have a clear agreement with ~~Recognize the importance of clear understandings with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse shall not engage in loans to or from a patient and shall not barter with a patient;~~
- i) Only accept gifts of minimal value from a patient or key party;
- j) Make no~~Avoid~~ statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and
- k) Make no~~Avoid~~ suggestions or discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends.

***Abuse includes all types of verbal and psychological abuse, in addition to physical abuse.

11.2.2 Sexual Misconduct

3. Sexual misconduct includ~~ing~~es, but is not limited to, the following behavior with a current or former patient or key party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:

- a) Sexual intercourse;
- b) Touching of the breasts, genitals, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice;
- c) Rubbing against current or former patient or key party, initiated by the nurse, current or former patient, or key party, for sexual gratification;
- d) Hugging, kissing or caressing of a romantic or sexual nature;
- e) Fail~~ing~~ure to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety;
- f) Fail~~ing~~ure to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety;
- g) Dressing or undressing in the presence of the patient;
- h) Encouraging masturbation or other sex acts in the presence of the nurse;

- i) Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party;
- j) Discussing sexual history, behaviors or fantasies of the nurse;
- k) Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual;
- l) Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual orientation;
- m) Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening, or harmful to current or former patients or key parties;
- n) Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;
- o) Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;
- p) Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and
- q) Engaging in sexual or romantic conduct with a key party when that person is being manipulated into such a relationship by the nurse.

11.2.3 Former Patient

4. A nurse may not engage or attempting to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

Factors which the BON may consider in determining risk of harm or exploitation include, but are not limited to:

- a) The length of time the nurse-patient relationship existed;
 - b) The circumstances of the cessation or termination of the nurse-patient relationship;
 - c) The amount of time that has passed since nursing services were terminated;
 - d) The nature of the patient's health status and the extent of care received;
 - e) The degree of the patient's dependence and vulnerability;
 - f) The extent to which there exists an ongoing nurse-patient relationship following the termination of services, and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and
 - g) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.
- 4-5. Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at least two years after termination of nursing services.

11.2.4 These Rules Do Not Prohibit

Providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; and Contact that is necessary for a health care purpose that meets the standards of the profession.

- 7. Non-sexual dual relationship or boundary violation
- 8. Exploiting a patient for financial gain
- 9. Abusive conduct toward staff
- 10. Disruptive conduct in the workplace

11. Conduct evidencing moral unfitnes
12. Conduct evidencing ethical unfitnes
13. Physical or emotional abuse of a patient
14. Misappropriation of patient property or other property
15. Conflict of interest
- e. Fraud, deception, or misrepresentation, including, but not limited to:
 1. Committing fraud or deceit in the practice of nursing
 2. Submitting false documentation or information, such as credentials, letters of recommendations, resumes, curriculum vitae, certificates, educational certificates or transcripts, or licenses to an employer or potential employer for the purpose of securing or maintaining employment.
 3. Submitting false documentation or information to an employer for the purpose of receiving remuneration or reimbursement of costs to which the licensee is not entitled.
 4. Submitting false information in the course of an investigation or as part of any application.
 5. Failing to document and maintain accurate records, includes, but is not limited to:
 - a) Falsifying reports, patient documentation, agency records, or other essential health documents.
 - b) Knowingly making incorrect entries a patient's medical record or other related documents.
 6. Improper or abusive billing practices
 7. Submitting false claims
 8. Misrepresentation of credentials
 9. Insurance fraud (Medicare, Medicaid or other insurance)
 10. Providing or ordering unnecessary tests or services
 11. Filing false reports or falsifying records
 12. Fraud, deceit or material omission in obtaining license or credentials
 13. Misleading, false or deceptive advertising or marketing
 14. Failure to disclose
- f. Unsafe practice, substandard care or unprofessional conduct, including, but not limited to:
 1. Failing or inability to perform registered nursing, practical/vocational nursing or advanced practice registered nursing as defined in Article II of this Act and rule, with reasonable skill and safety.
 2. Departing from or failing to conform to an ethical or quality standard of the nursing profession.
 3. Improperly managing patient records.
 4. Failing to supervise student experiences as a clinical nursing instructor
 5. Failing to respect and consider the patient's right to freedom from psychological and physical abuse.
 6. Failing to act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.
 7. Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status or disability while providing nursing services.
 8. Leaving a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
 9. Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of or leaving a patient for whom the nurse is responsible without providing for another nurse or appropriate caretaker to assume care upon the nurse's leaving.
 10. Engaging in conduct or any nursing practice that may create unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established.



11. Demonstrating an actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material or as a result of any mental or physical illnesses or conditions.
12. Immediate threat to health or safety of a patient or the public
13. Unable to practice safely by reason of alcohol or other substance use
14. Unable to practice safely by reason of psychological impairment or mental disorder
15. Unable to practice safely by reason of physical illness or impairment
16. Unable to practice safely
17. Substandard or inadequate care
18. Substandard or inadequate skill level
19. Failure to consult or delay in seeking consultation with supervisor/proctor
20. Patient abandonment
21. Inappropriate refusal to treat
22. Incompetence
23. Malpractice
24. Negligence
25. Patient neglect
26. Inadequate or improper infection control practices
27. Failure to provide medically reasonable and/or necessary items or services
- g. Improper supervision or allowing unlicensed practice, including, but not limited to:
 1. Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.
 2. Accepting the delegation of a nursing function or undertaking a specific practice without the necessary knowledge, preparation, experience and competency to properly execute the practice that could reasonably be expected to result in unsafe or ineffective patient care.
 3. Failing to supervise the performance of acts by any individual working at the nurse's delegation or assignment.
 4. Failing to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system as a chief administrative nurse.
 5. Inappropriate or inadequate supervision or delegation
 6. Knowingly aiding, abetting, assisting, advising or allowing an unlicensed person to engage in the unlawful practice of registered or practical nursing or in violating or circumventing a law or BON regulation or rule
- h. Drug related offenses, including, but not limited to:
 1. Narcotics violation or other violation of drug statutes
 2. Unauthorized prescribing medicine
 3. Unauthorized dispensing of medication
 4. Unauthorized administration of medication
 5. Error in prescribing, dispensing or administering medication
 6. Diversion of controlled substance

***"Excessive force" means force clearly greater than what would normally be applied in similar clinical situations.

***This section of the Act provides a specific ground for failure to comply with terms of the program agreement with the Alternatives to Discipline Program. This ground addresses the challenge to

investigate if a nurse who has been in a program for some time were to relapse and is referred to the BON for possible disciplinary action.

***Drug screening may be conducted as a condition of employment.

***This section of the Act makes not completing or otherwise complying with a BON order a ground for discipline in itself. BON orders are interpreted to include settlement agreements.

***This ground also addresses failure to comply with other laws and rules/regulations.

7.4 ~~11.3~~ Procedure ~~Disciplinary Process~~

7.4.1 ~~11.3.1~~ Complaint Investigation

The BON shall investigate alleged acts or omissions that the BON reasonably believes violate the NPA or Nursing Administrative Rules.

7.4.2 ~~11.3.2~~ Complaint Resolution

- a. Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse's attorney.
- b. Negotiated settlements shall be reviewed and approved by the BON to determine whether any proposed remedy is appropriate for the facts as admitted or stipulated.
- c. If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.
- d. The BON shall review the evidence and record produced at the administrative hearings along with the recommendations of the administrative law judge to determine whether the burden of proof has been met with regards to any violation. The BON is responsible for making complaint resolution decisions.

7.5 Immunity

7.6 ~~11.4~~ Notification

The BON shall provide information as required by federal law to federal databanks, to the NCSBN centralized licensing and discipline databank (Nur.sys) and may develop procedures for communicating with others in BON policy.

7.7 ~~11.5~~ Alternative to Discipline Monitoring Program

7.7.1 ~~11.5.1~~ Purpose. Alternative to Discipline Monitoring Responsibilities of the Programs

a. The alternative to discipline monitoring program shall have the following functions and responsibilities:

1. Protect ~~promote~~ the public health while monitoring the nurse to assure safe practice and safety by facilitating early intervention and entry into a non-punitive and non-public process for monitoring participants' recovery from substance abuse, as well as their ability to provide safe nursing care.

~~11.5.2~~ Objectives

2. Encourage ~~To promote~~ early identification, entry into treatment and practice and close monitoring of nurses who are impaired due to substance abuse.
3. Identify, respond to and report noncompliance to the BON in a timely manner
4. Facilitate nurses to enter and maintain an ongoing recovery consistent with patient safety



5. Be transparent and accountable to the public by providing information to the public, which also includes:
 - a) Policies and procedures of the program
 - b) Annual reports, audits and aggregate data
 - c) Educational materials and other resources and
 - d) Conferences and continuing education offerings and
6. Provide adequate resources and staffing to implement policies and procedures and all contract requirements

- a-b. All nurse participants or nurse licensure applicants in alternative programs may be reported to a non-public national database that gives access to all states.
 - a. ~~To decrease the time between the nurse's acknowledgement of a substance abuse problem and the time she/he enters a treatment and recovery program.~~
 - b. ~~To assure that recovering nurses are compliant with treatment, recovery and work plans.~~
 - c. ~~To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery.~~
 - d. ~~To provide education to nurses, nursing schools and nursing employers regarding the disease of chemical dependency, the implications for nursing practice and to promote nurse self reporting, as well as earlier identification and treatment.~~

11.5.3 Program Structure

- a. ~~A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options and recovery maintenance shall direct the program.~~
- b. ~~The program shall meet specific reporting criteria and timelines established by the BON.~~
- c. ~~The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.~~

7.7.211.5.4 Eligibility -Criteria for Entry

- a. ~~The program shall develop admission criteria for review and approval by the BON.~~
- a. An individual may be admitted to the program if he or she meets the following eligibility criteria:
 1. Is an APRN, RN, or LPN/VN in this jurisdiction
 2. Requests admission in writing and
 3. Admits to substance use disorder
- a-b. Admission to the alternative program shall may be denied for any of the following conditions, including, but not limited to if the applicant:
 1. Has diverted controlled substances for sale or for other than self administration
 2. Has caused known provable harm to patients
 3. Has engaged in behavior that has a high potential to cause patient harm such as diverting drugs by replacing the drug with another drug or
 4. ~~The nurse is not eligible for licensure in the jurisdiction.~~
- b-c. Admission to the program may be denied if the applicant:
 1. ~~The nurse h~~has a history of pastprior licensure disciplinary action that is not related to substance use and resulted in probation, revocation or suspension-
 2. ~~The nurse h~~Has pending criminal action or prior felonypast criminal conviction.
 3. Has had incidents that may have caused harm, abuse or neglect to patients
 4. Has been discharged or terminated from the same or any other alternative program for non-compliance
 5. Is on medication-assisted treatment or therapy
 6. Has been prescribed controlled substances for dual diagnosis or chronic pain or

- ~~2.7. Has had previous and unsuccessful participation and substantial noncompliance with the contractual agreement in the last five years~~
- ~~3. The nurse denies substance abuse or addiction.~~
- ~~4. The nurse has diverted controlled substances for sale or for other than self use.~~
- e.d. ~~An applicant's request for admission to the program may be denied if the applicant's~~ The nurse's participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting board member, or the treatment provider or the nurse.
 - ~~2. The nurse's practice has caused client harm.~~

~~***Note that the verb in the stem of this provision is may. This section provides discretion for program staff to allow individuals into the program with one or more of these conditions.~~

~~***An example of significant client risk would be a situation where there is information available indicating that incidents have occurred where the nurse caused harm, abuse or neglect to clients. In such cases, a disciplinary outcome for the nurse is needed.~~

7.7.3 Screening and Assessment

- a. ~~All individuals entering into the programs shall undergo appropriate screening and assessment.~~
- b. ~~An individual seeking admission into the alternative program shall initially be screened by staff to determine the person's motivations for entering the alternative program and whether the person meets admission requirements and is willing to participate.~~
- c. ~~The individual seeking admission shall obtain a current chemical dependency evaluation, which may include a complete physical and psychosocial assessment performed by a licensed or certified medical, mental health or psychological specialist.~~

7.7.4 Contracts ~~11.5.5 Terms and Conditions for Alternative Program Participation~~

- a. ~~Each nurse entering the alternative program is responsible for meeting the requirements of the alternative program.~~
- b. ~~Each nurse entering the alternative program shall agree to inform any and all employers of participation in the program.~~
- c. ~~Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program.~~
 - ~~1. Standard provisions shall be developed and submitted to the BON to approve use for all participants.~~
 - ~~2. Agreements may be individualized to meet specific nurse needs.~~
- d. ~~Agreements and supporting data shall be reviewed on a regular basis.~~
- a. ~~The alternative program shall have a written contract, which the participant must sign voluntarily upon entering the program. Each contract shall bear the witnessed signature of the nurse participating in the alternative program and the alternative program coordinator or designated representative.~~
- b. ~~The contract shall address the following areas:~~
 - ~~1. The voluntary and non-disciplinary nature of the program~~
 - ~~2. The program records that are non-public and have necessary exceptions for disclosure such as to the BON members, other state boards and other states' alternative programs regarding the participants in the alternative program~~
 - ~~3. The dates of the nurse's participation and the expected length of participation~~



4. The requirements of drug and alcohol screens, 12-step, support, therapeutic meeting attendance and self and supervisory reports
 5. The requirements for work-site monitoring upon return to work
 6. The consequences of relapse and noncompliance with the alternative program contract including a dismissal from the alternative program or referral to the BON for disciplinary action because of noncompliance with alternative program contract requirements
 7. The parameters for referral to the BON, including the non-public records of program participation that are shared with the BON
 8. Definitions of relevant terms such as relapse
 9. Appropriate waivers and releases and
 10. The period of monitoring which shall be three to five years
- c. The contract shall provide that the participant is expected to:
1. Abstain from all alcohol and alcohol-containing products without prior approval from the alternative program
 2. Abstain from drug use, including all over-the-counter medications and other mind-altering substances unless lawfully prescribed with prior approval of the alternative program
 3. Obtain a current evaluation of co-occurring conditions such as psychiatric or medical disorders as indicated
 4. Maintain current state nursing licensure, including meeting any continued competence or continuing education requirements and
 5. Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional and the alternative program
- d. The participant shall execute any releases that are necessary to sign for monitoring and consents to information exchange between:
1. Employer and alternative program
 2. Healthcare providers and alternative program
 3. Alternative program and BON
 4. Treatment professionals and alternative program and
 5. Other state boards and alternative programs
- e. The contract shall also provide that the participant agrees to:
1. Enter treatment and participate in all treatment recommendations
 2. Provide counselors with the necessary forms to complete and give back to the program
 3. Obtain an assessment by a medical doctor who is approved by the alternative program and has a sub-specialty in addictions and pain management
 4. Sign and adhere to pain management contracts if there are pain issues as well as addiction issues
 5. Undergo any additional evaluation as requested by the alternative program or treatment provider and
 6. Complete substance disorder, dependency or mental health assessment, treatment, continuing care and aftercare

7.7.5 Recovery Monitoring Requirements

The participant is expected to:

- a. Attend three 12-step or other approved self-help meetings a week and one peer support group per week and submit documentation to the alternative program at least monthly
- b. Maintain an active and consistent relationship with a sponsor
- c. Select and provide the contact information for one pharmacy for prescription needs, one health care provider for health care needs and one dentist for dental needs to the alternative program

- d. Report any prescriptions for mood-altering drugs as well as over-the-counter medications within 24 hours of receipt of prescription to the alternative program and prior to returning to nursing practice
- e. Notify any and all health care providers of substance use history prior to receiving any prescription
- f. Provide a written statement from the prescribing provider that confirms the provider's awareness of the participant's history of substance use or dependence and the participant's responsibility to confirm any prescription within 24 hours of prescribing
- g. Have practitioners complete medication verification forms and medication logs provided by the program and submit quarterly
- h. Submit medication forms quarterly
- i. Provide written self-reports as specified by the alternative program, but at least monthly and
- j. Submit to random drug and alcohol testing at a minimum of two to three times per month for the first 12 months of participating in the alternative program. Drug and alcohol testing may then be gradually reduced in frequency. Upon return to nursing practice, drug screenings must increase for the first 12 months of clinical practice. Drug and alcohol testing may include body fluid testing, hair testing or any other valid and reliable method of testing such as saliva.

7.7.6 Practice Requirements and Limitations

- a. The participant shall limit nursing practice to this state only. Permission to work in any other state requires written approval from the alternative program and the BON in both states.
- b. If licensed in another state or seeking licensure in another state, the participant shall authorize the alternative program to release participant information to any other state of licensure or where seeking application for licensure.
- c. The participant shall maintain continuous employment in a nursing position for at least one year of the three- to five-year contract in order to be eligible for successful discharge from the program.
- d. The participant shall notify and obtain approval from the alternative program of any health care related position or job change prior to making the change or relocating.
- e. The participant shall abide by return-to-work restrictions and requirements.
- f. The participant shall abide by all policies, procedures and contracts of employer.
- g. The participant shall inform all employers or schools of participation in the alternative program and provide a copy of the contract, stipulations or final orders from the BON to any prospective or current nursing position employers.
- h. The participant shall ensure that the supervisor at the place of employment is given a copy of the contract and any other necessary forms.
- i. The participant shall ensure that the alternative program receives the agreement form signed by the direct supervisor at the place of employment prior to beginning a new or resuming an existing position.
- j. The participant shall schedule at least monthly check-in meetings with the supervisor at the place of employment for the purpose of addressing any concerns of either party. Documentation of such meetings shall be available to the alternative program staff if requested.
- k. The participant shall notify the alternative program within two days of any change in supervisor, workplace monitor or employment.
- l. Any exceptions to work restrictions may be approved in writing by the alternative program. Approval must be obtained from the alternative program prior to any position acceptance, job responsibility change or other related employment activity.
- m. The participant shall discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of six months of returning to work.

7.7.7 Program Notification Requirements

- a. The contract shall provide that the participant shall:
1. Notify the alternative program within two days if participant has a disciplinary meeting or employment counseling with employer
 2. Notify the alternative program within two days of any changes in residency, contact information and for any termination or resignation from employment
 3. Report within 24 hours any crimes committed, criminal arrests, citations, or deferred sentences and conviction including a conviction following a plea of nolo contendere
 4. Notify the alternative program if a complaint is filed against the license of the participant
 5. Report all alcohol or unauthorized substance use regardless of amount or route of administration
 6. Obtain a re-assessment by a licensed addiction counselor in the event of relapse or suspected relapse
 7. Abide by further recommendations in the event of a relapse or suspected relapse as deemed clinically appropriate
 8. Appear in person for all routinely scheduled interviews and any additional interviews with reasonable notice given by the alternative program
 9. Inform the alternative program manager verbally and in writing of a pending relocation out of the state and
 10. Pay all fees and costs associated with being in the alternative program
- b. By signing the contract the participant agrees to the following:
1. He or she has had or is having problems with substance use or have a substance use disorder
 2. He or she has violated the nurse practice act and that any violation of the contract is a further violation of the nurse practice act and grounds for referral to the BON
 3. Entry into the alternative program was voluntary, there was an opportunity to seek advice of legal counsel or personal representative and there was opportunity to clarify any terms or conditions that were not understood and
 4. He or she has read and will abide by the terms and conditions of the program handbook or manual as well as any new policies or procedures received in writing throughout participation in the alternative program.
- c. By signing the contract, the participant waives all rights to appeal, grievances, complaints or otherwise contest licensure actions arising out of alternative program participation, and the right to contest the imposition of discipline arising from a breach of this agreement with the exception of contesting a determination that one or more terms of the agreement have been violated.
- d. The identity of participants and the terms of the contract are non-public but may be shared with parties who have an official need to know such as state BON members, other state boards, other state's alternative programs and participant's employers.
- e. The participant shall give the supervisor a copy of the contract and any other necessary forms prior to beginning a new or resuming an existing position and agrees to notify the program immediately of any change in supervision. Failure to comply will result in an immediate cease and desist of all work-related activities from the alternative program.
- f. Any noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing and may be used to support any future progressive disciplinary actions.
- g. If any single part or parts of the contract are violated by the participant, the remaining parts remain valid and operative.
- h. Any unauthorized missed drug or alcohol testing will be considered non-compliance with the program.

- i. Any confirmed positive drug screen may be considered noncompliance if the program has not received the proper documentation from the prescribing practitioner.
- j. Any confirmed positive drug screen for which the alternative program has not received prior written authorization and confirmation from an approved provider and any drug screen that is confirmed as an adulterated or substituted specimen shall result in the participant ceasing nursing practice until further evaluation and receipt of written authorization to return to practice from the alternative program.
- k. Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the BON.
- l. In the event of any non-compliance with any of the terms of the contract in any respect, the alternative program may require the participating nurse to cease practice, notify the nurse's employer and the length and terms of this contract may be extended and modified.
- m. In the event of any non-compliance with the terms of the contract, the participant may be discharged from the alternative program or reported to the BON while remaining in monitoring.
- n. If discharged from the alternative program for non-compliance or referred to the BON for non-compliance, the BON may use any misconduct that may have occurred while enrolled in the program in disciplinary proceedings and the BON may obtain complete records of participation in the alternative program.
- o. The contract does not preclude the program from initiating or taking appropriate action regarding any other misconduct not covered by the contract. Such action could include reporting the offense to the BON.

7.7.8 Standards for Treatment Programs

- a. Treatment programs that meet the standards set forth in this rule shall be approved by the alternative program for use by participants.
- b. The minimum standards for approved treatment providers include:
 - 1. Licensure by the state
 - 2. Provide a geographically convenient location for treatment to encourage the participation of family members in the nurse's primary treatment
 - 3. Offer family involvement in the treatment
 - 4. Adhere to an abstinence-based program
 - 5. Adhere to a 12-step philosophy
 - 6. Require frequent random and for-cause drug screening with positive results reported to the alternative program
 - 7. Development of an individualized initial treatment and a minimum 12-month aftercare program to meet the specific needs of the nurse patient, based on evaluation by a multidisciplinary team and
 - 8. Provide information to the alternative program staff on the status of referred patients after appropriate consents to release information are obtained including immediate reports on significant events that occur in treatment that are related to the nurse's ability to practice safely. Information that needs to be communicated includes assessments, diagnosis, prognosis, discharge summary, follow-up recommendations and compliance with treatment.

7.7.9 Return to Work

- a. Upon entry into the alternative program, the participant agrees that their license will be placed on inactive status until return to work is recommended by the alternative program.
- b. In order to ensure patient safety, the nurse's practice must be monitored through the following:

1. The participant's supervisor and whenever possible at least one nurse monitor must be identified in the participant's return-to-work contract
 2. Supervisors or work-site monitors shall be licensed or privileged to practice nursing, shall not have an encumbered license, shall not be a current participant in any alternative program and shall avoid any conflicts of interest that could impede the ability to objectively monitor the nurse
 3. Supervisors and work-site monitors are nurses who have assumed responsibility for overseeing the participant's practice and at least one monitor or the supervisor must be available on-site in order to intervene if there is a concern or an incident involving the participant
 4. Supervisors and work-site monitors must be knowledgeable of the participant's nursing role and the nurse's participation in the alternative program including the nurse's return-to-work agreement and any associated practice restrictions
 5. Nurse monitors or supervisors must provide to the alternative program regular and as-needed reports on the nurse's ability to practice safely
 6. Nurse monitors, supervisors and program staff must have continuous and ongoing communication to ensure the nurse's compliance with the contract and workplace policies and procedures
 7. There shall be periodic face-to-face visits with the nurse, work-site monitor or supervisor
 8. Nurse employers must make reasonable accommodations for nurses with a substance use disorder under the Americans with Disabilities Act of 1990
 9. The employer shall have the authority to request a for-cause specimen for drug testing when warranted or when requested by the alternative program and
 10. A meeting shall be held with the nurse's co-workers who have a legitimate need to know regarding the nurse's work restrictions
- c. Upon return to work, the participant is not allowed to work any of the following for a minimum of 12 months:
1. Odd schedules such as overtime, night shift or anything in excess of a 12-hour shift
 2. More than three consecutive 12-hour shifts
 3. Without direct supervision
 4. With limited or full access to controlled substances
 5. In a home health or hospice type of setting, travel, registry or agency, float or on-call PRN pool, tele-nursing and disaster relief nursing or
 6. In any other unsupervised nursing position
- d. If relapse, diversion or other violations of the work-related requirements occur, the alternative program will require the participant to immediately cease practice and the alternative program will notify the employer and the BON.
- e. The program will continue to monitor the nurse even after referring the nurse to the BON or the discipline program until the discipline program can begin monitoring or pending board action.

7.7.10 ~~11.5.6~~ Successful Program Completion

A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and the participant's ~~contract agreement.~~

7.7.11 ~~11.5.7~~ Causes for Termination from Program

Participation from the alternative program may be terminated for any of the following reasons:

- a. The participant fails to comply with any of the terms and conditions of the program specified in this chapter.
- b. The participant fails to comply with any provision of the participant's ~~contract agreement.~~

- c. The participant is unable to practice according to acceptable and prevailing standards of safe care.
- d. The program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter or:
- e. The participant receives a ~~criminal~~felony conviction.

7.811.6 Practice Remediation Program (PRP) Structure

***The Practice Remediation Program (PRP) offers an alternative to discipline opportunity for nurses with demonstrated practice deficiencies to correct those deficiencies. The program serves nurses who work in employment settings where there are no adequate mechanisms in place to take corrective action, monitor effectiveness of remediation, and monitor the nurses' behavior and practice. The program is also available to nurses who request assistance from the BON as an alternative to working with an employer (see minor incident rule, Chapter 12, section 12.3.1).

11.6.1 Purpose. To offer an alternative to discipline for nurses with practice deficiencies.

11.6.2 Objectives

- a. To promote early identification of practice deficiencies.
- b. To assess the practice deficiencies in relation to the nurse, the practice context and public safety.
- c. To provide remediation plans for correcting practice deficiencies.
- d. To monitor the progress of nurses toward meeting remediation goals.

11.6.3 Program Structure

- a. The program shall be directed by a qualified administrator with adult education and teaching expertise.
- b. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP.
- c. The program shall report to the BON regarding the utilization of the program and meet specific reporting criteria established by the BON.
- d. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.

7.8.111.6.4 Identification of Practice Deficiencies

- a. Reports that a nurse may have practice deficiencies may be referred to the PRP for review.
- b. Criteria to determine if a licensee's identified practice deficiency can be corrected through participation in the PRP rather than through formal disciplinary action include, but are not limited to:
 - 1. The licensee's eligibility to participate in the PRP in accordance with Article X, Section 1(b).
 - 2. The licensee's willingness to participate in the PRP.
 - 3. Whether the reported practice deficiency:
 - a) Represented an intentional or willful commission or omission by the licensee.
 - b) Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior, the frequency of the occurrence.
 - c) Involves a vulnerable ~~patient~~client.
 - 4. The impact of the practice deficiency on patient care and outcomes.
 - 5. The likelihood of correcting the practice deficiency through remediation.



6. Whether remediation and monitoring of the nurse's practice will provide reasonable assurance that the public will be adequately protected from unsafe practice if the licensee enters the PRP.

7.8.2~~11.6.5~~ Eligibility Requirements for Participation in the PRP

A licensee may participate in the PRP if:

- a. The licensee is currently licensed to practice nursing in the ~~jurisdiction~~state and is eligible to renew the license.
- b. The licensee has not been the subject of formal disciplinary action by any regulatory BON or entity located in this state or in another jurisdiction, unless the BON determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP.
- c. The nurse has no pending criminal conviction.
- d. The review of the criteria in ~~7.8.1~~11.7.4 determines that the licensee's identified practice deficiency is appropriate to correct through remediation and would not pose a significant risk for the health care consumer, as determined by PRP staff.

7.8.3~~11.6.6~~ Provisions of the Participatory Agreement for the PRP

- a. When a licensee has been determined by the BON to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP, which includes but, is not limited to:
 1. A description of the identified practice deficiency.
 2. The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement.
 3. The requirement that the participant pay all expenses the participant incurs as a result of the required remediation.
 4. Requires the participant to notify all employers during the course of participation in the PRP.
 5. The requirement that the participant agree not to practice in any other jurisdiction during the term of the PRP agreement without prior authorization from the other jurisdiction and the PRP.
 6. A monitoring plan and expected progress reports from all employers, education providers and the licensee.
 7. The requirement that the participant sign all waivers necessary to secure all reports required by PRP.
 8. Expectations for successful completion of the program and;
 9. The grounds for termination from the PRP.
- b. A licensee determined eligible for the PRP who refuses to enter into the participatory agreement within the time frame specified by PRP shall be subject to disciplinary action in accordance with Article ~~VII~~X, Section 3.

7.8.4~~11.6.7~~ Successful Completion of Program

A participant successfully completes the program when the participant complies with all terms and conditions of the program, as specified in this chapter and the participant's agreement.

7.8.5~~11.6.8~~ Termination from the Practice Remediation Program

- a. Participation in the PRP may be terminated ~~from the program~~ for any of the following:
 1. Failure to comply with any term of the participatory agreement entered into by the participant.

2. Receipt of evidence from the educational provider indicating that the participant has failed to progress through or to successfully complete the remediation in the manner and during the time frame prescribed in the participatory agreement.
 3. Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency.
 4. Failure to complete the remediation; or
 5. Failure to maintain eligibility for PRP.
- b. When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article VII~~X~~, Section 3. The BON may consider the licensee's termination from the PRP when determining the discipline to be imposed.

7.8.6~~11.6.9~~ Disclosure of PRP Records

- a. Information obtained by the practice program pursuant to an investigation shall be classified as not public information.
- b. All records regarding a licensee's participation in the PRP are not public and shall be maintained in the program office in a secure place separate and apart from the BON's record.
- c. The records shall be made public only by subpoena and court order.
- d. All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant's remediation.
- e. The PRP shall make regular reports to the BON setting forth, in aggregate, information regarding practice deficiencies, the types of educational interventions undertaken to correct the deficiencies and any other statistical information requested by the BON.
- f. Non-public treatment of PRP records shall be cancelled if the nurse defaults on the PRP agreement and does not comply with the requirements of the program.

***The Ohio State Board of Nursing Practice Identification and Improvement Program (PIIP) was the model for the PRP.

Chapter 12—Emergency Relief

***Article XII of the MNPA and Chapter 12 of the MNAR provide a process for the BON to intervene quickly in emergency situations in order to protect the public from imminent and serious harm to the public. Although action is taken prior to hearing, the nurse is assured due process because of the provision that a hearing must be held within a specified time frame. Such emergency action is reserved for critical incidents.

***The specificity of Article XII in the MNPA precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column has been used for explanatory comments.

***States vary as to how summary suspensions are initiated.

*** This section allows a BON to act on a previous court action without additional proceedings. The rationale for this section, in addition to the individual already having been in court, is that if a nurse is so



ill or incompetent as to require a guardian, he or she would not be able to participate in the discipline process in a meaningful way.

Example: A nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.

Another option is to consider automatic suspension for specified, very serious criminal convictions.

*** The BON's prosecuting attorney may also petition for injunctive relief related to nursing practice.

7.9 Chapter 13— Reporting

7.93.2.1 Insurers

Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this jurisdiction state and providing professional liability insurance to RNs, LPN/VNs or APRNs shall submit to the BON a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:

- a. The total number of settlements or awards.
- b. The date the settlement or award was made.
- c. The allegations contained in the claim or complaint leading to the settlement or award.
- d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award and.
- e. The name and address of the nurse against whom an award was made or with whom a settlement was made.

An insurer shall also report to the BON any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating Article X, Section 1.

*** BONs that require liability insurer reporting may need to reference the state's statutes and rules governing insurance carriers and collaborate with other agencies to enforce this provision.

13.2.2 Courts

The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:

- a. Mentally ill.
- b. Mentally incompetent.
- c. Chemically dependent.
- d. Dangerous to the public.
- e. Guilty of a felony or gross misdemeanor.
- f. Guilty of a violation of federal or state narcotics laws or controlled substances act.
- g. Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance.
- h. Guilty of an abuse or fraud under Medicare or Medicaid.
- i. Appointed a guardian.
- j-a. Committed under the laws of the state.

7.9.2 13.2.3 Deadlines: and Forms

Reports required by 13.2 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The BON may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The BON shall review all reports, including those submitted after the deadline.

****States vary as to processes for accessing court records. Criminal convictions involving licensed nurses should be reviewed to confirm the identity of the nurse, the nature of the offense committed, and the court's sentence and judgment.*

7.9.3~~13.3.1~~ Minor Incidents

****The reporting of every minor violation of the NPA does not enhance protection of the public. This is particularly true when there are mechanisms in place in the nurse's employment setting to take corrective action and monitor effectiveness of remediation and patterns of nurse behavior and practice. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the BON.*

- a. The chief administrative nurse or designee responsible for reviewing incidents of practice breakdown may determine that an incident need not be reported to the BON if all of the following factors exist:
 2. The potential risk of physical, emotional or financial harm to the client due to the incident is minimal.
 3. The nurse exhibits a conscientious approach to and accountability for his or her practice.
 4. The nurse has demonstrated the knowledge and skill to practice safely and
 - 4-5. The nurse maintains employment at the health care facility where the incident occurred
- b. The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event, and the presence of contributing or mitigating circumstances in the nursing care delivery system.
- c. If an event is determined to be a minor incident:
 1. An incident/variance report shall be completed according to the employing facility's policy, including a complete description of the incident, patient~~client~~ record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem.
 2. The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision.
- d. The chief administrative nurse or designee shall report to the BON if < > minor incidents involving a nurse are documented within a one-year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.
- e. Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.
- f. Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.

****This provision authorizes the BON to seek court assistance in obtaining information required in Article XII of the MNPA.*

7.10 Emergency Action



Chapter 810 – Violations and Penalties

Chapter 9. Implementation

****The specificity of Article IX in the MNPA precludes the need for rules at this time. The chapter title is a placeholder until and if rules are needed in the future.*

Chapter 810.— Unlicensed Nursing Assistive Personnel

This section identifies standards for nursing assistive personnel.

8.2 Purpose of Standards

- a. To communicate BON expectations and provide guidance for nursing assistive personnel.
- b. To articulate BON criteria for evaluating nursing assistive personnel actions and behavior when providing nursing care under the supervision of a licensed nurse.

****Standards promulgated by BONs provide a broad framework and provide notice to nursing assistive personnel, nurses and employers as to BON expectations regarding the use of assistive personnel.*

8.3 Nursing Assistant Registry

- a. The BON shall determine policies and procedures for the operation of the registry. Certified nursing assistants (CNA), certified nursing assistants II (CNA II) and medication assistant certified (MA-C) shall all be listed on the registry.

****States may choose to operate three separate registries or include all levels of nursing assistive personnel on one registry. The advantage of having one registry is that tracking of individuals with multiple certificates would be facilitated. However, this may not be possible if different agencies are responsible for managing different categories of nursing assistive personnel.*

- b. Duty to Report. Nursing assistive personnel shall report to the BON criminal convictions substantially related to the functions of their work.

10.1 Certified Nursing Assistant (CNA)

10.1.1 Basic Curriculum Required of All CNAs

- a. All CNAs shall complete at least < > hours of instruction which can be met by completing at least < > hours of classroom instruction with < > hours of clinical instruction at a long-term or comparable facility.
- b. A CNA training program shall provide a written curriculum plan to each student that includes overall course goals and for each required subject:
 1. Measurable learner-centered objectives
 2. An outline of the material to be taught
 3. The time allotted for each unit of instruction and
 4. The learning activities or reading assignments
- c. A CNA training program shall provide classroom and clinical instruction regarding each of the following subjects:
 1. Communication, interpersonal skills and documentation

2. Infection control
3. Safety and emergency procedures, including the Heimlich® maneuver and cardiopulmonary resuscitation instruction
4. Patient or resident independence
5. Patient or resident rights, including:
 - a) The right to confidentiality
 - b) The right to privacy
 - c) The right to be free from abuse, mistreatment, and neglect
 - d) The right to make personal choices
 - e) The right to obtain assistance in resolving grievances and disputes
 - f) The right to care and security of a patient's or resident's personal property and
 - g) The right to be free from restraints:
6. Recognizing and reporting abuse, mistreatment or neglect to a supervisor
7. Basic CNA skills, including:
 - a) Taking vital signs, height, and weight
 - b) Maintaining a patient's or resident's environment
 - c) Observing and reporting pain
 - d) Assisting with diagnostic tests
 - e) Providing care for patients or residents with drains and tubes
 - f) Recognizing and reporting abnormal changes to a supervisor
 - g) Applying clean bandages
 - h) Providing perioperative care and
 - i) Assisting in admitting, transferring, or discharging patients or residents
8. Personal care skills, including:
 - a) Bathing, skin care, and dressing
 - b) Oral and denture care
 - c) Shampoo and hair care
 - d) Fingernail care
 - e) Toileting, perineal and ostomy care and
 - f) Feeding and hydration, including proper feeding techniques and use of assistive devices in feeding
9. Age specific, mental health, and social service needs, including:
 - a) Modifying the CNA's behavior in response to patient or resident behavior
 - b) Demonstrating an awareness of the developmental tasks associated with the aging process
 - c) Responding to patient or resident behavior
 - d) Promoting patient or resident dignity
 - e) Providing culturally sensitive care
 - f) Caring for the dying patient or resident and
 - g) Interacting with the patient's or resident's family
10. Care of the cognitively impaired patient or resident including:
 - a) Addressing the unique needs and behaviors of patients or residents with dementia
 - b) Communicating with cognitively impaired patients or residents
 - c) Understanding the behavior of cognitively impaired patients or residents and
 - d) Reducing the effects of cognitive impairment
11. Skills for basic restorative services, including:
 - a) Body mechanics
 - b) Resident self-care
 - c) Assistive devices used in transferring, ambulating, eating and dressing



- d) Range of motion exercises
- e) Bowel and bladder training
- f) Care and use of prosthetic and orthotic devices and
- g) Family and group activities
- 12. Health care team member skills including time management and prioritizing work
- 13. Legal aspects of CNA practice, including:
 - a) BON prescribed requirements for certification and re-certification
 - b) Delegation
 - c) Ethics and
 - d) Advance directives and do-not-resuscitate orders, and
- 14. Body structure and function, together with common diseases and conditions of the elderly
- d. A CNA training program shall provide a student with a minimum of 16 hours instruction in the subjects identified in subsections c.1-6 before allowing a student to care for patients or residents.
- e. A CNA training program shall utilize a CNA textbook that has been published within the previous five years.

10.1.28.4 Standards for ~~CNAs~~ Assistive Personnel

The ~~CNA~~ shall meet the following standards ~~nursing assistant~~:

- a. ~~Competently P~~erforms nursing tasks and functions ~~as delegated by the nurse and within the range of functions~~ authorized in the ~~Act~~NPA and rules ~~governing nursing~~.
- b. Demonstrates honesty and integrity ~~in performing nursing tasks/functions/activities~~.
- c. Bases ~~nursing tasks/functions/activities~~ on education, training and the direction of the supervising nurse.
- d. Accepts ~~accountability~~ for one's behavior and actions while assisting the nurse and providing services to patients.
- e. ~~Performs delegated aspects of patient's nursing care~~.
- f. Assists ~~in~~ observing patients and identifying patient needs.
- g. Communicates ~~progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status~~.
- h. Seeks ~~clarification~~ if unsure of expectations.
- i. Uses ~~educational and training opportunities as available~~.
- j. Takes ~~preventive measures to protect patient/client, others and self~~.
- k. Respects ~~patient/client's~~ rights, concerns, decisions and dignity.
- l. Functions ~~as a member of the health care team, contributing to the implementation of an integrated health care plan~~.
- m. Respects ~~patient/client~~ property and the property of others. ~~and~~
- n. Protects ~~confidential information unless obligated by law to disclose the information~~.

10.2 Medication Assistant Certified (MAC)

An MAC is a CNA who meets the additional qualifications and training requirements to administer selected medications under the delegation of a licensed nurse.

10.2.1 Additional Training for MACs

- a. Additional training for MACs shall include < > hours of didactic instruction and < > hours of clinical instruction regarding the following:
 - 1. Role of the MAC
 - 2. Medication administration as a delegated nursing function under nursing supervision
 - 3. Acts that cannot be delegated to MACs, including:

- b) Conversion or calculation of drug dosage
- c) Assessment of patient need for or response to medication and
- d) Nursing judgment regarding the administration of PRN medications
- 4. Rights of individuals
- 5. Legal and ethical issues
- 6. Agency policies and procedures related to medication administration
- 7. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration
- 8. Principles of safe medication storage and disposal of medication
- 9. Reasons for medication administration
- 10. Classes of drugs, their effects, common side effects and interactions
- 11. Reporting of symptoms or side effects
- 12. Techniques to check, evaluate and record vital signs as part of safe medication administration
- 13. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation
- 14. Documentation of medication administration
- 15. Prevention of medication errors
- 16. Incident reporting
- 17. Location of resources and references
- 18. Overview of the state agencies involved in the regulation of medication administration
- 19. Supervised clinical experience in administering medications.

10.2.28-6 Medication Administration by an MA-C

- a. An MA-C may perform a task involving the administration of medications when if:
 - 1. The MA-C's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this Act and rules.
 - 2. The delegation is not prohibited by any provision of this Act and rules.

*~~***MA-Cs may work under the supervision of another professional in some limited settings. Most, however, work in facilities where licensed nurses provide supervision.~~*

- b. An MA-C shall not perform a task involving the administration of medication when if:
 - 1. The medication administration requires an assessment of the patient's need for medication, a calculation of the dosage of the medication or the conversion of the dosage-
 - 2. The supervising nurse is unavailable to monitor the progress of the patient and the effect on the patient of the medication-
 - 3. The patient is not stable or has changing nursing needs. Or
 - 3.4. The medication order includes the following medications and routes < >

~~An MA-C who has any reason to believe that he or she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error.~~

*~~***The tracking of medication errors assists in the identification of any system issues that contributed to the error, as well as identifying any need for retraining or remediation of the MA-C.~~*

- c. Medication administration policies
- c. MA-Cs shall report to the supervising nurse:

1. Signs or symptoms that appear life threatening.
2. Events that appear health threatening.
3. Medications that produce no results or undesirable effects as reported by the patient.

and

~~3.4. Any medication error~~

- ~~d. A licensed nurse shall supervise MA-Cs.~~
- ~~e. AN RN shall periodically review the following:~~
 - ~~a) Authorized provider orders.~~
 - ~~b) Patient medication records.~~

10.2.3 Standards for MACs

The MAC shall meet the following standards:

- a. Competently perform nursing tasks and functions as delegated by the nurse and authorized in the Act and rules
- b. Demonstrate honesty and integrity
- c. Base nursing tasks/functions/activities on education, training and the direction of the supervising nurse
- d. Accept accountability for one's behavior and actions while assisting the nurse and providing services to patients
- e. Assist in observing patients and identifying patient needs
- f. Communicate progress toward completing delegated nursing tasks/functions/abilities, as well as any problems or changes in a patient's status
- g. Seek clarification if unsure of expectations
- h. Use educational and training opportunities as available
- i. Take preventive measures to protect patient, others and self
- j. Respect patient's rights, concerns, decisions and dignity
- k. Function as a member of the health care team, contributing to the implementation of an integrated health care plan
- l. Respect patient property and the property of others and
- m. Protect confidential information unless obligated by law to disclose the information

8.7 CNAs

- a. Basic Training required of all CNAs:
 1. Classroom training. All nursing assistive personnel shall have instruction in the following areas:
 - a) Role of the nursing assistant.
 - b) Client and resident rights.
 - c) Legal and ethical duties.
 - d) Culturally sensitive care.
 - e) Range of functions.
 - f) Interpersonal communication.
 - g) Receiving delegation and working as a member of the health care team.
 - h) Basic safety skills, including infection prevention.
 - i) Basic nursing skills, including taking and recording vital signs, measuring and recording patient/resident height and weight, recording intake and output, and recognizing and reporting abnormal changes in body functioning.
 - j) Personal care skills, including feeding, hydration, skin care, dressing, grooming and toileting.

- ~~k) Caring for the client or resident environment.~~
- ~~l) Promotion of patient/resident independence.~~
- ~~m) Basic restorative skills, including transfer, ambulation, maintaining range of motion and positioning.~~
- ~~n) Characteristics that may put the patient or resident at risk include, but are not limited to:
 - ~~i) Patient cognitive impairment.~~
 - ~~ii) Patient sensory deficits or impairments.~~
 - ~~iii) Communication limitations.~~
 - ~~iv) Altered level of consciousness.~~
 - ~~v) Agitation or combativeness.~~~~
- ~~e) Working with agitated or combative clients.~~
- ~~p) Restraints.~~
- ~~q) End of life care.~~
- ~~r) Documentation of vital signs, weights, intake and output, and other routine observations.~~
- ~~s) Mental health and social service skills.~~
- ~~t) Caring for the cognitively impaired.~~
- ~~u) Dealing with developmentally disabled.~~
- ~~v) Dealing with behavior problems.~~
- ~~w) Basic emergency procedures.~~

~~2.1 Clinical experience. All nursing assistive personnel shall have supervised practical training with early, realistic exposure to the job requirements. The clinical experience shall include the full range of nursing assistive skills needed in the workplace.~~

~~***Additional clinical training in the assigned work setting is recommended as part of job orientation to assist the CNA to adapt to the work setting. This training would focus on the type of setting, the health care team the CNA is joining, the types of patient care typically provided, including information specific to disease processes or patient characteristics the assistant is likely to see.~~

- ~~b. Additional education and training for CNAs II shall include:
 - ~~1. Role of the CNA II in providing nursing care as established routines for stable, predictable patients with limited risk of complication and change under the supervision of a licensed nurse.~~
 - ~~2. Oxygen therapy.~~
 - ~~3. Sterile technique.~~
 - ~~4. Wound care.~~
 - ~~5. Suctioning.~~
 - ~~6. Trach care for patient with well established trachs.~~
 - ~~7. Assisting with peripheral IV fluids.~~~~

~~***Assisting with peripheral IVs refers to the set up of equipment and discontinuing IVs. It does not include venipuncture or hanging IVs.~~

- ~~8. Urinary catheterization.~~
- ~~9. Gastrostomy and other feeding.~~
- ~~10. Elimination procedures.~~
- ~~11. Supervised clinical experiences.~~

- ~~12. Option for applicant to test out of each skill area.~~
- ~~c. Additional training for MA-Cs shall include:~~
- ~~1. Role of the MA-C, including medication administration as a delegated nursing function under nursing supervision and the following acts that cannot be delegated to MA-Cs:
 - ~~a) Conversion or calculation of drug dosage.~~
 - ~~b) Assessment of patient need for or response to medication.~~
 - ~~c) Nursing judgment regarding the administration of PRN medications.~~~~
 - ~~2. Rights of individuals.~~
 - ~~3. Legal and ethical issues.~~
 - ~~4. Agency policies and procedures related to medication administration.~~
 - ~~5. Functions involved in the management of medications, including prescription, dispensing, administration and self-administration.~~
 - ~~6. Principles of safe medication storage and disposal of medication.~~
 - ~~7. Reasons for medication administration.~~
 - ~~8. Classes of drugs, their effects, common side effects and interactions.~~
 - ~~9. Reporting of symptoms or side effects.~~
 - ~~10. Techniques to check, evaluate and record vital signs as part of safe medication administration.~~
 - ~~11. The rights of administration, including right person, right drug, right dose, right time, right route and right documentation.~~
 - ~~12. Documentation of medication administration.~~
 - ~~13. Prevention of medication errors.~~
 - ~~14. Incident reporting.~~
 - ~~15. Location of resources and references.~~
 - ~~16. Overview of the state agencies involved in the regulation of medication administration.~~
 - ~~17. Supervised clinical experience in administering medications.~~

~~10.3.1 Criteria-Safe Delegation for determining nursing tasks/functions/activities that may be delegated:~~

~~Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision-making that cannot be logically separated from the procedure(s) are not to be delegated to nursing assistive personnel.~~

~~10.3.1 Criteria~~

~~The following criteria shall be used to determine nursing tasks/functions/activities that may be delegated~~

- ~~a-b. Knowledge and skills of the nursing assistive personnel.~~
- ~~b-c. Verification of the clinical competence of the nursing assistive personnel by the employing agency and~~
- ~~c-d. Stability of the patient's condition that involves predictability, absence of risk of complication and rate of change.~~

~~10.3.28-1.1 The Variables~~

~~The variables in each service setting include, but are not limited to:~~

- ~~a. The accessible resources and established policies, procedures, practices and channels of communication that lend support to the type of nursing tasks/functions/activities being delegated to nursing assistive personnel.~~
- ~~b. The complexity and frequency of care needed by a given patient population.~~

- c. The proximity of patients to staff.
- d. The number and qualifications of staff-and
- e. The accessibility of the licensed nurse-

Nursing tasks/functions/activities that inherently involve ongoing assessment, interpretation or decision making that cannot be logically separated from the procedure(s) are not to be delegated to nursing assistive personnel.

10.4 CNA and MAC Certification

10.4.18-3 Nursing Assistant Registry

The BON shall determine policies and procedures for the operation of the registry. Certified nursing assistants (CNA), certified nursing assistants II (CNA II) and medication assistant certified (MA-C) shall all be listed on the registry.

***States may choose to operate three separate registries or include all levels of nursing assistive personnel on one registry. The advantage of having one registry is that tracking of individuals with multiple certificates would be facilitated. However, this may not be possible if different agencies are responsible for managing different categories of nursing assistive personnel.

- ~~f.~~ Duty to Report. Nursing assistive personnel shall report to the BON criminal convictions substantially related to the functions of their work.

10.4.18-10 Application for Certification

- a. An applicant for certification as a CNA shall submit to the BON:
 1. A completed application form.
 2. Proof of successful completion of an approved CNA education and training program.
 3. Proof of successful completion of a CNA competency evaluation.
 4. Applicable fees.
 5. Applicant's fingerprint information. and
 - 5-6. Declaration of status of all CNA registration in other jurisdictions

*** Prepare educational materials for applicants that describe the purpose of fingerprinting, the procedures for screening, places to get fingerprinted and that the applicant is responsible for any costs from local law enforcement, the state agency and the FBI.

- ~~b.~~ An applicant for CNA II shall submit to the BON:
 1. A completed application form.
 2. Proof of successful completion of an approved CNA II education and training program.
 3. Proof of successful completion of a CNA II competency evaluation.
 4. Applicable fees.
 5. Applicant's fingerprint information.
- ~~c.~~ b. An applicant for certification as an MA-C shall submit to the BON:
 1. A completed application form.
 2. Proof of successful completion of an approved MA-C education and training program.
 3. Proof of successful completion of an MA-C competency evaluation.
 4. Applicable fees. and
 5. Applicant's fingerprint information.
- ~~d.~~ Temporary certification.



- ~~1. The BON may issue a temporary certification to an applicant who has submitted all other requirements, including state criminal background check, and is waiting for the federal criminal background report.~~
- ~~2. Temporary certification is valid for six months from the date of issuance or until a permanent certification is issued or denied, whichever occurs first.~~
- ~~e. A certificate shall not be issued to an applicant who has been convicted of any of the following most serious felonies, which are a permanent bar to becoming a CNA, CNA II or MA-C in this state:~~
 - ~~1. Murder~~
 - ~~2. Felonious assault~~
 - ~~3. Kidnapping~~
 - ~~4. Rape~~
 - ~~5. Aggravated robbery~~
 - ~~6. Sexual crimes involving children~~
 - ~~7. Criminal mistreatment of children or vulnerable adults~~
 - ~~8. Exploitation of vulnerable individual, e.g., financial exploitation in an entrusted role~~
- ~~f. A certificate shall not be issued to an applicant who has been convicted of any of the following serious felonies and has not received an absolute discharge from the sentence(s) < > years prior to the date of filing the application:~~
 - ~~1. Drug trafficking~~
 - ~~2. Embezzlement~~
 - ~~3. Theft~~
 - ~~4. Arson~~

~~The BONs shall evaluate the behavior underlying plea bargains and lesser offenses on a case-by-case basis, considering any mitigating and/or aggravating factors in their decision-making.~~

~~***These requirements are consistent with the recommendations in the proposed NCSBN model criminal background checks paper.~~

~~g-c. Acceptance of out-of-state certificates~~

- ~~1. The BON may issue a certificate to a CNA nursing assistant who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to §10.10.a. and determines that the applicant meets the requirements of this rule.~~
- ~~2. The BON shall evaluate felony convictions according to rRule 5.98-10 e-g.~~

~~10.4.2 Renewal of Certification renewal~~

~~b-a. The CNA shall submit to the BON:~~

- ~~1. A renewal application on a BON form;~~
- ~~2. The applicable fee;~~
- ~~3. A verified statement that indicates whether the applicant has been convicted of a crimefelony during the period of time since becoming certified or renewing the certification;~~
- ~~4. Evidence of completion of < > hours of continued education; and~~

~~***Federal Omnibus Budget Reconciliation Act (OBRA) requirements are 12 hours per year. States may require additional hours.~~

- ~~5. Evidence of completion of < > hours of work as a CNA nursing assistant.~~

~~***Federal OBRA requirements are eight hours per year. States may require additional hours.~~

- b. Upon satisfactory review of the application, the BON ~~shall~~ will renew the certification and update the Nursing Assistive Personnel Registry.
- ~~2. The CNA-II shall submit to the BON:~~
 - ~~b) A renewal application on a BON form.~~
 - ~~c) The applicable fee.~~
 - ~~d) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification.~~
 - ~~e) Evidence of completion of < > hours of continued education.~~
 - ~~f) Evidence of completion of < > hours of work as a nursing assistant.~~
 - ~~g) Upon satisfactory review of the application, the BON will renew the certification and update the CNA-II Registry.~~
- c. The MA-C shall submit to the BON:
 - 1. A renewal application on a BON form.
 - 2. The applicable fee.
 - 3. A verified statement that indicates whether the applicant has been convicted of a crime felony during the period of time since becoming certified or renewing the certification.
 - 4. Evidence of completion of <hours> of continued education. and
 - 5. Evidence of completion of <hours> of work as an MAC nursing assistant.
- d. Upon satisfactory review of the application, the BON ~~shall~~ will renew the certification and update the MA-C registry.

10.4.3 Lapsed of eCertification.

A CNA nursing assistant who has not maintained a current certification but wishes to be reinstated:

- a. If the certification has been lapsed for less than < >, the nursing assistant may apply and meet the requirements of 10.4.2-8-10 e.
- b. If the certification has been lapsed for more than < >, the CNA nursing assistant shall be required to repeat training and competency evaluation for the desired level of certification.

10.4.4 Reporting Criminal Convictions

The CNA and MAC shall report any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days.

10.5 Titles and Abbreviations

10.6 CNA and MAC Education and Training Programs

10.6.1 Initial Application

- a. An applicant for initial CNA or MAC training program approval shall submit an application packet to the BON least 90 days before the expected starting date of the program. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.
- b. The application packet for initial program approval shall include all of the following:
 - 1. Name, address, telephone number, and fax number of program
 - 2. Identity of the program
 - 3. Name, license number, telephone number and qualifications of the program coordinator
 - 4. Name, license number, telephone number and qualifications of each program instructor



5. Name and telephone number of the person with administrative oversight of the training program
 6. Accreditation status of the applicant, if any, including the name of the accrediting body and date of last review
 7. Name, address, telephone number, contact person, program status, and most recent review for all health care institutions where program classroom or clinical instruction will take place
 8. Medicare certification status, if any
 9. Documentation of the following:
 - a) Program description, and an implementation plan, including timelines
 - b) Classroom facilities, equipment, and instructional tools available
 - c) Written curriculum, consistent with section 10.1.1 or 10.2.1 for the type of program
 - d) A copy of the documentation that the program will use to verify psycho-motor skills for each student
 - e) A copy of the document issued to the student upon completion of the program
 - f) Textbook author, name, year of publication, and publisher and
 - g) A copy of course policies
 10. For a Medicare or Medicaid certified long-term care facility-based program, a signed, sworn, and notarized document, executed by a program coordinator, affirming that the program does not require a CNA student to pay a fee for any portion of the program including the state competency exam.
 11. For a Medicare or Medicaid long-term care facility-based program, the actual price of a textbook and other loaned equipment, if the CNA program charges a student who does not return these items upon course completion, and any commercially available standard uniform, watch, pen, paper, duty shoes, and other commonly available personal items that are required for the course, for which a student may incur an expense.
- c. Following receipt of a complete application packet, the BON shall review the application
 1. schedule an onsite evaluation of the program and:
 2. If requirements are met, approve the program for a period not to exceed two years
 3. Deny approval of the program if the applicant does not meet the requirements
- d. A program shall not conduct classes before receiving program approval
- e. If approval is in the best interest of the public, the BON shall grant initial approval to any applicant who meets requirements prescribed by the BON in statute or rule. If the BON denies approval, an applicant may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for approval.

10.6.2 Program Requirements

- a. All CNA training programs shall provide:
 1. A minimum of one clinical instructor for every <10> students if students perform one or more CNA activities for a patient or resident. The program shall ensure that the instructor is physically present in the health care setting during each performance of a CNA activity for a patient or resident
 2. An instructor-supervised clinical experience for each CNA student, which consists of at least < > hours of direct patient or resident care, and includes at least < > hours caring for long-term care facility residents. If there is no long-term care facility available within a 50-mile radius of the program, the program may conduct clinical sessions in a healthcare institution that provides experiences with patients or residents who have nursing care needs similar to those of long-term care facility residents.

3. A method to ensure that each CNA student is identified as a student by a name badge or another means readily observable to staff, patients, or residents and not utilize students as staff during clinical experiences
4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
 - a) Current reference materials, related to the level of the curriculum
 - b) Equipment in functional condition for simulating patient care, including:
 - i. A patient bed, overbed table and nightstand
 - ii. Privacy curtains and call bell
 - iii. Thermometers, stethoscopes, including a teaching stethoscope, blood pressure cuffs and a balance-type scale
 - iv. Hygiene supplies, elimination equipment, drainage devices and linens
 - v. Hand washing equipment and clean gloves and
 - vi. Wheelchair, gait belt, walker, anti-embolic hose, and cane
 - c) Audio-visual equipment and media and
 - d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any
2. Evidence of successful program completion to the student
3. A CNA training program shall maintain the following program records for three years:
 - a) Curriculum and course schedule for each cohort group
 - b) Results of state-approved written and manual skills testing
 - c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
 - d) A copy of any BON reports, applications or correspondence related to the program
4. A CNA training program shall maintain the following student records for three years:
 - a) A record of the student's name, date of birth, and Social Security number, if available
 - b) Skills checklist for each student that shall include:
 - i. Each of the skills listed in sections 10.1.1 or 10.2.1 as applicable to the type of program
 - ii. The date each skill was practiced or demonstrated
 - iii. The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated and
 - iv. The name and signature of the instructor who supervised the student's performance of a skill
 - c) Attendance record, which describes any make-up class sessions
 - d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and
 - e) A copy of the certificate of completion issued to the student upon successful completion of the training program
- b. All MAC training programs shall provide:
 1. A minimum of one clinical instructor for every <> students during the administration of medications to ensure that each administration of medication is verified by a licensed nurse. The program shall ensure that the instructor is physically present in the health care setting during each performance of an MAC activity for a patient or resident
 2. An instructor-supervised clinical experience for each MAC student, which consists of at least < > hours of medication administration



3. A method to assure that each MAC student is identified as a student by a name badge or another means readily observable to staff, patients or residents and assure that no students are utilized as staff during clinical experiences
4. Instructional and educational resources for implementing the program, for the planned number of students and instructional staff, including:
 - a) Current reference materials related to the level of the curriculum
 - b) Equipment in functional condition for simulating medication administration
 - c) Audio-visual equipment and media and
 - d) Designated space for didactic teaching and skill practice that provides a clean, distraction-free learning environment for accomplishing the educational goals of the program and is comparable to the space provided by a previously approved program of similar size and type, if any
5. Evidence of successful program completion to the student
6. An MAC training program shall maintain the following program records for three years:
 - a) Curriculum and course schedule for each cohort group
 - b) Results of state-approved testing
 - c) Completed student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation and
 - d) A copy of any BON reports, applications or correspondence related to the program
7. An MAC training program shall maintain the following student records for three years:
 - a) A record of the student's name, date of birth and Social Security number, if available
 - b) Skills checklist for each student that shall include:
 - i. The student's satisfactory or unsatisfactory performance of each medication administration skill each time it was practiced or demonstrated and
 - ii. The name and signature of the instructor who supervised the student's performance of a skill
 - c) Attendance record, which describes any make-up class sessions
 - d) Scores on each test, quiz or exam and, if applicable, whether such test quiz or exam was retaken and
 - e) A copy of the certificate of completion issued to the student upon successful completion of the training program
- c. A CNA and MAC education, training and competency evaluation programs coordinator shall:
 1. Hold a current RN license or privilege in the state that is not encumbered
 2. Have at least two years of full time experience as an RN in a health care agency or nursing education program
 3. For a CNA program, at least one year nursing experience in the provision of long term care services
- d. CNA and MAC instructors shall:
 1. Hold a current RN license or privilege in the state that is not encumbered
 2. Have a minimum of two years practice experience in a health care facility and
 3. For a CNA training program have at least one of the following:
 - a) A year's experience supervising CNAs
 - b) A year's experience teaching adults or
 - c) Completion of a course in teaching adults
 4. For an MAC training program provide documented evidence of preparation for teaching adults.

- e. ~~A CNA training program shall be conducted in a manner to assure that clients receive safe and competent care.~~
- f. ~~To be approved by the BON, CNA education and training programs shall provide:~~
 - 1. ~~Curriculum and clinical experience as described in rule 8.7a.~~
 - 2. ~~Documentation of each student's demonstration of skills by completion of the CNA skills checklist required by rule 8.9.~~
 - 3. ~~Competency assessments for the level of program provided.~~
- g. ~~To be approved by the BON, CNA II education and training programs shall provide:~~
 - 1. ~~Curriculum and clinical experience as described in rule 8.7b.~~
 - 2. ~~Documentation of each student's demonstration of skills by completion of the CNA skills checklist required by rule 8.9.~~
 - 3. ~~Competency assessments for the level of program provided.~~
- h. ~~To be approved by the BON, a MA-C education and training programs shall provide:~~
 - 1. ~~Curriculum and clinical experience as described in rule 8.7c.~~
 - 2. ~~Documentation of each student's demonstration of skills by completion of the CNA skills checklist required by rule 8.9.~~
 - 3. ~~Competency assessments for the level of program provided.~~
- i. ~~All programs shall provide:~~
 - 1. ~~Instructors who meet the requirements of 8.8k.~~
 - 2. ~~Classroom and clinical facilities that meet the requirements of 8f.~~
 - 3. ~~Maintenance of records to verify class completion and competency evaluation.~~
 - 4. ~~Maintenance of records that record the disposition of any complaints regarding the training program.~~
- j. ~~A basic CNA education and training program preparing CNAs shall consist of a minimum of:~~
 - 1. ~~120 hours of hours of classroom instruction that meets the requirement of 8.7a.1.~~
 - 2. ~~80 hours of supervised clinical experience that meets the requirements of rule 8.7a.2.~~
- k. ~~An education and training program preparing CNAs II shall consist of a minimum of:~~
 - 1. ~~120 hours of hours of classroom instruction that meets the requirement of 8.7.b.~~
 - 2. ~~80 hours of supervised clinical experience that meets the requirements of 8.7b.~~
- l. ~~An education and training program preparing MA-Cs shall consist of:~~
 - 1. ~~120 hours of hours of classroom instruction that meets the requirement of 8.7c.~~
 - 2. ~~80 hours of supervised clinical experience that meets the requirements of 8.7c.~~
- m. ~~Organization and administration. An approved CNA, CNA II and MA-C and a state approved educational institution, an independent contractor or a health care agency may conduct competency evaluation programs.~~
- n. ~~Program coordinator. CNA, CNA II, and MA-C education, training and competency evaluation programs coordinator shall:~~
 - 1. ~~Hold a current, unencumbered RN license in the state.~~
 - 2. ~~Have at least two years of full time experience as an RN in a health care agency or nursing education program.~~
 - 3. ~~Have at least two years experience relevant to areas of responsibility.~~
- o. ~~Program instructors. CNA, CNA II and MA-C instructors shall:~~
 - 1. ~~Hold a current, unencumbered RN license in the state.~~
 - 2. ~~Have a minimum of two years practice experience in a health care facility.~~
 - 3. ~~Have at least one year clinical experience relevant to areas of responsibility.~~
 - 4. ~~Provide documented evidence of preparation for teaching adults.~~
 - 5. ~~Have completed periodic training updates.~~
- p. ~~Classroom and clinical facilities.~~



1. ~~The resources, facilities and services of the education institutions or health care agency shall be available to the CNA, CNA-II, and MA-C training and competency evaluation programs in order to meet the purpose of the program.~~
2. ~~The education and training programs shall receive adequate financial support for faculty, other support personnel, equipment, supplies and services.~~
3. ~~The agencies and services used for clinical experiences shall be adequate in number and of the kind to meet the education and training program's curricular objectives.~~
- q. ~~Application for CNA, CNA-II and MA-C education and training programs approval. An applicant seeking to establish a CNA, CNA-II or a MA-C training program must submit at least 90 days before the date the program is expected to begin:~~
 1. ~~A completed application on a form provided by the BON for each type of program, that includes:
 - a) ~~Summary of the rationale, philosophy and purpose of the program.~~
 - b) ~~Faculty qualifications.~~
 - c) ~~Program outline, including program title, type of program, objectives, content and teaching methodology.~~
 - d) ~~A copy of the curriculum and other instructional materials.~~
 - e) ~~A copy of the CNA skills, CNA-II and/or MA-C checklist to be used to measure student clinical skills.~~
 - f) ~~Program location.~~
 - g) ~~A description of the classroom and clinical facilities.~~
 - h) ~~A schedule of classroom and clinical instruction hours.~~
 - i) ~~The fee prescribed in Chapter 15 of these rules.~~~~
 2. ~~Within 90 days of receipt of the application, the BON will advise the applicant whether additional information is needed to complete the application. Once the application is complete, the BON will provisionally approve the program if it meets the requirements of the intended program type. A program that has received provisional approval is authorized to conduct training until the BON's final decision on the application for approval.~~
 3. ~~The BON will conduct a review of the training facilities and personnel of a provisionally approved program during the first education and training offered by that program.~~
 4. ~~If the program is determined to meet all the requirements of 8.8, the program will be granted full approval.~~
 5. ~~The BON will notify the program of any deficiencies.
 - a) ~~If there are deficiencies, the program will be allowed <time> for correction. The program will notify the BON when the deficiencies have been corrected.~~
 - b) ~~The BON will conduct a follow-up site visit to verify that the program provider has corrected the deficiencies.~~
 - c) ~~If after follow-up review the program has not corrected the deficiencies, the BON will deny approval of the program.~~
 - d) ~~A program provider whose application has been denied may request a hearing to appeal the denial of training program approval.~~~~

10.6.3 Renewal of Program

- a. A training program applying for renewal of approval shall submit an application packet to the BON before expiration of the current approval. An applicant shall submit application documents that are unbound, typed or word processed, single-sided, and on white, letter-size paper.
 - a. The application packet shall include the following:
 - b) A program description and course goals

- c) Name, license number and qualifications of the current program coordinator and instructors
 - d) A copy of the current curriculum plan, which meets the requirements set forth in this Chapter
 - e) Number of classes held, number of students who have completed the program, and the results of the state-approved competency evaluation including first-time pass rate since the last program review
 - f) A copy of course policies
 - g) Any change in resources, contracts, or clinical facilities since the previous approval;
 - h) A copy of current student program evaluation forms, a summary of the evaluations for each cohort group, and measures taken by the program, if any, to improve the program based on student and instructor evaluation
 - i) A sample of the certificate of completion issued to a graduate of the program and
 - j) Textbook author, name, year of publication and publisher
 - b. Following receipt of the application packet, a BON representative shall review the application packet for completeness.
 - c. Upon receipt and review of a complete application packet the BON, through its authorized representative, shall evaluate the entity offering the program either by site visit or conferring with program representatives.
 - d. If the BON finds deficiencies with the program:
 - a) The BON shall notify the program of any deficiencies.
 - b) The program shall be allowed <time> for correction.
 - c) The program shall notify the BON when the deficiencies have been corrected.
 - d) The BON shall conduct a follow-up site visit to verify that the program provider has corrected the deficiencies.
 - e) If, after follow-up review, the program has not corrected the deficiencies, the BON shall deny approval of the program.
 - f) A program provider whose application has been denied may request a hearing to appeal the denial of training program approval.
 - b. Following evaluation, the BON shall renew program approval for two years if a program complies with requirements of this Article and renewal is in the best interest of the public. If the program does not comply, the BON shall issue a notice of deficiency.
 - c. If the BON denies renewal of approval, a program may request a hearing by filing a written request with the BON within 30 days of service of the BON's order denying the application for renewal of approval.
 - d. A program that is denied renewal of approval shall not apply for reinstatement of approval for two years from the date of the denial.
- 10.6.4 Program changes—Continuation of Approval
- a. The BON shall approve changes in an approved CNA-I, CNA-II, or MA-C training program. ~~The program provider shall submit a description of the proposed change in curriculum or other substantive change to the BON for review at least 60 days before the program provider plans to implement the changes.~~ The BON will base its approval on whether the proposed change meets the requirements of 10.6.28-8.
 - b. A training ~~The program provider shall submit~~ written documentation and information to the BON regarding the following changes within 30 days of instituting the change: ~~a description of the proposed change in curriculum or other substantive change to the BON for review at least 60 days before the program provider plans to implement the changes.~~



1. For a change or addition of an instructor or coordinator: the name, license number and documentation of meeting coordinator or instructor requirements of this Section
2. For a decrease in the number of program hours: a description of the change, the reason for the change, a revised curriculum outline and a revised course schedule
3. For a change in classroom location: the address of the new location, if applicable, and a description of the new classroom
4. For a change in a clinical facility: the name of the new facility and a copy of the clinical contract and
5. For a change in the name or ownership of the facility: the former, present and new name of the facility

10.6.5 Site Visits and Investigations

- a. A training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite scheduled evaluation for initial BON approval and renewal of approval.
- b. For reasonable cause, as determined by the BON, a training program shall permit the BON, or a state agency designated by the BON, to conduct an onsite announced or unannounced evaluation of the program.

~~Periodic training program evaluation. To insure compliance with the standards for CNA, CNA-II and MA-C programs:~~

- ~~1. Each program coordinator shall submit a report every year regarding the program's operation and compliance with the BON rules.~~
- ~~2. Each program shall be surveyed by representatives of the BON and evaluated for ongoing approval every two years.~~
- ~~3. If a program is cited by [applicable state agencies] or by the Center for Medicare and Medicaid Services (CMS), a copy of all deficiencies relating to CNAs, CNAs-II and MA-Cs shall be appended to the report.~~
- ~~4. A copy of the survey visit report will be made available to the education and training program.~~

10.6.6 Withdrawal of Approval

- a. The BON shall withdraw approval of CNA, ~~CNA-II~~ and MA-C education and training programs when:
 1. The BON determines that there is not sufficient evidence that the program is meeting standards.
 2. The education institution or health agency loses state approval or licensure
 3. The program fails to correct deficiencies within the period set by the BON in the notice of deficiency
 - ~~4. The program is noncompliant with federal, state, or if applicable, privacy postsecondary requirements~~
 5. The program ~~does not~~ fails to permit a scheduled or unannounced onsite evaluation, authorized by this Article survey visits or if the education institution or health agency loses state approval or licensure.
 6. The program loans or transfers program approval to another entity or facility, including a facility with the same ownership
 7. The program conducts a CNA training program before approval is granted
 8. The program conducts a CNA training program after expiration of approval without filing an application for renewal of approval before the expiration date or

~~2-9.~~ The program is conducted by a long-term care facility, charging for any portion of the program

- b. The BON shall provide due process rights and adhere to the procedures of the ~~State~~ Administrative Procedures Act, providing notice, opportunity for hearing and correction of deficiencies.
- c. The BON may consider reinstatement or approval of a training and ~~competency evaluation~~ education program upon submission of satisfactory evidence that the program meets the standards for the type of program after a period of two years.

10.6.7 Closing of education and training programs-

~~a-e.~~ In order for a program to voluntarily close, the program shall:

1. ~~Notification to~~ the BON, in writing, stating the reason and planned date of intended closing-
2. Continue program until the committed class schedule for currently enrolled students is completed-
3. Notify the BON of final closing date at least 30 days prior to final closing- and
4. Notify the BON ~~shall be notified~~ regarding custody and retention of records-

~~b-f.~~ Other closing—If the BON denies or withdraws approval of any type of training and competency evaluation program, the educational institution or health agency shall cease admitting students and any of the following:

1. Close the program after the graduation of all students currently enrolled- or
2. Close the program after the transfer of students to approved programs and ~~submit~~ to the BON a list of students transferred to approved program and date of transfer- and
3. Consider the date on which the last student was transferred the closing date of the program-

~~c-g.~~ The program shall ~~comply~~ with the requirements of all applicable state and federal rules and notify the state that the requirements have been fulfilled and give date of final closing.

10.78-9 ~~CNA, CNA-II and MA-C~~ Competency Evaluation

- a. To be approved by the BON, a CNA competency evaluation shall:
 1. Cover the topics addressed in ~~10.1.1~~ rule 8.8.b.
 2. Administer an examination that is psychometrically sound and legally defensible-
 3. Be based upon an incumbent job analysis conducted periodically-
 4. Include a practical examination demonstrating the applicant's CNA clinical nursing assistant skills-
 5. Be administered by the BON or by a person approved by the BON- and
 6. Notify the applicant of the applicant's performance on the competency evaluation-
- ~~i.~~ To be approved by the BON, a CNA-II competency evaluation shall:
 1. ~~Meet all the requirements of 8.9.a.1.b-d, 8.9.a.2 and 8.9.a.3.~~
 2. ~~Cover the topics addressed in rule 8.8.c.~~
- b. To be approved by the BON, a MA-C competency evaluation shall:
 1. Meet all the requirements of the CNA evaluation and 8.9.a.1.b-d, 8.9.a.2 and 8.9.a.3.
 2. Cover the topics addressed in 10.2.1 ~~rule 8.8.d~~.
- c. The BON may contract with a test service for the development and administration of a competency evaluation.
- d. The BON shall determine the minimum passing standard on the competency evaluation.
- ~~e.~~ CNA skills checklist

- ~~1. A CNA training program shall maintain a nursing assistant skills checklist that records the performance of each student. The nursing assistant skills checklist shall include:
 - ~~a) Each of the skills listed in 8.7.a.~~
 - ~~b) The date each skill was practiced or demonstrated.~~
 - ~~c) The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.~~
 - ~~d) The name and signature of the instructor who supervised the student's performance of a skill.~~~~
- ~~2. After a student has completed a CNA education and training program, the program provider shall provide a copy of the CNA skills checklist to the student.~~
- ~~f. CNA II skills checklist~~
- ~~1. A CNA II training program shall maintain a CNA II skills checklist that records the performance of each student. The CNA II skills checklist shall include:
 - ~~a) Each of the skills listed in 8.7.a and 8.7.b.~~
 - ~~b) The date each skill was practiced or demonstrated.~~
 - ~~c) The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.~~
 - ~~d) The name and signature of the instructor who supervised the student's performance of a skill.~~~~
- ~~2. After a student has completed a CNA II training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.~~
- ~~g. MA-C skills checklist~~
- ~~1. A MA-C training program shall maintain a MA-C skills checklist that records the performance of each student. The MA-C skills checklist shall include:
 - ~~a) Each of the skills listed in 8.7.c.~~
 - ~~b) The date each skill was practiced or demonstrated.~~
 - ~~c) The student's satisfactory or unsatisfactory performance of a skill each time it was practiced or demonstrated.~~
 - ~~d) The name and signature of the instructor who supervised the student's performance of a skill.~~~~
- ~~2. After a student has completed a MA-C education and training program, the program provider shall provide a copy of the nursing assistant skills checklist to the student.~~

~~8-10 Application for Certification~~

~~h.d. An applicant for CNA shall submit to the BON:~~

- ~~6.7. A completed application form.~~
- ~~7.8. Proof of successful completion of an approved CNA education and training program.~~
- ~~8.9. Proof of successful completion of a CNA competency evaluation.~~
- ~~9.10. Applicable fees.~~
- ~~10.11. Applicant's fingerprint information.~~

~~*** Prepare educational materials for applicants that describe the purpose of fingerprinting, the procedures for screening, places to get fingerprinted and that the applicant is responsible for any costs from local law enforcement, the state agency and the FBI.~~

~~i.c. An applicant for CNA II shall submit to the BON:~~

- ~~6.1. A completed application form.~~
- ~~7.2. Proof of successful completion of an approved CNA II education and training program.~~

- ~~8.3. Proof of successful completion of a CNA-II competency evaluation.~~
- ~~9.4. Applicable fees.~~
- ~~10.5. Applicant's fingerprint information.~~
- ~~j.f. An applicant for MA-C shall submit to the BON:
 - ~~6. A completed application form.~~
 - ~~7. Proof of successful completion of an approved MA-C education and training program.~~
 - ~~8. Proof of successful completion of a MA-C competency evaluation.~~
 - ~~9. Applicable fees.~~
 - ~~10. Applicant's fingerprint information.~~~~
- ~~k.g. Temporary certification.
 - ~~3.1. The BON may issue a temporary certification to an applicant who has submitted all other requirements, including state criminal background check, and is waiting for the federal criminal background report.~~
 - ~~4.2. Temporary certification is valid for six months from the date of issuance or until a permanent certification is issued or denied, whichever occurs first.~~~~
- ~~h.h. A certificate shall not be issued to an applicant who has been convicted of any of the following most serious felonies, which are a permanent bar to becoming a CNA, CNA-II or MA-C in this state:
 - ~~9.1. Murder~~
 - ~~10.2. Felonious assault~~
 - ~~11.3. Kidnapping~~
 - ~~12.4. Rape~~
 - ~~13.5. Aggravated robbery~~
 - ~~14.6. Sexual crimes involving children~~
 - ~~15.7. Criminal mistreatment of children or vulnerable adults~~
 - ~~16.8. Exploitation of vulnerable individual, e.g., financial exploitation in an entrusted role~~~~
- ~~m.i. A certificate shall not be issued to an applicant who has been convicted of any of the following serious felonies and has not received an absolute discharge from the sentence(s) \leftarrow years prior to the date of filing the application:
 - ~~5.1. Drug trafficking~~
 - ~~6.2. Embezzlement~~
 - ~~7.3. Theft~~
 - ~~8.4. Arson~~~~

~~The BONs shall evaluate the behavior underlying plea bargains and lesser offenses on a case-by-case basis, considering any mitigating and/or aggravating factors in their decision making.~~

~~***These requirements are consistent with the recommendations in the proposed NCSBN model criminal background checks paper.~~

- ~~n.j. Acceptance of out-of-state certificates
 - ~~3. The BON may issue a certificate to a nursing assistant who has a current certificate or an equivalent document issued by another state if the BON receives an application pursuant to 8.10a and determines that the applicant meets the requirements of this rule.~~
 - ~~4. The BON shall evaluate felony convictions according to Rule 8.10 e-g.~~~~
- ~~o.k. Certification renewal
 - ~~h.c. The CNA shall submit to the BON:
 - ~~b) A renewal application on a BON form.~~
 - ~~c) The applicable fee.~~~~~~



- d) ~~A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification.~~
- e) ~~Evidence of completion of < > hours of continued education.~~

~~***Federal Omnibus Budget Reconciliation Act (OBRA) requirements are 12 hours per year. States may require additional hours.~~

- f) ~~Evidence of completion of < > hours of work as a nursing assistant.~~

~~***Federal OBRA requirements are eight hours per year. States may require additional hours.~~

- g) ~~Upon satisfactory review of the application, the BON will renew the certification and update the Nursing Assistive Personnel Registry.~~

~~i.f. The CNA II shall submit to the BON:~~

- ~~h)b) A renewal application on a BON form.~~
- ~~i)c) The applicable fee.~~
- ~~j)d) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification.~~
- ~~k)e) Evidence of completion of < > hours of continued education.~~
- ~~l)f) Evidence of completion of < > hours of work as a nursing assistant.~~
- ~~m)g) Upon satisfactory review of the application, the BON will renew the certification and update the CNA II Registry.~~

~~p.l. The MA-C shall submit to the BON:~~

- ~~b) A renewal application on a BON form.~~
- ~~c) The applicable fee.~~
- ~~d) A verified statement that indicates whether the applicant has been convicted of a felony during the period of time since becoming certified or renewing the certification.~~
- ~~e) Evidence of completion of <hours> of continued education.~~
- ~~f) Evidence of completion of <hours> of work as a nursing assistant.~~
- ~~g) Upon satisfactory review of the application, the BON will renew the certification and update the MA-C registry.~~

~~q.m. Lapsed certification. A nursing assistant who has not maintained a current certification but wishes to be reinstated:~~

- ~~c. If the certification has been lapsed for less than < >, the nursing assistant may apply and meet the requirements of 8-10 e.~~
- ~~d. If the certification has been lapsed for more than < >, the nursing assistant shall be required to repeat training and competency evaluation for the desired level.~~

10.8 Discipline of CNAs and MACs

Any conduct or practice that is or may be harmful or dangerous to the health of a patient or the public constitutes a basis for disciplinary action on a certificate, including the following:

- a. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any member of the patient's or resident's family
- b. Engaging in sexual conduct with a patient, resident, or any member of the patient's or resident's family who does not have a pre-existing relationship with the CNA or MAC, or any conduct in the work place that a reasonable person would interpret as sexual

- c. Leaving an assignment or abandoning a patient or resident who requires care without properly notifying the immediate supervisor
- d. Failing to accurately document care and treatment provided to a patient or resident
- e. Falsifying or making a materially incorrect entry in a health care record
- f. Failing to follow an employer's policies and procedures, designed to safeguard the patient or resident
- g. Failing to take action to protect a patient or resident whose safety or welfare is at risk from potential or actual incompetent health care practice, or to report the practice to the immediate supervisor or a facility administrator
- h. Failing to report signs, symptoms, and changes in patient or resident conditions to the immediate supervisor in an ongoing and timely manner
- i. Violating the rights or dignity of a patient or resident
- j. Violating a patient or resident's right of privacy by disclosing confidential information or knowledge concerning the patient or resident, unless disclosure is otherwise required by law
- k. Neglecting or abusing a patient or resident physically, verbally, emotionally, or financially
- l. Soliciting, or borrowing, property or money from a patient or resident, or any member of the patient's or resident's family
- m. Removing, without authorization, any money, property or personal possessions, or requesting payment for services not performed from a patient, resident, employer, co-worker or member of the public
- n. Use or being under the influence of alcohol, medication, or any other substance to the extent that judgment may be impaired and practice detrimentally affected or while on duty in any work setting
- o. Accepting patient or resident care tasks that the CNA or MAC lacks the education or competence to perform
- p. Removing, without authorization, narcotics, drugs, supplies, equipment, or medical records from any work setting
- q. Obtaining, possessing, using, or selling any narcotic, controlled substance, or illegal drug in violation of any employer policy or any federal or state law
- r. Permitting or assisting another person to use the CNA's or MAC's certificate or identity for any purpose
- s. Making untruthful or misleading statements in advertisements of the individual's practice as a CNA or MAC
- t. Offering or providing CNA or MAC services for compensation without a designated RN supervisor
- u. Threatening, harassing or exploiting an individual
- v. Using violent or abusive behavior in any work setting
- w. Failing to cooperate with the BON during an investigation by:
 - a. Not furnishing in writing a complete explanation of a matter reported under the Act
 - b. Not responding to a subpoena issued by the BON
 - c. Not completing and returning a BON-issued questionnaire within 30 days or
 - d. Not informing the BON of a change of address or phone number within 10 days of each change
- x. Engaging in fraud or deceit regarding the certification exam or an initial or renewal application for certification
- y. Making a written false or inaccurate statement to the BON or the BONs designee during the course of an investigation
- z. Making a false or misleading statement on a CNA, MAC or health care related employment or credential application concerning previous employment, employment experience, education, or credentials



- aa. Failing to notify the BON, in writing, of any criminal conviction, nolo contendere plea, Alford plea, deferred judgment, or other plea arrangements in lieu of conviction within 90 days of the conviction. The CNA or MAC or applicant shall include the following in the notification:
1. Name, current address, telephone number, Social Security number and certification number, if applicable
 2. Date of the conviction and
 3. Nature of the offense
- bb. Practicing in any other manner that gives the BON reasonable cause to believe that the health of a patient, resident, or the public may be harmed.

~~Chapter 10—Violations and Penalties~~

~~***The specificity of Article IX in the MNPA precludes the need for rules at this time. The chapter title is a placeholder until and if rules are needed in the future.~~

~~Chapter 11—Discipline and Proceedings~~

~~***There is variation in the use of the language among BONs to describe the disciplinary process. For example, some BONs are specifically authorized to limit (or restrict) a license as a discipline action while other BONs may incorporate a limitation as an element of probation (or conditional license).~~

~~***A person applying for a license has the burden of proof to demonstrate the qualifications or satisfaction of the requirements.~~

~~***Other examples of examination violations include:~~

- ~~1. Communicating with another examinee during the examination.~~
- ~~2. Possessing unauthorized materials during the examination.~~

~~***While some states require a specific relationship between the crime and nursing practice, this broader ground provides the opportunity for BONs to review a variety of crimes that, while not directly related to nursing practice, could be relevant to an individual's ability to practice nursing, including information related to judgment and character issues.~~

~~***Previous models have focused on fraud in procurement of a nursing license. This broadened language reflects other situations where a nurse's misrepresentation or use of fraud could impact nursing practice. This ground reflects situations observed in other professions and modern society.~~

~~***Unethical conduct may include behavior that demeans the nursing profession at large. Examples of unethical nursing conduct include lying to a client and/or insurer about whether a service was provided, or failing to report an error to avoid difficulty for the nurse.~~

~~***Standards promulgated by BONs provide a broad framework for nursing practice and provide notice to nurses as to BON expectations regarding practice. Violations of such standards may result in unsafe or unprofessional practice.~~

~~***Appropriate oversight includes causing validation of a nurse's licensure status on initial hire and periodically throughout employment.~~

~~***Misconduct addresses situations when the client is harmed or placed at risk of harm by the conduct of the nurse, including deliberate acts. It may be useful for BONs using broad grounds categories in the NPA to promulgate rules with the more detailed descriptions and examples.~~

~~11.2.1 Principles of Professional Boundaries~~

~~The following principles shall delineate the responsibilities of the nurse regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party. Patient consent to, or initiation of a personal relationship, is not a defense. The nurse shall:~~

- ~~a) Establish, maintain and communicate professional boundaries with the patient;~~
- ~~b) Avoid relationships with patients that could impair the nurse's professional judgment;~~
- ~~c) Not exploit in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit;~~
- ~~d) Avoid dual relationships to the extent possible, making alternate arrangements for care when necessary, if a nurse's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient (always avoid dual relationships in mental health nursing);~~
- ~~e) Not engage in self disclosure to a patient unless it is limited in terms of amount, nature and duration, and does not adversely impact the patient's care and well-being;~~
- ~~f) Recognize the potential for negative patient outcomes of professional boundary crossings;~~
- ~~g) Not use any confidence of a patient to the patient's disadvantage or for the advantage of the nurse;~~
- ~~h) Recognize the importance of clear understandings with the patient regarding financial matters. For nurses practicing independently, arrangements for reimbursement must be made at the initiation of the nurse-patient relationship. A nurse shall not engage in loans to or from a patient and shall not barter with a patient;~~
- ~~i) Only accept gifts of minimal value from a patient or key party;~~
- ~~j) Avoid statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and~~
- ~~k) Avoid suggestions or discussions of the possibility of dating or a sexual or romantic relationship after the professional relationship ends.~~

~~***Abuse includes all types of verbal and psychological abuse, in addition to physical abuse.~~

~~11.2.2 Sexual Misconduct~~

~~Sexual misconduct includes, but is not limited to, the following behavior with a current or former patient or key party. Patient consent to, or the initiation of a sexual or romantic relationship, is not a defense:~~

- ~~a) Sexual intercourse;~~
- ~~b) Touching of the breasts, genitals, anus or any sexualized body part initiated by the nurse or patient, except as consistent with accepted standards of nursing practice;~~
- ~~c) Rubbing against current or former patient or key party, initiated by the nurse, current or former patient, or key party, for sexual gratification;~~

- d) ~~Hugging, kissing or caressing of a romantic or sexual nature;~~
- e) ~~Failure to provide adequate patient privacy to dress or undress, except as may be medically necessary or required for patient safety;~~
- f) ~~Failure to provide the patient with an appropriate gown or draping, except as may be medically necessary or required for patient safety;~~
- g) ~~Dressing or undressing in the presence of the patient;~~
- h) ~~Encouraging masturbation or other sex acts in the presence of the nurse;~~
- i) ~~Masturbation or other sex acts performed by the nurse in the presence of the current or former patient or key party;~~
- j) ~~Discussing sexual history, behaviors or fantasies of the nurse;~~
- k) ~~Behavior, gestures, statements or expressions that may reasonably be interpreted as romantic or sexual;~~
- l) ~~Making inappropriate statements to current or former patients or key parties regarding their body parts, appearance, sexual history or sexual orientation;~~
- m) ~~Sexually demeaning behavior, which may be reasonably interpreted as humiliating, embarrassing, threatening, or harmful to current or former patients or key parties;~~
- n) ~~Showing a current or former patient or key party sexually explicit materials, other than for health care purposes;~~
- o) ~~Posing, photographing or recording the body or any body part of a current or former patient or key party, other than for health care purposes with consent;~~
- p) ~~Transmitting information via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient or key party; and~~
- q) ~~Sexual or romantic conduct with a key party when that person is being manipulated into such a relationship by the nurse.~~

~~11.2.3 Former Patient~~

~~A nurse may not engage or attempt to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.~~

- a. ~~Factors which the BON may consider in determining risk of harm or exploitation include, but are not limited to:~~
 - h) ~~The length of time the nurse-patient relationship existed;~~
 - i) ~~The circumstances of the cessation or termination of the nurse-patient relationship;~~
 - j) ~~The amount of time that has passed since nursing services were terminated;~~
 - k) ~~The nature of the patient's health status and the extent of care received;~~
 - l) ~~The degree of the patient's dependence and vulnerability;~~
 - m) ~~The extent to which there exists an ongoing nurse-patient relationship following the termination of services, and whether the patient is reasonably anticipated to become a patient of the nurse in the future; and~~
 - n) ~~Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.~~

- b. ~~Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, nurses are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients or key parties for a period of at least two years after termination of nursing services.~~

~~11.2.4 These Rules Do Not Prohibit~~

- a. ~~Providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; and~~
- b. ~~Contact that is necessary for a health care purpose that meets the standards of the profession.~~

~~***"Excessive force" means force clearly greater than what would normally be applied in similar clinical situations.~~

~~***This section of the Act provides a specific ground for failure to comply with terms of the program agreement with the Alternatives to Discipline Program. This ground addresses the challenge to investigate if a nurse who has been in a program for some time were to relapse and is referred to the BON for possible disciplinary action.~~

~~***Drug screening may be conducted as a condition of employment.~~

~~***This section of the Act makes not completing or otherwise complying with a BON order a ground for discipline in itself. BON orders are interpreted to include settlement agreements.~~

~~***This ground also addresses failure to comply with other laws and rules/regulations.~~

~~11.3 Disciplinary Process~~

~~11.3.1 Complaint Investigation~~

~~The BON shall investigate alleged acts or omissions that the BON reasonably believes violate the NPA or Nursing Administrative Rules.~~

~~11.3.2 Complaint Resolution~~

- a. ~~Complaints may be settled through informal negotiations with the subject nurse and/or subject nurse's attorney.~~
- b. ~~Negotiated settlements shall be reviewed to determine whether any proposed remedy is appropriate for the facts as admitted or stipulated.~~
- c. ~~If a complaint cannot be resolved through informal negotiations, the case may be referred for formal administrative hearings.~~
- d. ~~The BON shall review the evidence and record produced at the administrative hearings along with the recommendations of the administrative law judge to determine whether the burden of proof has been met with regards to any violation. The BON is responsible for making complaint resolution decisions.~~

~~11.4 Notification~~

~~The BON shall provide information as required by federal law to federal databanks, to the NCSBN centralized licensing and discipline databank (Nursys) and may develop procedures for communicating with others in BON policy.~~

~~11.5 Alternative to Discipline Monitoring Program~~

~~11.5.1 Purpose—Alternative to Discipline Monitoring Programs promote public health and safety by facilitating early intervention and entry into a non-punitive and non-public process for monitoring participants' recovery from substance abuse, as well as their ability to provide safe nursing care.~~

~~11.5.2 Objectives~~



- ~~e.a. To promote early identification and close monitoring of nurses who are impaired due to substance abuse.~~
- ~~f.b. To decrease the time between the nurse's acknowledgement of a substance abuse problem and the time she/he enters a treatment and recovery program.~~
- ~~g.c. To assure that recovering nurses are compliant with treatment, recovery and work plans.~~
- ~~h.d. To provide monitoring when the nurse returns to nursing practice to assure the safety of the public while the nurse progresses in recovery.~~
- ~~i.e. To provide education to nurses, nursing schools and nursing employers regarding the disease of chemical dependency, the implications for nursing practice and to promote nurse self-reporting, as well as earlier identification and treatment.~~

11.5.3 Program Structure

- ~~a. A qualified administrator with education and expertise regarding the identification of substance abusers, treatment options and recovery maintenance shall direct the program.~~
- ~~b. The program shall meet specific reporting criteria and timelines established by the BON.~~
- ~~c. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.~~

11.5.4 Criteria for Entry

- ~~a. The program shall develop admission criteria for review and approval by the BON.~~
- ~~b. Admission to the alternative program may be denied for any of the following conditions, including, but not limited to:
 - ~~1.5. The nurse is not eligible for licensure in the jurisdiction.~~
 - ~~2.6. The nurse has a history of prior licensure disciplinary action.~~
 - ~~3.7. The nurse has pending criminal action or past criminal conviction.~~
 - ~~4.8. The nurse denies substance abuse or addiction.~~
 - ~~5.9. The nurse has diverted controlled substances for sale or for other than self use.~~
 - ~~6.10. The nurse's participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting board member, the treatment provider or the nurse.~~
 - ~~7.11. The nurse's practice has caused client harm.~~~~

~~***Note that the verb in the stem of this provision is may. This section provides discretion for program staff to allow individuals into the program with one or more of these conditions.~~

~~***An example of significant client risk would be a situation where there is information available indicating that incidents have occurred where the nurse caused harm, abuse or neglect to clients. In such cases, a disciplinary outcome for the nurse is needed.~~

11.5.5 Terms and Conditions for Alternative Program Participation

- ~~e.a. Each nurse entering the alternative program is responsible for meeting the requirements of the alternative program.~~
- ~~f.b. Each nurse entering the alternative program shall agree to inform any and all employers of participation in the program.~~
- ~~g.c. Alternative Program Agreements define the monitoring requirements, expected reports and information to be provided to the program.~~

~~3.1 Standard provisions shall be developed and submitted to the BON to approve use for all participants.~~

~~4.2 Agreements may be individualized to meet specific nurse needs.~~

~~h.d. Agreements and supporting data shall be reviewed on a regular basis.~~

~~11.5.6 Successful Program Completion~~

~~A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in this chapter and the participant's agreement.~~

~~11.5.7 Causes for Termination from Program~~

~~Participation from the alternative program may be terminated for any of the following reasons:~~

- ~~f. The participant fails to comply with any of the terms and conditions of the program specified in this chapter.~~
- ~~g. The participant fails to comply with any provision of the participant's agreement.~~
- ~~h. The participant is unable to practice according to acceptable and prevailing standards of safe care.~~
- ~~i. The program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action or the provisions of this chapter.~~
- ~~j. The participant receives a felony conviction.~~

~~11.6 Practice Remediation Program~~

~~***The Practice Remediation Program (PRP) offers an alternative to discipline opportunity for nurses with demonstrated practice deficiencies to correct those deficiencies. The program serves nurses who work in employment settings where there are no adequate mechanisms in place to take corrective action, monitor effectiveness of remediation, and monitor the nurses' behavior and practice. The program is also available to nurses who request assistance from the BON as an alternative to working with an employer (see minor incident rule, Chapter 12, section 12.3.1).~~

~~11.6.1 Purpose—To offer an alternative to discipline for nurses with practice deficiencies.~~

~~11.6.2 Objectives~~

- ~~e.a. To promote early identification of practice deficiencies.~~
- ~~f.b. To assess the practice deficiencies in relation to the nurse, the practice context and public safety.~~
- ~~g.c. To provide remediation plans for correcting practice deficiencies.~~
- ~~h.d. To monitor the progress of nurses toward meeting remediation goals.~~

~~11.6.3 Program Structure~~

- ~~e. The program shall be directed by a qualified administrator with adult education and teaching expertise.~~
- ~~f. The program shall develop criteria for selection, performance and evaluation of educational providers who participate in the PRP.~~
- ~~g. The program shall report to the BON regarding the utilization of the program and meet specific reporting criteria established by the BON.~~
- ~~h. The program shall make aggregate data regarding operations and outcomes available to the BON and interested others.~~

~~11.6.4 Identification of Practice Deficiencies~~



- c. ~~Reports that a nurse may have practice deficiencies may be referred to the PRP for review.~~
- d. ~~Criteria to determine if a licensee's identified practice deficiency can be corrected through participation in the PRP rather than through formal disciplinary action include, but are not limited to:~~
 - 7. ~~The licensee's eligibility to participate in the PRP in accordance with Article X, Section 1(b).~~
 - 8. ~~The licensee's willingness to participate in the PRP.~~
 - 9. ~~Whether the reported practice deficiency:~~
 - d) ~~Represented an intentional or willful commission or omission by the licensee.~~
 - e) ~~Represented a single incident or a pattern of behavior by the licensee and, if a pattern of behavior, the frequency of the occurrence.~~
 - f) ~~Involved a vulnerable client.~~
 - 10. ~~The impact of the practice deficiency on patient care and outcomes.~~
 - 11. ~~The likelihood of correcting the practice deficiency through remediation.~~
 - 12. ~~Whether remediation and monitoring of the nurse's practice will provide reasonable assurance that the public will be adequately protected from unsafe practice if the licensee enters the PRP.~~

~~11.6.5 Eligibility Requirements for Participation in the PRP~~

~~A licensee may participate in the PRP if:~~

- e. ~~The licensee is currently licensed to practice nursing in the state and is eligible to renew the license.~~
- f. ~~The licensee has not been the subject of formal disciplinary action by any regulatory BON or entity located in this state or in another jurisdiction, unless the BON determines that the previous disciplinary action was for a violation that would not preclude participation in the PRP.~~
- g. ~~The nurse has no pending criminal conviction.~~
- h. ~~The review of the criteria in 11.7.4 determines that the licensee's identified practice deficiency is appropriate to correct through remediation and would not pose a significant risk for the health care consumer, as determined by PRP staff.~~

~~11.6.6 Provisions of the Participatory Agreement for the PRP~~

- a. ~~When a licensee has been determined by the BON to be eligible for the PRP, the licensee shall execute a participatory agreement with PRP, which includes but is not limited to:~~
 - 10. ~~A description of the identified practice deficiency.~~
 - 11. ~~The specific remediation the participant must complete, including identification of educational providers and time frame for compliance with the terms of the participatory agreement.~~
 - 12. ~~The requirement that the participant pay all expenses the participant incurs as a result of the required remediation.~~
 - 13. ~~Requires the participant to notify all employers during the course of participation in the PRP.~~
 - 14. ~~The requirement that the participant agree not to practice in any other jurisdiction during the term of the PRP agreement without prior authorization from the other jurisdiction and the PRP.~~
 - 15. ~~A monitoring plan and expected progress reports from all employers, education providers and the licensee.~~
 - 16. ~~The requirement that the participant sign all waivers necessary to secure all reports required by PRP.~~
 - 17. ~~Expectations for successful completion of the program.~~
 - 18. ~~The grounds for termination from the PRP.~~

- b. ~~A licensee determined eligible for the PRP who refuses to enter into the participatory agreement within the time frame specified by PRP shall be subject to disciplinary action in accordance with Article X, Section 3.~~

~~11.6.7 Successful Completion of Program~~

~~A participant successfully completes the program when the participant complies with all terms and conditions of the program, as specified in this chapter and the participant's agreement.~~

~~11.6.8 Termination from the Practice Remediation Program~~

- c. ~~Participation in the PRP may be terminated from the program for any of the following:~~
 - 6. ~~Failure to comply with any term of the participatory agreement entered into by the participant.~~
 - 7. ~~Receipt of evidence from the educational provider indicating that the participant has failed to progress through or to successfully complete the remediation in the manner and during the time frame prescribed in the participatory agreement.~~
 - 8. ~~Receipt of evidence from the workplace monitor indicating that the participant has continued to demonstrate the practice deficiency.~~
 - 9. ~~Failure to complete the remediation.~~
 - 10. ~~Failure to maintain eligibility for PRP.~~
- d. ~~When a licensee is terminated from PRP for one or more of these reasons, the BON may proceed with disciplinary action in accordance with Article X, Section 3. The BON may consider the licensee's termination from the PRP when determining the discipline to be imposed.~~

~~11.6.9 Disclosure of PRP Records~~

- g. ~~Information obtained by the practice program pursuant to an investigation shall be classified as not public information.~~
- h. ~~All records regarding a licensee's participation in the PRP are not public and shall be maintained in the program office in a secure place separate and apart from the BON's record.~~
- i. ~~The records shall be made public only by subpoena and court order.~~
- j. ~~All educational providers and workplace monitors selected to provide remediation by a participant in PRP shall, as representatives of the BON, maintain the privacy of all records regarding the participant's remediation.~~
- k. ~~The PRP shall make regular reports to the BON setting forth, in aggregate, information regarding practice deficiencies, the types of educational interventions undertaken to correct the deficiencies and any other statistical information requested by the BON.~~
- l. ~~Non public treatment of PRP records shall be cancelled if the nurse defaults on the PRP agreement and does not comply with the requirements of the program.~~

~~***The Ohio State Board of Nursing Practice Identification and Improvement Program (PIIP) was the model for the PRP.~~

~~Chapter 12—Emergency Relief~~

~~***Article XII of the MNPA and Chapter 12 of the MNAR provide a process for the BON to intervene quickly in emergency situations in order to protect the public from imminent and serious harm to the public. Although action is taken prior to hearing, the nurse is assured due process because of the~~

~~provision that a hearing must be held within a specified time frame. Such emergency action is reserved for critical incidents.~~

~~***The specificity of Article XII in the MNPA precludes the need for additional rules at this time. This chapter is a placeholder until and if rules are needed in the future. This column has been used for explanatory comments.~~

~~***States vary as to how summary suspensions are initiated.~~

~~*** This section allows a BON to act on a previous court action without additional proceedings. The rationale for this section, in addition to the individual already having been in court, is that if a nurse is so ill or incompetent as to require a guardian, he or she would not be able to participate in the discipline process in a meaningful way.~~

~~Example: A nurse who has been determined by a court of competent jurisdiction to be dangerous to the public because of serious mental disorder.~~

~~Another option is to consider automatic suspension for specified, very serious criminal convictions.~~

~~*** The BON's prosecuting attorney may also petition for injunctive relief related to nursing practice.~~

~~Chapter 13—Reporting~~

~~3-2.1 Insurers~~

~~Four times each year, by the first day of February, May, August and November, each insurer authorized to sell insurance in this state and providing professional liability insurance to RNs, LPN/VNs or APRNs shall submit to the BON a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:~~

- ~~a. The total number of settlements or awards.~~
- ~~b. The date the settlement or award was made.~~
- ~~c. The allegations contained in the claim or complaint leading to the settlement or award.~~
- ~~d. The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award.~~
- ~~e. The name and address of the nurse against whom an award was made or with whom a settlement was made.~~

~~An insurer shall also report to the BON any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating Article X, Section 1.~~

~~***BONs that require liability insurer reporting may need to reference the state's statutes and rules governing insurance carriers and collaborate with other agencies to enforce this provision.~~

~~13-2.2 Courts~~

~~The court administrator of any court of competent jurisdiction shall report to the BON any judgment or other determination of the court that adjudges or includes a finding that a nurse is:~~

- ~~k.b. Mentally ill.~~
- ~~l.c. Mentally incompetent.~~
- ~~m.d. Chemically dependent.~~

- ~~n.e. Dangerous to the public.~~
- ~~o.f. Guilty of a felony or gross misdemeanor.~~
- ~~p.g. Guilty of a violation of federal or state narcotics laws or controlled substances act.~~
- ~~q.h. Guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance.~~
- ~~r.i. Guilty of an abuse or fraud under Medicare or Medicaid.~~
- ~~s.j. Appointed a guardian.~~
- ~~t.k. Committed under the laws of the state.~~

13.2.3 Deadlines; Forms

~~Reports required by 13.2 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The BON may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The BON shall review all reports, including those submitted after the deadline.~~

~~***States vary as to processes for accessing court records. Criminal convictions involving licensed nurses should be reviewed to confirm the identity of the nurse, the nature of the offense committed, and the court's sentence and judgment.~~

13.2.4 Minor Incidents

~~***The reporting of every minor violation of the NPA does not enhance protection of the public. This is particularly true when there are mechanisms in place in the nurse's employment setting to take corrective action and monitor effectiveness of remediation and patterns of nurse behavior and practice. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the BON.~~

- a. ~~The chief administrative nurse or designee responsible for reviewing incidents of practice breakdown may determine that an incident need not be reported to the BON if all of the following factors exist:~~
 - ~~5-6. The potential risk of physical, emotional or financial harm to the client due to the incident is minimal.~~
 - ~~6-7. The nurse exhibits a conscientious approach to and accountability for his or her practice.~~
 - ~~7-8. The nurse has demonstrated the knowledge and skill to practice safely.~~
- b. ~~The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event, and the presence of contributing or mitigating circumstances in the nursing care delivery system.~~
- c. ~~If an event is determined to be a minor incident:~~
 - 3. ~~An incident/variance report shall be completed according to the employing facility's policy, including a complete description of the incident, client record number, names of witnesses, identification of subject nurse and action to correct or remediate the problem.~~
 - 4. ~~The chief administrative nurse or designee shall maintain a record of each minor incident involving nurses under his/her supervision.~~
- d. ~~The chief administrative nurse or designee shall report to the BON if <-> minor incidents involving a nurse are documented within a one-year time period; if a nurse leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.~~



- e. ~~Nothing in this rule is intended to prevent reporting of a potential violation directly to the BON.~~
- f. ~~Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.~~

~~***This provision authorizes the BON to seek court assistance in obtaining information required in Article XII of the MNPA.~~

Chapter 14—Exemptions

~~***Article XIV of the MNPA identifies exceptional situations when an individual may practice nursing without first being granted a license by the jurisdiction. Jurisdictions may use different terminology or mechanism to authorize practice in these temporary situations.~~

~~***Article XIV, Section 1 a. of the MNPA provides an exemption for nursing students enrolled in BON approved nursing education programs and is intended to address practice by students in basic nursing education programs (preparation for initial licensure).~~

~~***Clinical practice by a nurse completing a refresher course requires a temporary permit as stipulated in Chapter 6.~~

14.1.1 Graduate Nursing Students from Another Jurisdiction

Graduate students who are licensed as RNs in another jurisdiction and practicing nursing in this state in fulfillment of graduate nursing program requirements are exempted from licensure if they meet the following criteria:

- a. ~~The graduate program verifies that the student holds an active, unencumbered RN license in another jurisdiction (either in the U.S. or in another country).~~
- b. ~~The BON approves the graduate study experience.~~
- c. ~~The graduate program advises the student of expectations regarding student practice and required supervision.~~
- d. ~~The graduate program provides direct supervision of the clinical experience and informs faculty, preceptors and clinical facilities that the student is practicing under this limited exemption.~~
- e. ~~The student limits practice to what is required for completion of the graduate program requirements.~~

~~***This exemption addresses the nursing practice by a graduate nursing student.~~

~~*** Most graduate nursing education programs in the U.S. require students to be licensed as RNs in the state the school is located. There are some exceptions, e.g., some programs waive this requirement for international students coming to the U.S. solely for education, planning to return to their native country and never intending to practice in this country. If a graduate student intends to work as a nurse while enrolled in a graduate nursing education program, the student is expected to apply for licensure.~~

~~***In the previous version of the rules, practice by graduate students in schools where RN licensure was not required was covered by a category of permit for “post-basic” students that was included in MNPA, Article V, to provide for those situations when a graduate nurse wishes to practice to meet the clinical requirements of a graduate program, but does not intend to otherwise practice in a jurisdiction. There~~

was concern that the term “post-basic” was confusing, so this type of permit was deleted. Instead, Article XIV, Section 1 b. provides an exemption for graduate students meeting criteria set forth in rule.

14.1.2 Practice Expectations

The practice of any nurse currently licensed in another state who is in this jurisdiction on a time-limited, non-routine basis for the activities identified in Article XIV, Section 1, shall comply with the scope of practice and standards of this jurisdiction.

Chapter 15 — Revenue and Fees

15.1 Collection of Fees

a. The BON shall collect the following fees:

<u>Fee Category</u>	<u>Fee</u>
1. Application for licensure by examination	
a. RN	↔
b. LPN/VN	↔
c. APRN	↔
2. Temporary permit for initial licensure applicant	
d. RN	↔
e. LPN/VN	↔
f. APRN	↔
3. Application for licensure by endorsement	
d. RN	↔
e. LPN/VN	↔
f. APRN	↔
4. Temporary permit for endorsement applicant	
d. RN	↔
e. LPN/VN	↔
f. APRN	↔
5. Renewal of licensure	
d. RN	↔
e. LPN/VN	↔
f. APRN	↔
6. Temporary permit to practice for the clinical portion of a nursing refresher course	↔



- ~~7. Late renewal~~ ⇔
- ~~8. Reinstatement~~ ⇔
- ~~9. Certified statement that nurse is licensed in state~~ ⇔
- ~~10. Duplicate or reissued license~~ ⇔
- ~~11. Returned check~~ ⇔
- ~~12. Fee for each level of nursing education program survey and evaluation~~ ⇔
- ~~13. Discipline monitoring~~ ⇔

~~*** Applicable only to licensees with encumbered licenses~~

- ~~14. Copying costs~~ ⇔
- ~~15. Other miscellaneous costs~~ ⇔

- ~~b. Cost of service. Fees collected by the BON shall reflect the cost of service provided.~~
- ~~c. Refund of fees. All fees collected by the BON are non-refundable.~~

Chapter ~~11.8~~— APRN ~~Scope of Practice~~

~~118.1 Standards Related to the APRN~~

- a. The APRN shall comply with the standards for RNs as specified in Chapter ~~32~~ above and to the standards of the national professional nursing associations ~~recognized~~ **approved** by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations.
- c. ~~An APRN performing direct patient care shall maintain a method of quality assurance for evaluation of the APRN's practice. Proof of quality assurance reviews must be maintained for five years. The APRN will make the method and reviews available to the BON upon request.~~

~~118.2 Licensure as an APRN~~

~~118.2.1 Application for Initial Licensure as an APRN~~

- a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter ~~415~~, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:
 - ~~b. Competence development~~
 - 1. Graduation from ~~an APRN graduate or post-graduate program as evidenced by official documentation received directly from an APRN graduate~~ program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA) ~~, or its successor organization~~ as acceptable by the BON ~~and~~.
 - 2. ~~Verification of completion as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of~~

~~Education and/or the Council for Higher Education Accreditation (CHEA) as acceptable by the BON.~~

This documentation shall verify the date of graduation; credential conferred; ~~number of~~ clinical hours completed; ~~completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment and advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;~~ role and population focus of the education program; ~~qualifications for prescribing and ordering;~~ and evidence of meeting the standards of nursing education in this state.

~~e. Competence assessment~~

~~d.b.~~ In order to be licensed in this state, all APRN applicants must be currently licensed as an RN ~~or hold a privilege to practice as an RN in this state.~~

~~e.c.~~ In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.

~~f.d. Criteria for evaluating APRN certification programs~~

The BON shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:

1. The ~~certification~~ program is national in the scope of its credentialing.
2. Conditions for taking the certification examination are consistent with acceptable standards of the testing community ~~and are intended to ensure minimal competence to practice at an advanced level of nursing.~~
3. Educational requirements are consistent with the requirements of the advanced practice role and population focus.
4. The standard's methodologies used are acceptable to the testing community, such as incumbent job analysis studies and logical job analysis studies.
5. Certification programs are accredited by a national accreditation body as acceptable by the BON.
6. The examination represents entry-level practice, with minimal, though critical competencies, in the APRN role and population focus.
7. ~~The certification program will have an established process of communication with the BON.~~
8. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.
9. Examination items ~~are shall be~~ reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically at least every five years. When possible, items will be reviewed for cultural bias.
10. Examinations are evaluated for psychometric performance.
11. The passing standard is established using acceptable psychometric methods and is reevaluated periodically at least every five years.
12. Examination security is maintained through established procedures.
13. Certification is issued based upon ~~meeting all certification requirements and~~ passing the examination and meeting all other certification requirements.
14. A retake policy is in place
15. ~~The certification program will notify the BON when individuals are certified, recertified and when there is a change in certification status.~~



16. A certification maintenance program, which includes review of qualifications and continued competence, is in place.
17. Mechanisms are in place for communication to BONs for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.
18. An evaluation process is in place to provide quality assurance in ~~its the~~ certification program.

~~The BON will notify certification programs when APRNs have encumbrances placed on their licenses or privilege to practice.~~

~~18.2.2 Competence Conduct~~

~~e. Requirements of 5.3.d-I shall apply to APRNs. APRN competence conduct is the same as previously stated for RN and LPN/VN competence conduct in 6.7.3.~~

~~118.2.23~~ Application of an Internationally Educated APRN

An internationally educated applicant for licensure ~~in this state~~ as an APRN ~~in this state~~ shall:

- a. Graduate from a graduate ~~or post-graduate~~ level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON.
- b. Submit documentation through an official transcript directly from the international nursing education program and verified through a ~~BON approved~~ qualified credentials evaluation process for the license being sought, ~~and~~
- c. Meet all other licensure criteria required of applicants educated in the U.S.

~~118.2.34~~ Application for Licensure by Endorsement ~~Requirements as an APRN~~

~~a.~~ An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter ~~4-15~~, verification of eligibility for an ~~unencumbered~~ license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:

~~a.—Competence development~~

- ~~1.~~ Graduation ~~from or verification of completion~~ from a graduate ~~or post-graduate~~ level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, ~~or its successor organization~~, as acceptable by the BON.
- ~~1-2.~~ This documentation shall verify the date of graduation; ~~credential conferred;~~ ~~number of~~ clinical hours completed; ~~completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents;~~ role and population focus of the education ~~program;~~ ~~qualifications for prescribing and ordering~~, and evidence of meeting the standards of nursing education in this state.
- ~~2.—Verification of completion as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, as acceptable by the BON.~~

~~This documentation shall verify the date of graduation, credential conferred, number of clinical hours, completion of three separate graduate level courses in advanced physiology and pathophysiology,~~

~~advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents, role and population focus of the education program, and evidence of meeting the standards of nursing education in this state.~~

~~3.—Demonstration of successful completion of approved APRN certificate program.~~

~~b.—Competence assessment~~

3. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.

a) Primary source of verification of certification is required.

b) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice. ~~No more than two hours may concern the study of herbal or complementary therapies.~~

~~c)~~ If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to ~~application applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies.~~ The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.

~~e)d) Preceptor must who~~ meets the following requirements:

i. Holds an active ~~unencumbered~~ license or privilege to practice ~~as an APRN or physician that is not encumbered and practices in a comparable practice and focus and-~~

~~ii.—Is in current practice in the advanced role and population foci.~~

~~iii.)i.~~ Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

~~***The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.~~

~~b.—Competence conduct~~

b. ~~Requirements of 5.3.d-i shall apply to APRNs. APRN competence conduct is the same as previously stated for RN and LPN/VN competence conduct in 6.7.3.~~

118.2.45 Application for License Renewal of License as an APRN

An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter ~~415~~, and a completed license renewal application including:

a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.

~~b.—Evidence of completion of a minimum of 24 contact hours obtained within the most recent licensure renewal cycle: 12 hours in pharmacotherapeutics and 12 hours in the clinical management of patients from an approved continuing education provider recognized by the BON. No more than two pharmacology contact hours may concern the study of herbal or complementary therapies.~~

~~e-b.~~ Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of ~~118.2.1-~~

118.2.56 Quality Assurance/Documentation and Audit

The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance ~~as described in Chapter 6.~~

118.2.67 Reinstatement of APRN License

The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter ~~56~~ plus the following:

a. ~~Refresher course required~~

An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of ~~successfully completing < > hours of a passing an APRN nursing refresher course approved by the BON or an extensive re~~orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.

b. ~~Preceptor must who~~ meets the following requirements:

1. Holds an active ~~unencumbered~~ license ~~or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and-~~
- ~~2-~~ ~~Is in current practice in the advanced role and population foci-~~
- ~~3-2-~~ Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

~~The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus.~~

~~b-c.~~ ~~Reinstatement following disciplinary action~~

For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.

118.3. Titles and Abbreviations ~~for APRNs~~

- a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population ~~focusi~~ of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric/mental health.
- b. Each APRN shall use the designation "APRN" plus role title as a minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term doctor or abbreviation "Dr."
- c. When providing nursing care, the APRN shall provide clear identification that indicates his ~~or~~her APRN designation.

118.4 APRN ~~Nursing~~ Education

~~18.4.1. Purpose of Nursing Education Standards~~

~~The purpose of APRN nursing education standards is the same as previously stated for RN and LPN/VN in Section 9.1.~~

119.4.12. Required Criteria for APRN Nursing Education Programs

The BON shall determine whether an APRN nursing education program meets the qualifications for the establishment of a ~~programschool~~ based upon the following standards:

a. ~~An APRN program shall appoint the following personnel:~~

~~b. Faculty~~

1. APRN program administrator qualifications shall include:

- a) A current, active, ~~unencumbered~~ APRN license or privilege to practice ~~that is not encumbered~~ in the state where the program is approved and/or accredited.
- b) A doctoral degree in a health-related field.
- c) ~~Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration, and a~~At least two years of clinical experience ~~as an APRN and~~.
- d) ~~A~~Current knowledge of national APRN certification practice.

2. ~~A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component, including curriculum development, for the role and population foci in the APRN program.~~

~~2.3. Qualifications for Nursing faculty who teach any APRN nursing course that includes in the clinical learning experiences leading to licensure as an APRN shall meet the following qualifications:~~

- a) A current, active, ~~unencumbered~~ APRN license or privilege to practice ~~that is not encumbered~~ in the state where the program is approved and/or accredited.
- b) A minimum of a master's degree in nursing or health related field in the clinical specialty.
- c) Two years of APRN clinical experience ~~and~~.
- d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities.

~~*** Doctorate education is desirable for faculty of the APRN graduate nursing education track.~~

~~*** There is an evolving field of nursing where the nurse is educated with a practice doctorate, also termed a nurse doctorate. This education emphasizes the science of nursing practice, rather than nursing theory and research. BONs should be aware of this movement and understand how it differs from traditional doctoral education and consider this degree for faculty qualifications for all three types of programs when appropriate.~~

~~3.4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.~~

~~4.5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.~~

~~5.6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them. Clinical preceptors will be approved by faculty and meet the following requirements:~~

- a) Hold an active ~~unencumbered~~ APRN license or privilege to practice ~~that is not encumbered as an APRN or physician and practices in a comparable practice focus and~~ ~~b) Is in current practice in the advanced role and population focus.~~
- e) ~~b) Function as a supervisor and teacher and evaluates the individual's student' performance in the clinical setting.~~

~~The preceptor may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus. However, they cannot consist of a majority of the preceptors.~~

~~e-b. Curriculum~~

The curriculum of the APRN nursing education program must prepare the graduate to practice ~~e) in~~ one of the four identified APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric /mental health. The curriculum shall include:

1. Three separate graduate level courses (the APRN core) in:
 - a) Advanced physiology and pathophysiology, including general principles that apply across the lifespan.
 - b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches. ~~and~~
 - c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.

~~***Additional content specific to the role and population focus in these three APRN core areas should be integrated throughout the other role and population didactic and clinical courses.~~

2. Diagnosis and management of diseases across practice settings including diseases representative of all systems ~~and caused by major morbidities.~~
3. Preparation that provides a basic understanding of the principles for decision making in the identified role.
4. Preparation in the core competencies for the identified APRN role ~~and~~.
5. Role preparation in one of the six population foci of practice.

~~Preparation in a specialty area of practice is optional, but if included, must build on the APRN role/population focus competencies. Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to practice in the APRN role and population focus.~~

~~d-c. Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:~~

1. Each student enrolled in an APRN program shall have an ~~unencumbered RN~~ license or privilege to practice ~~that is not encumbered in the~~ ~~is~~ state ~~of clinical practice and be currently licensed as an RN in this state prior to involvement in clinical practice as a student APRN,~~ unless exempted from this licensure requirement under ~~Article 5 section 10~~ ~~§14.1.~~

~~***This requirement for RN licensure reflects that APRN roles and population foci build upon educational preparation and experience as an RN.~~

2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate programs offered by an accredited college or university shall include the following components:
 - a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus ~~and-~~
 - b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
 - i. Graduate APRN program core courses- ~~and~~
 - ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN-

****Examples of APRN core courses include advanced pathophysiology, advanced pharmacotherapeutics, advanced assessment and diagnostic reasoning, and management of health care status.*

3. ~~Coursework focusing on the APRN role and population focus-~~The curriculum ~~meets the following criteria:~~
 - Shall be consistent with competencies of the specific areas of practice.
4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.
5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients.
6. There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must ~~meet master~~ the same APRN outcome competencies as the master level students.

****The advanced practice nursing student prepared in any of the current direct care provider roles must receive sufficient clinical experience to provide depth and breadth in a given population foci. A 500-hour supervised clinical is the standard of the National Organization of Nurse Practitioners Faculties, the National Task Force on Quality Nurse Practitioner Education, the National Association of Clinical Nurse Specialist and is endorsed by the American Association of Colleges of Nursing. BONs should be aware that other APRN groups are requiring set numbers of cases (nurse anesthetists) or mastery of clinical skills (nurse midwives) to meet the supervised clinical requirement.*

- i. ~~A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component for the role and population foci in the APRN program.~~

118.4.62 Models for Determining Compliance with Standards

The models for determining compliance with APRN nursing education standards ~~are~~ the same as previously stated for RNs and LPN/VNs in Chapter ~~69-2~~.



181.4.83 Establishment of a New APRN ~~Nursing~~ Education Program

Before establishing a new nursing education program, the APRN program shall complete the process outlined below:

- ~~a.~~ Application to the professional accrediting body ~~and~~.
- ~~a-b.~~ The proposed program shall provide the following information to the BON:
 1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates.
 2. Identification of sufficient financial and other resources.
 3. Governing institution approval and support.
 4. Community support.
 5. Type of educational program proposed.
 6. Clinical opportunities and availability of resources.
 7. Availability of qualified faculty.
 8. A pool of available students ~~and~~.
 9. A proposed time line for initiating and expanding the program.

11.5 Prescriptive Authority

118.5.1 Requirements for Prescribing, ~~and~~ Ordering, ~~Dispensing and Furnishing~~ Authority

- a. ~~Regulating authority.~~ An APRN licensed by the BON may prescribe, ~~order,~~ procure, administer, ~~and~~ dispense ~~and furnish~~ over the counter, legend and controlled substances pursuant to applicable state and federal laws ~~and within the APRN's role and population focus. APRNs plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy. BONs may limit the ability of APRNs to prescribe and order.~~
- b. ~~Prescribing practices.~~ Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.
 1. All prescriptions shall include, but not be limited to, the following information:
 - a) Name, title, address and phone number of the APRN who is prescribing.
 - b) Name of patient.
 - c) Date of prescription.
 - d) ~~The f~~ull name of the drug, dosage, route, amount to be dispensed and directions for its use.
 - e) Number of refills.
 - f) Signature of prescriber on written prescription ~~and~~
 - g) DEA number of the prescriber on all scheduled drugs.
 - i. The APRN shall comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substances.
 - ii. The APRN shall immediately file any and all of the nurse's DEA registrations and numbers with the BON.
- c. The BON shall maintain current records of all APRNs with DEA registration and numbers.

181.5.2 Distribution of Samples

- a. APRNs may receive, sign for, record and distribute samples to patients.
- b. Distribution of drug samples shall be in accordance with state law and DEA laws, regulations and guidelines.

181.6 Discipline

~~18.6.1 a.~~ APRN discipline and proceedings is the same as previously stated for RNs and LPN/VNs in Chapter ~~744~~.

~~18.6.2 b.~~ The BON may limit, restrict, deny, suspend or revoke APRN licensure, ~~and/or~~ prescriptive ~~and/or~~ dispensing authority.

~~18.6.3 c.~~ **Additional Grounds** for discipline related to prescriptive ~~and/or~~ dispensing authority include, but are not limited to:

- a. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.
- b. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.
- c. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes. ~~or~~
- d. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.

*~~***These rules are related to the statutes, Article XI, Section 1 (authority) and Article XI, Section 2 (grounds for discipline).~~*

181.7.1 APRN Implementation

10.6 After ~~<Dec. 31, 2015 date>~~, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.

- 10.7 An APRN applying for licensure by endorsement in another state ~~may would~~ be eligible for licensure if ~~he/she~~ the applicant demonstrates that the following criteria have been met:
1. Current, active practice in the advanced role and population focus area.
 2. Current active national certification, ~~or~~ recertification, as applicable, in the advanced role and population focus area.
 3. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his ~~or~~ her APRN education program. ~~and~~
 4. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education.

[Chapter 12. Nursing Licensure Compact](#)

~~4.~~ [Chapter 13. APRN Compact](#)



Report of the NCLEX® Examination Committee (NEC)

Recommendation to the Delegate Assembly

Adopt the proposed 2013 NCLEX-RN® Test Plan.

Rationale:

The NEC reviewed and accepted the *2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* as a basis for recommending revisions to the *2010 NCLEX-RN® Test Plan* to the Delegate Assembly. Empirical evidence from the practice analysis, feedback from member boards and the professional judgment of the NEC provide support for the recommendation to the Delegate Assembly to adopt the 2013 NCLEX-RN® Test Plan.

Background

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

Additionally, the committee oversees the activities of the NCLEX® Item Review Subcommittee (NIRSC), which assists with the item development and review processes. Individual NEC members act as chair of the NIRSC on a rotating basis. Highlights of the activities of the NEC and NIRSC activities follow.

Highlights of FY12 Activities

The following lists the highlights and accomplishments in fulfilling the NEC charge for fiscal year 2012 (FY12).

FY12 charges:

1. Advise the BOD on matters related to the NCLEX examination process, including examination item development, security, administration and quality assurance to ensure consistency with the member boards' need for examinations.
2. Recommend test plans to the Delegate Assembly.

Joint Research Committee (JRC)

The JRC is a committee composed of NCSBN and Pearson VUE psychometric staff, along with a selected group of testing and measurement experts. It 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 investigates possible future enhancements to the examinations.

Several new research projects have been completed, including a study on various scoring models for computerized adaptive testing (CAT) examinations; an evaluation of the robustness of the NCLEX CAT item selection algorithm as it relates to early misses in the testing session; and an evaluation of the cognitive simulation paradigm in nursing licensure examinations.

The JRC also reviewed a number of research proposals during FY12. These proposals included a study of factors that impact the difficulty of NCLEX items and an investigation of cognitive classifications in test development.

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Meeting Dates

- Oct. 17-18, 2011
(NCLEX® Examination Committee Business Meeting)
- Nov. 14-17, 2011
(NCLEX® Item Review Subcommittee Meeting)
- Dec. 5-8, 2011
(NCLEX® Item Review Subcommittee Meeting)
- Feb. 1-2, 2012
(NCLEX® Examination Committee Business Meeting)

NCSBN Examinations Department Internship Program

In 2012, NCSBN sponsored its first summer internship program for advanced doctoral students in educational measurement. The internship lasted eight weeks (June-July 2012) and was awarded to two graduate students. The selected interns participated in research under the guidance of NCSBN psychometric staff, and acquired practical experience working on licensure and certification exams. In addition, the interns worked on a research project that was presented to the JRC at the conclusion of the internship.

The goal of this internship was to provide practical experience with operational CAT programs to measurement students. The interns worked with testing professionals to learn how the NCLEX exams are developed and administered, gained knowledge of CAT subjects, and discussed current measurement topics. In addition, the interns conducted a research project directly pertaining to issues encountered in operational CAT programs.

RN and PN Continuous Practice Analysis Studies

NCSBN began administering the 2011 RN and PN Continuous Practice Analysis online survey instruments in December 2010, and finished the analysis in the first fiscal quarter of 2012. The studies were separated into four administration periods; two forms of the electronic survey instrument were administered in all four periods for both PN and RN samples.

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

Currently, the 2012 RN and PN Continuous Practice Analysis survey administration is underway. Data collection for these surveys began in December 2011 and will continue through October 2012. The methodology and survey forms from the 2011 RN and PN Continuous Practice Analysis are being utilized for the 2012 surveys.

2013 NCLEX-RN® Test Plan

The triennial NCLEX-RN Practice Analysis study is complete. Following the analyses of survey results, the draft 2013 NCLEX-RN® Test Plan was developed and subsequently approved by the BOD in December 2011. This draft document was forwarded to NCSBN Member Boards in December 2011 for review and feedback. The draft 2013 NCLEX-RN® Test Plan will be presented to the NCSBN membership at the Annual Meeting in August 2012 for approval.

Licensed Practical/Vocational Nurse (LPN/VN) Practice Analysis and Knowledge Skills and Ability (KSA) Study

The triennial NCLEX-PN Practice Analysis and Knowledge, Skills and Abilities (KSA) studies are currently underway. In November 2011, a panel of subject matter experts (SMEs) met to develop a comprehensive list of entry-level LPN/VN activity statements that form the basis of the 2014 NCLEX-PN® Test Plan. In addition to the practice analysis, a separate panel of SMEs met in December 2011 to generate knowledge statements relevant to entry-level LPN/VN practice for the KSA study. The knowledge survey will be administered to entry-level LPN/VNs, as well as faculty and supervisors who work with entry-level LPN/VNs. Results obtained from the KSA study will inform item development for the NCLEX-PN Examination starting with the 2014 Test Plan.

NCLEX® Alternate Item Types

The committee consistently reviews the present and future of the NCLEX with an eye toward innovations that would maintain the examination's premier status in licensure. In keeping with this plan, the NCSBN Examinations content staff and Pearson VUE content staff finalized a strategy for the development and delivery of alternate item types that can include multimedia.

NCLEX® Pearson Professional Center (PPC) Enhancements

Pearson VUE opened four new PPCs in the U.S. in 2012. In addition, Pearson VUE will also replace seven PPCs with larger test sites throughout 2012.

Evaluated and Monitored NCLEX® Examination Policies and Procedures

The NEC reviews BOD examination-related policies and procedures, as well as the committee's policies and procedures annually, and updates them as necessary.

MONITORED ASPECTS OF EXAMINATION DEVELOPMENT

Conducted NEC and NIRSC Sessions

To ensure consistency regarding the manner in which NCLEX items are reviewed before becoming operational, members of the NEC continue to chair NIRSC meetings. The committee and the subcommittee: (1) Reviewed RN and PN operational and pretest items; (2) Provided direction regarding RN and PN multiple-choice and alternate format items; and (3) Made decisions addressing revisions to content coding, operational definitions for client needs, cognitive codes and the integrated processes. In addition to 100 percent validation by Pearson VUE staff, the NIRSC and staff currently evaluate 10 percent of all validations for pretest items and 10 percent of all validations of master pool items scheduled for review.

Assistance from the NIRSC continues to reduce the NEC's item review workload, facilitating its efforts toward achieving defined goals. As the item pools continue to grow, review of operational items is critical to ensure that the item pools reflect current entry-level nursing practice. At this time, the number of volunteers serving on the subcommittee is 20, with representation from all four NCSBN geographic areas. Orientation to the NIRSC occurs annually and at each meeting.

Monitored Item Production

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

Table 1. RN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 02 – March 03	4	47	2,611	7	1,542
April 03 – March 04	2	23	1,097	5	1,446
April 04 – March 05	1	12	301	4	1,415
April 05 – March 06	5	66	2,514	7	2,885
April 06 – March 07	3	47	1,835	6	3,195
April 07 – March 08	3	47	1,815	5	2,556
April 08 – March 09	3	39	1,724	5	3,036
April 09 – March 10	6	66	1,931	14	7,948
April 10 – March 11	11	126	3,208	15	7,638
April 11 – March 12	7	83	3,640	11	6,035

- March 26-29, 2012
(NCLEX® Item Review Subcommittee Meeting)
- April 10-11, 2012
(NCLEX® Examination Committee Business Meeting)
- June 25-28, 2012
(NCLEX® Item Review Subcommittee Meeting)
- July 17, 2012
(NCLEX® Examination Committee Conference Call)
- Aug. 20-23, 2012
(NCLEX® Item Review Subcommittee Meeting)
- Sept. 24-27, 2012
(NCLEX® Item Review Subcommittee Meeting)

Relationship to Strategic Plan

Strategic Initiative C

NCSBN provides state-of-the-art competence assessments.

Strategic Objective 1

NCLEX development, security, psychometrics, administration and quality assurance processes are consistent with member boards' examination needs.

Table 2. PN Item Development Productivity Comparison

Year	Writing Sessions	Item Writers	Items Written	Review Sessions	Items Reviewed
April 02 – March 03	3	33	1,476	6	1,547
April 03 – March 04	2	24	968	5	1,611
April 04 – March 05	1	11	430	3	2,124
April 05 – March 06	4	50	1,938	5	3,682
April 06 – March 07	3	45	2,453	4	1,661
April 07 – March 08	3	48	2,378	6	3,304
April 08 – March 09	1	16	551	6	2,829
April 09 – March 10	2	24	869	5	1,578
April 10 – March 11	3	35	1,267	12	5,776
April 11 – March 12	5	46	1,643	11	6,140

NCSBN Item Development Sessions Held at Pearson VUE

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

Monitored Item Sensitivity Review

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

Evaluated Item Development Process and Progress

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

Monitored Development of Operational NCLEX® Item Pools

NCSBN Examinations staff monitored the configuration of RN and PN operational item pools. The process of configuring operational item pools involves a few critical variables outlined in the NCLEX test plan; however, the quality control checks performed afterward are based upon both nursing content and psychometric variables. The resulting operational item pools were evaluated extensively with regard to these variables and were found to be within operational specifications. To ensure that operational item pools and the item selection algorithm were functioning together as expected, simulated examinations were evaluated. Using these simulated examinations, the functioning of the algorithm was scrutinized with regard to the distribution of items by test plan content area. It was concluded that the operational item pools and the item selection algorithm were acting in concert to produce exams that were within NCSBN specifications and were comparable to exams drawn from previous NCLEX item pool deployments. These conclusions were reinforced by replicating the analyses using actual candidate data. The committee will continue to monitor performance of the NCLEX through these and other psychometric reports and analyses.

Member Board Review of Items

Boards of nursing (BONs) are provided opportunities to conduct reviews of NCLEX items twice a year. Based on this review, BONs may refer items to the NEC for review and comment for one of the following reasons: not entry-level practice, not consistent with the nurse practice act or for other reasons. In October 2011, the NEC reviewed the items referred from the April 2011 Member Board Review. The committee provided direction on the resolution of each referred item and staff gave member boards feedback on the NEC's decisions on all referred items. The

NEC encourages each member board to take advantage of the semi-annual opportunities to review NCLEX items. The October 2011 review consisted of 17 member boards, an increase from six member boards during the October 2010 review. For the April 2012 review, there are four member boards scheduled to participate. This number represents a decrease from the eight member boards that participated during the April 2011 review.

Item-related Incident Reports (IRs)

Electronically filed incident reports may be submitted at PPCs when candidates question item content. Pearson VUE and NCSBN staff investigates each incident and reports its findings to the NEC for decisions related to retention of the item.

MONITOR EXAMINATION ADMINISTRATION

Monitored Procedures for Candidate Tracking: Candidate-matching Algorithm

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

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

The NEC continues to approach security proactively, and has developed and implemented formal evaluation procedures to identify and correct potential breaches of security.

NCSBN and 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 accessing websites, social media discussion forums, online study services/programs and peer-to-peer nursing networks that may contain secure examination material/information or provide an environment for electronic dissemination of secure examination materials/information.

NCSBN also develops and maintains an annual site visit plan for its domestic and international PPCs. The plan is designed to conduct unannounced onsite visits of PPCs for the purpose of ensuring NCSBN's established procedural/security measures are being consistently implemented by Pearson VUE test administration staff. NCSBN, Pearson VUE and the NEC are committed to vigilance in ensuring the security of the NCLEX.

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

The NEC monitors compliance with the 30/45-day scheduling rule. For the period of Jan. 1 to Dec. 31, 2011, Pearson VUE reported zero capacity violations. Pearson VUE has a dedicated department that continues to analyze center utilization levels in order to project future testing volumes and meet the testing needs of all of its testing clients. As an early indicator of center usage, Pearson VUE reports to NCSBN staff on a weekly basis when sites exceed 80 percent capacity levels.

Responded to Member Board Inquiries Regarding NCLEX® Administration

As part of its activities, the NEC and the NCSBN Examinations staff responded to member board questions and concerns regarding administration of the NCLEX.

Administered NCLEX® at International Sites

International PPCs meet the same security specifications and follow the same administration procedures as the PPCs located in member board jurisdictions. See Attachment D of this report for the 2010 candidate volumes and pass rates for international PPCs.

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 NCLEX®, available in Attachment D of this report.

EDUCATE STAKEHOLDERS

NCLEX® Research Presentations

At the 2011 International Association for Computerized Adaptive Testing (IACAT) Conference, NCSBN Examinations psychometric staff presented the study “Impact of Item Drift on Candidate Ability Estimation.” Results of this study reinforced the robustness of the NCLEX CAT item pool and provided additional validity evidence for the examinations. IACAT is an internationally recognized professional organization that aims to promote the use of CAT.

In collaboration with JRC researchers, NCSBN psychometric staff published the paper “Comparison between Dichotomous and Polytomous Scoring of Innovative Items in a Large-Scale Computerized Adaptive Test” in *Education and Psychological Measurement*. In 2011, NCSBN Examinations content team investigated the impact of adding normal laboratory values to NCLEX item difficulty. Results of this study were accepted for publication in the *Journal of Nursing Regulation*.

In addition to disseminating scientific research, NCSBN and Pearson VUE staff conducted the workshop “Computerized Testing: Advances in Practice” at the 2011 Association of Test Publishers (ATP) annual conference. This workshop provided an overview to the principles, procedures, implementation steps and recent advances of computerized testing for nontechnical persons in the testing industry. ATP is an organization representing providers of tests, assessment tools and services. Its annual conference provides a venue where researchers and practitioners come together to improve practice and advance the field of testing and measurement.

Acceptance in these programs 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.

Test Development and Industry Presentations and Publications

NCSBN Examinations staff conducted numerous NCLEX informational presentations, webinars and workshops for NCSBN stakeholders and audiences in the testing industry. This included the presentations “Building Quality Communications to Improve Stakeholder Relationships” and “Measuring Measurement: Utilizing Metrics to Improve the Quality of Your Testing Program,” which were presented at the ATP annual conference in Rancho Mirage, Calif., as well as “The Successful Steps to Winning RFP and Beyond!” and “The What, Why and When of Testing Security Messaging!” which was presented at the Institute for Credentialing Excellence’s (ICE) Annual Educational Conference.

NCSBN Examinations staff also published the following articles: “The Role of Security in Today’s Testing Programs” in the *CLEAR Exam Review* and “Ensuring Validity of NCLEX with Differential Item Functioning” in the *Journal of Nursing Regulation*.

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

Additionally, as part of the department’s outreach activities, Examination content staff conducted four NCLEX® Regional Workshops, with two states pending. Regional workshops are presented for the purpose of providing information to educators preparing students to take the NCLEX. The member boards that hosted a regional workshop were Florida, Illinois, Missouri and the District of Columbia. These opportunities assist NCSBN’s Examinations department in educating stakeholders about the examination, as well as to recruit for NCSBN item development panels.

The committee continues to oversee development of various publications that accurately reflect the NCLEX process.



NCLEX® Member Board Manual

The *NCLEX® Member Board Manual* contains policies and procedures related to the development and administration of the NCLEX. Each quarter, NCSBN updates the Member Board Manual to reflect any changes to policies and procedures. Recent changes included the reformatting of the manual into chapters by topic to increase the efficiency of finding pertinent information.

NCLEX® Candidate Bulletin and NCLEX® Candidate Bulletin At-A-Glance

The candidate bulletin contains procedures and key information specific to candidates preparing to test for the NCLEX. The candidate bulletin is updated on an annual basis and can be obtained in electronic and/or hard copy format. An abbreviated at-a-glance version of the bulletin is also available.

NCLEX® Conference

Historically, Examinations staff have coordinated and hosted an NCLEX® Conference in order to provide member boards, educators and other stakeholders an opportunity to learn about the NCLEX program. The 2011 NCLEX® Conference was held in San Francisco, Calif. on Sept. 26, 2011, with approximately 218 participants. The 2012 NCLEX® Conference is scheduled for Sept. 24, 2012, in Boston.

NCLEX® Program Reports

NCSBN Examinations staff monitors production of the NCLEX® Program Reports as delivered by the vendor. Program reports can be ordered, paid for and downloaded via a Web-based system that permits program directors and staff to receive reports quickly and in a more portable, electronic format. The Web-based system also allows subscribers to distribute the reports via email to people who need them most—faculty and staff that design curriculum and teach students. Subscribers may also copy and paste relevant data, including tables and charts, into their own reports and presentations. This is particularly beneficial if the program uses these reports to supplement the academic accreditation process. NCLEX® Program Report subscriptions are offered semi-annually and annually.

NCLEX® Unofficial Quick Results Service

The member boards, through NCSBN, offer candidates the opportunity to obtain their unofficial results (official results are only available from the BONs) through the NCLEX® Unofficial Quick Results Service. A candidate may call or use the Internet to access their unofficial results two business days after completing their examination. Currently, 47 BONs participate in offering this service to their candidates. In 2011, approximately 142,000 candidates utilized the service.

Future Activities

- Complete the continuous online PN practice analysis.
- Continue to monitor all administrative, test development and psychometric aspects of the NCLEX examination 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.
- Evaluate ongoing international testing.
- Host the 2012 NCLEX® Conference.
- Introduce additional alternate format item types.
- Explore additional item writing strategies for the NCLEX.
- Conduct the PN practice analysis and KSA Study.

Attachments

- A. Proposed 2013 NCLEX-RN® Test Plan-Clean Copy
- B. Proposed 2013 NCLEX-RN® Test Plan-Strikethrough Copy
- C. Timeline for Implementation of the 2013 NCLEX-RN® Test Plan
- D. Annual Report of Pearson VUE for the NCLEX®



Attachment A

Proposed 2013 NCLEX-RN® Test Plan–Clean Copy

1 *Proposed 2013 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, and
8 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. 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
14 practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of*
15 *Findings from the 2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, NCSBN, 2012).
16 Twelve thousand newly licensed registered nurses are asked about the frequency and importance of
17 performing 141 nursing care activities. Nursing care activities are then analyzed in relation to the
18 frequency of performance, impact on maintaining client safety, and client care settings where the
19 activities are performed. This analysis guides the development of a framework for entry-level nursing
20 practice that incorporates specific client needs as well as processes fundamental to the practice of nursing.
21 The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content
22 and behaviors to be tested.

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

30 **Beliefs**

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

38

Confidential

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Draft

321

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

47 The registered nurse provides a unique, comprehensive assessment of the health status of the client,
 48 applying principles of ethics, client safety, health promotion and the nursing process, the nurse then
 49 develops and implements an explicit plan of care. The nurse assists clients to promote health, cope with
 50 health problems, adapt to and/or recover from the effects of disease or injury, and support the right to a
 51 dignified death. The registered nurse is accountable for abiding by all applicable member board
 52 jurisdiction statutes related to nursing practice.

53 Classification of Cognitive Levels

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

58 Test Plan Structure

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

61 Client Needs

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

- 64 **Safe and Effective Care Environment**
 - 65 ■ Management of Care
 - 66 ■ Safety and Infection Control
- 67 **Health Promotion and Maintenance**
- 68 **Psychosocial Integrity**
- 69 **Physiological Integrity**
 - 70 ■ Basic Care and Comfort
 - 71 ■ Pharmacological and Parenteral Therapies
 - 72 ■ Reduction of Risk Potential
 - 73 ■ Physiological Adaptation

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76 **Integrated Processes**

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

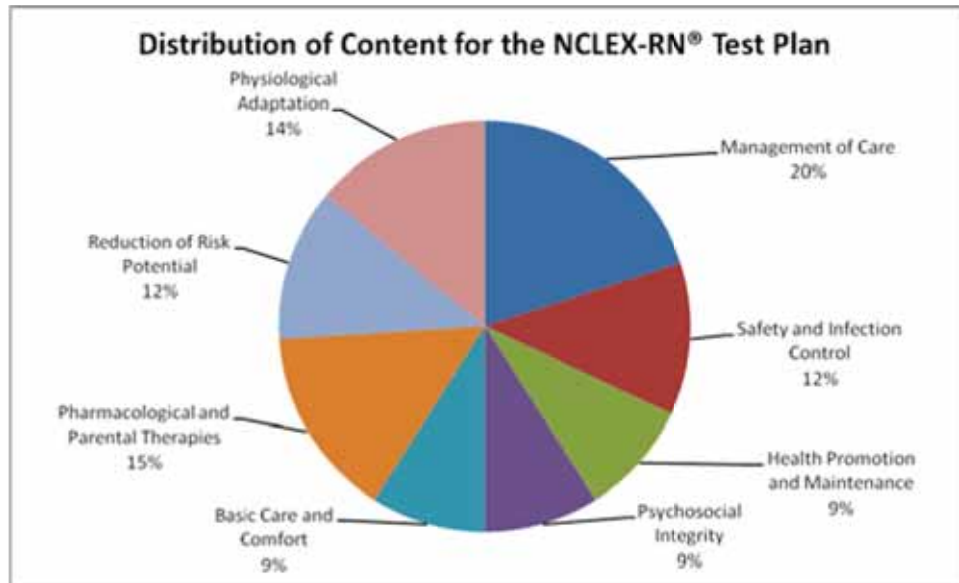
- 79 ▪ *Nursing Process* – a scientific, clinical reasoning approach to client care that includes
 80 assessment, analysis, planning, implementation and evaluation.
- 81 ▪ *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In
 82 this collaborative environment, the nurse provides encouragement, hope, support and
 83 compassion to help achieve desired outcomes.
- 84 ▪ *Communication and Documentation* – verbal and nonverbal interactions between the nurse and
 85 the client, the client’s significant others and the other members of the health care team.
 86 Events and activities associated with client care are recorded in written and/or electronic
 87 records that demonstrate adherence to the standards of practice and accountability in the
 88 provision of care.
- 89 ▪ *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting
 90 a change in behavior.

91 **Distribution of Content**

92 The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-
 93 RN Test Plan is based on the results of the *Report of Findings from the 2011 RN Practice Analysis: Linking the*
 94 *NCLEX-RN® Examination to Practice* (NCSBN, 2012), and expert judgment provided by members of the
 95 NCLEX Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe and Effective Care Environment	
▪ Management of Care	17-23%
▪ Safety and Infection Control	9-15%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	12-18%
▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	11-17%

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103
104 NCLEX-RN examinations are administrated adaptively in variable length format to target candidate-
105 specific ability. To accommodate possible variations in test length, content area distributions of the
106 individual examinations may differ up to $\pm 3\%$ in each category.
107

108 Overview of Content

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

110 Safe and Effective Care Environment

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

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

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

- | | |
|--|--|
| <ul style="list-style-type: none"> ■ Advance Directives ■ Advocacy ■ Case Management ■ Client Rights ■ Collaboration with Interdisciplinary Team ■ Concepts of Management ■ Confidentiality/ Information Security ■ Continuity of Care | <ul style="list-style-type: none"> ■ Assignment, Delegation and Supervision ■ Establishing Priorities ■ Ethical Practice ■ Informed Consent ■ Information Technology ■ Legal Rights and Responsibilities ■ Performance Improvement (Quality Improvement) ■ Referrals |
|--|--|

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- 118 ■ *Safety and Infection Control* – protecting clients and health care personnel from health and
119 environmental hazards.
- 120 Related content includes but is **not limited** to:
- Accident/Error/Injury Prevention
 - Emergency Response Plan
 - Ergonomic Principles
 - Handling Hazardous and Infectious Materials
 - Home Safety
 - Reporting of Incident/Event/Irregular Occurrence/Variance
 - Safe Use of Equipment
 - Security Plan
 - Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
 - Use of Restraints/Safety Devices
- 121 **Health Promotion and Maintenance**
- 122 The nurse provides and directs nursing care of the client that incorporates the knowledge of expected
123 growth and development principles; prevention and/or early detection of health problems, and strategies
124 to achieve optimal health.
- 125 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
- 126 **Psychosocial Integrity**
- 127 The nurse provides and directs nursing care that promotes and supports the emotional, mental and social
128 well-being of the client experiencing stressful events, as well as clients with acute or chronic mental
129 illness.
- 130 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
- 131

- 132 **Physiological Integrity**
- 133 The nurse promotes physical health and wellness by providing care and comfort, reducing client risk
- 134 potential and managing health alterations.
- 135
- 136 ■ *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily
- 137 living.
- 138 Related content includes but is **not limited to**:
- Assistive Devices
 - Elimination
 - Mobility/Immobility
 - Non-Pharmacological Comfort Interventions
 - Nutrition and Oral Hydration
 - Personal Hygiene
 - Rest and Sleep
- 139 ■ *Pharmacological and Parenteral Therapies* - providing care related to the administration of
- 140 medications and parenteral therapies.
- 141 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
- 142
- 143 ■ *Reduction of Risk Potential* - reducing the likelihood that clients will develop complications or
- 144 health problems related to existing conditions, treatments or procedures.
- 145 Related content includes but is not limited to:
- Changes/Abnormalities in Vital Signs
 - Diagnostic Tests
 - Laboratory Values
 - Potential for Alterations in Body Systems
 - Potential for Complications of Diagnostic Tests/Treatments/Procedures
 - Potential for Complications from Surgical Procedures and Health Alterations
 - System Specific Assessments
 - Therapeutic Procedures
- 146
- 147 ■ *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life
- 148 threatening physical health conditions.
- 149 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



150 Administration of the NCLEX-RN® Examination

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

162
163 All registered nurse candidates must answer a minimum of 75 items. The maximum number of items
164 that a registered nurse candidate may answer is 265 during the allotted six-hour time period. The
165 maximum six-hour time limit to complete the examination includes the tutorial, sample questions and all
166 breaks. Candidates may be administered multiple choice items as well as items written in [alternate](#)
167 [formats](#). These formats may include but are not limited to multiple response, fill-in-the-blank calculation,
168 ordered response, and/or hot spots. All item types may include multimedia such as charts, tables,
169 graphics, sound and video. All items go through an extensive review process before being used as items
170 on the examination.

171
172 More information about the NCLEX examination, including CAT methodology, items, the candidate
173 bulletin and Web tutorials, visit the NCSBN website: <http://www.ncsbn.org>.

174

175 Examination Security and Confidentiality

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

182

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

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191 **Bibliography**

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Attachment B

Proposed 2013 NCLEX-RN® Test Plan- Strikethrough Copy

1 | ~~2010-Proposed 2013~~ 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, and
8 | 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. 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
14 | practice analysis that is used to collect data on the current practice of the entry-level nurse (*Report of*
15 | *Findings from the ~~2008-2011~~ RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, NCSBN,
16 | ~~2009~~2012). Twelve thousand newly licensed registered nurses are asked about the frequency and
17 | importance of performing ~~155141~~ 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
19 | where the activities are performed. This analysis guides the development of a framework for entry-level
20 | nursing practice that incorporates specific client needs as well as processes fundamental to the practice of
21 | nursing. The second step is the development of the NCLEX-RN® Test Plan, which guides the selection of
22 | content and behaviors to be tested.

23 | The NCLEX-RN® Test Plan provides a concise summary of the content and scope of the licensing
24 | examination. It serves as a guide for examination development as well as candidate preparation. ~~Each~~
25 | ~~NCLEX-RN®-examination is based on the test plan. The NCLEX~~~~Each~~ The NCLEX examination assesses
26 | the knowledge, skills and abilities that are essential for the [entry-level](#) nurse to use in order to meet the
27 | needs of clients requiring the promotion, maintenance or restoration of health. The following sections
28 | describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will
29 | be tested in the examination and specific components of the NCLEX-RN® Test Plan.

30 | Beliefs

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

38 | Nursing is both an art and a science, founded on a professional body of knowledge that integrates

39 concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned
 40 profession based on ~~an understanding- knowledge~~ of the human condition across the life span and the
 41 relationships of an individual with others and within the environment. Nursing is a dynamic, continually
 42 evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills,
 43 technologies, and client care activities into evidence-based nursing practice. The goal of nursing for client
 44 care ~~in any setting~~ is preventing illness and potential complications; ~~alleviating-protecting,~~
 45 ~~suffering~~ promoting, restoring, and facilitating comfort; ~~-protecting, promoting and restoring~~ health; and
 46 ~~promoting~~ dignity in dying.

47 The registered nurse provides a unique, comprehensive assessment of the health status of the client,
 48 ~~(individual, family or group), and then~~ Using ethical principles, the nurse then develops and implements
 49 an explicit plan of care ~~with the underpinning of client safety and health promotion- applying principles~~
 50 ~~of ethics, client safety, health promotion and the nursing process, the nurse then develops and~~
 51 ~~implements an explicit plan of care. The nurse assists clients to promote health, cope with health~~
 52 ~~problems, adapt to and/or recover from the effects of disease and injury, and support the right to a~~
 53 ~~dignified death. The nurse assists clients in the promotion of health, in coping with health problems, in~~
 54 ~~adapting to and/or recovering from the effects of disease or injury, and in supporting the right to a~~
 55 ~~dignified death.~~—The registered nurse is accountable for abiding by all applicable member board
 56 jurisdiction statutes related to nursing practice.

57 Classification of Cognitive Levels

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

62 Test Plan Structure

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

65 Client Needs

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

68 Safe and Effective Care Environment

- 69 ■ Management of Care
- 70 ■ Safety and Infection Control

71 Health Promotion and Maintenance

72 Psychosocial Integrity

73 Physiological Integrity

- 74 ■ Basic Care and Comfort
- 75 ■ Pharmacological and Parenteral Therapies
- 76 ■ Reduction of Risk Potential
- 77 ■ Physiological Adaptation

78



79

80

81

82 **Integrated Processes**

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

- 85 | ▪ *Nursing Process* – a scientific, clinical reasoning approach to client care that includes
 86 | assessment, analysis, planning, implementation and evaluation.
- 87 | ▪ *Caring* – interaction of the nurse and client in an atmosphere of mutual respect and trust. In
 88 | this collaborative environment, the nurse provides encouragement, hope, support and
 89 | compassion to help achieve desired outcomes.
- 90 | ▪ *Communication and Documentation* – verbal and nonverbal interactions between the nurse and
 91 | the client, the client’s significant others and the other members of the health care team.
 92 | Events and activities associated with client care are validated- recorded in written and/or
 93 | electronic records that reflect- demonstrate adherence to the standards of practice and
 94 | accountability in the provision of care.
- 95 | ▪ *Teaching/Learning* – facilitation of the acquisition of knowledge, skills and attitudes promoting
 96 | a change in behavior.

97 **Distribution of Content**

98 The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-
 99 RN®–Test Plan is based on the results of the *Report of Findings from the 2008-2011 RN Practice Analysis:*
 100 *Linking the NCLEX-RN® Examination to Practice* NCSBN, ~~–2009/2012~~, and expert judgment provided by
 101 members of the ~~NCSBN-NCLEX~~ Examination Committee.

Client Needs	Percentage of Items From Each Category/Subcategory
Safe and Effective Care Environment	
▪ Management of Care	16-22 17-23%
▪ Safety and Infection Control	8-14 9-15%
Health Promotion And Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
▪ Basic Care and Comfort	6-12 7-13% 6-12%
▪ Pharmacological and Parenteral Therapies	13-19 12-18%
▪ Reduction of Risk Potential	10-16 9-15%
▪ Physiological Adaptation	11-17 10-16% 11-17%

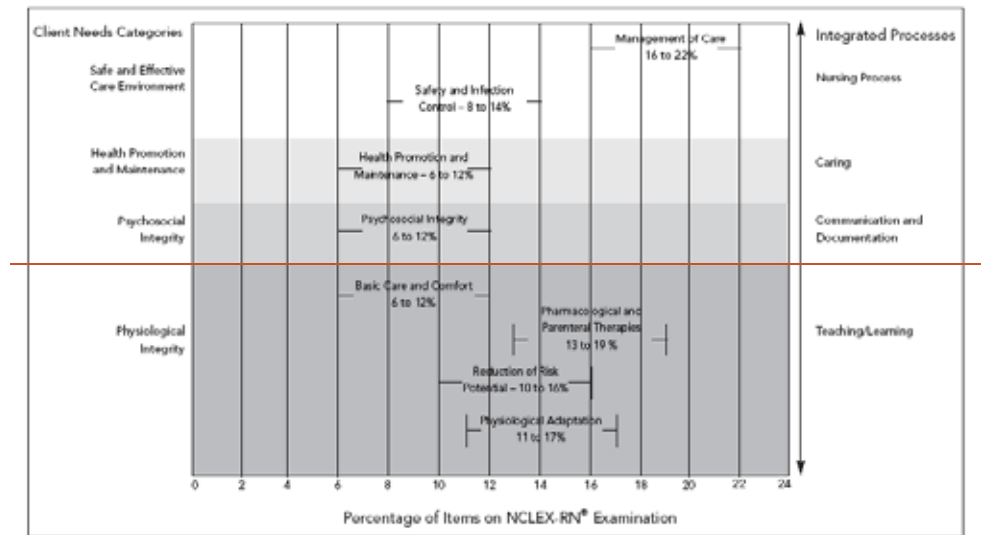
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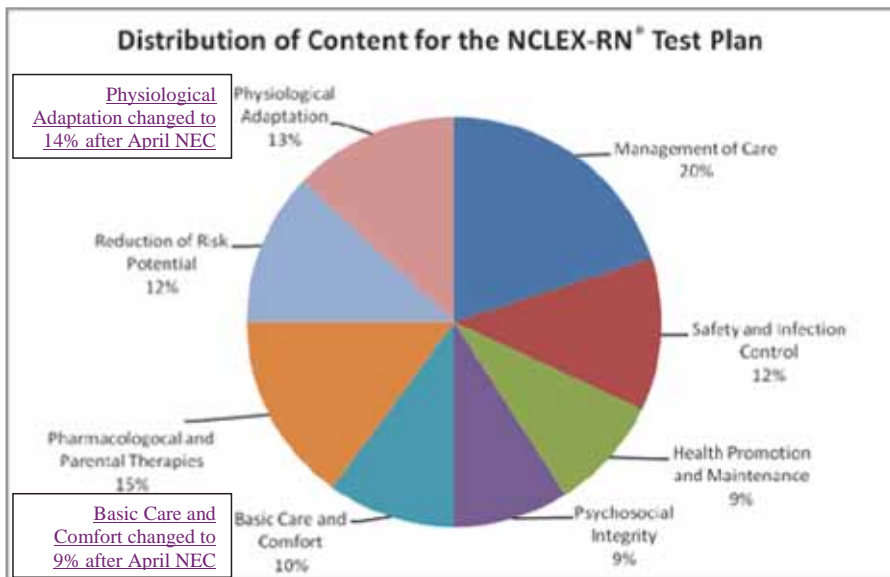
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Distribution of Content for the NCLEX-RN® Test Plan



110





111
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115

NCLEX-RN® examinations are administrated 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.

Overview of Content

116
117

118
119
120
121

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

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, ~~family/significant others~~, and ~~other~~ health care personnel.

122
123
124

- *Management of Care* – providing and directing nursing care that enhances the care delivery setting to protect clients, ~~family/significant others~~, and health care personnel.

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

- | | |
|---|---|
| ▪ Advance Directives | ▪ <u>Assignment, Delegation and Supervision</u> |
| ▪ Advocacy | ▪ Establishing Priorities |
| ▪ Case Management | ▪ Ethical Practice |
| ▪ Client Rights | ▪ Informed Consent |
| ▪ Collaboration with Interdisciplinary Team | ▪ Information Technology |
| ▪ Concepts of Management | ▪ Legal Rights and Responsibilities |
| ▪ Confidentiality/ Information Security | ▪ Performance Improvement (Quality Improvement) |
| ▪ Consultation | ▪ Referrals |
| ▪ Continuity of Care | ▪ Supervision |

- 125
126
127 | ■ *Safety and Infection Control* – protecting clients, ~~family/significant others~~, and health care
128 personnel from health and environmental hazards.
- 129 Related content includes but is **not limited** to:
- | | |
|---|---|
| <ul style="list-style-type: none"> ■ Accident/Error-Injury Prevention ■ Emergency Response Plan ■ Ergonomic Principles ■ Error Prevention ■ Handling Hazardous and Infectious Materials ■ Home Safety | <ul style="list-style-type: none"> ■ Reporting of Incident/Event/Irregular Occurrence/Variance ■ Safe Use of Equipment ■ Security Plan ■ Standard Precautions/Transmission-Based Precautions/Surgical Asepsis ■ Use of Restraints/Safety Devices |
|---|---|
- 130 **Health Promotion and Maintenance**
- 131 | The nurse provides and directs nursing care of the client ~~and family/significant others~~, that incorporates
132 the knowledge of expected growth and development principles; prevention and/or early detection of
133 health problems, and strategies to achieve optimal health.
- 134 Related content includes but is **not limited** to:
- | | |
|--|--|
| <ul style="list-style-type: none"> ■ Aging Process ■ Ante/Intra/Postpartum and Newborn Care ■ Developmental Stages and Transitions ■ Health and Wellness ■ Health Promotion/Disease Prevention | <ul style="list-style-type: none"> ■ Health Screening ■ High Risk Behaviors ■ Lifestyle Choices ■ Principles of Teaching/Learning ■ Self-Care ■ Techniques of Physical Assessment |
|--|--|
- 135 **Psychosocial Integrity**
- 136 | The nurse provides and directs nursing care that promotes and supports the emotional, mental and social
137 well-being of the client ~~and family/significant others~~, experiencing stressful events, as well as clients with
138 acute or chronic mental illness.
- 139 Related content includes but is **not limited** to:
- | | |
|---|--|
| <ul style="list-style-type: none"> ■ Abuse/Neglect ■ Behavioral Interventions ■ Chemical and Other Dependencies/<u>Substance Use Disorder</u> ■ Coping Mechanisms ■ Crisis Intervention ■ Cultural <u>Diversity/Awareness/Cultural Influences on Health</u> ■ End of Life Care | <ul style="list-style-type: none"> ■ Mental Health Concepts ■ Religious and Spiritual Influences on Health ■ Sensory/Perceptual Alterations ■ Stress Management ■ Support Systems ■ Therapeutic Communication ■ Therapeutic Environment |
|---|--|



- Family Dynamics
- Grief and Loss

140

141 **Physiological Integrity**

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

144

- 145 ▪ *Basic Care and Comfort* - providing comfort and assistance in the performance of activities of daily
146 living.

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

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

- 148 ▪ *Pharmacological and Parenteral Therapies* - providing care related to the administration of
149 medications and parenteral therapies.

150 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

151

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

154 Related content includes but is not limited to:

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

155

- 156 ▪ *Physiological Adaptation* - managing and providing care for clients with acute, chronic or life
157 threatening physical health conditions.

158 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

159

160 **Administration of the NCLEX-RN® Examination**

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

172

173 All registered nurse candidates must answer a minimum of 75 items. The maximum number of items
 174 that a registered nurse candidate may answer is 265 during the allotted six-hour time period. The
 175 maximum six-hour time limit to complete the examination includes the tutorial, sample questions and all
 176 breaks. Candidates may be administered multiple choice items as well as items written in alternate
 177 formats. These formats may include but are not limited to multiple response, fill-in-the-blank calculation,
 178 ordered response, and/or hot spots. All item types may include multimedia such as charts, tables,
 179 graphics, sound and video. All items go through an extensive review process before being used as items
 180 on the examination.

181

182 More information about the NCLEX® examination, including CAT methodology, items, the candidate
 183 bulletin and Web tutorials, is listed on visit the NCSBN Web site website: <http://www.ncsbn.org>.

184

185 **Examination Security and Confidentiality**

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

192

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

199

200 **Administration of the NCLEX-RN® Examination**

201

202 The NCLEX-RN® examination is administered to the candidate by Computerized Adaptive Testing



203 ~~(CAT). CAT is a method of delivering examinations that uses computer technology and measurement~~
204 ~~theory. Items go through an extensive review process before they can be used as items on the~~
205 ~~examination.~~

206 ~~In addition to multiple choice items, candidates may be administered items written in alternate formats.~~
207 ~~These formats may include but are not limited to multiple response, fill in the blank, drag and drop,~~
208 ~~and/or hot spots. All item types may include multimedia such as charts, tables, graphics, sound and~~
209 ~~video.~~

210 ~~With CAT, each candidate's examination is unique because it is assembled interactively as the~~
211 ~~examination proceeds. Computer technology selects items to administer that match the candidate's~~
212 ~~ability. The items, which are stored in a large item pool, have been classified by test plan category and~~
213 ~~level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based~~
214 ~~on all of the previous answers the candidate selected. The next item is then chosen that measures the~~
215 ~~candidate's ability most precisely in the appropriate test plan category. This process is repeated for each~~
216 ~~item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-~~
217 ~~RN® Test Plan requirements. The examination continues with items selected and administered in this way~~
218 ~~until a pass or fail decision is made.~~

219 ~~All registered nurse candidates must answer a minimum of 75 items. The maximum number of items that~~
220 ~~the candidate may answer is 265 during the allotted six-hour time period. Examination instructions and~~
221 ~~all rest breaks are included in the measurement of the time allowed for a candidate to complete the~~
222 ~~examination.~~

223 ~~Candidates should be aware and understand that the disclosure of any examination materials including~~
224 ~~the nature or content of examination items, before, during or after the examination is a violation of law.~~
225 ~~Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability~~
226 ~~and/or disciplinary actions by the licensing agency including the denial of licensure.~~

227 ~~More information about the NCLEX® examination, including CAT methodology, items, the candidate~~
228 ~~bulletin and web tutorials, is listed on the NCSBN Web site: <http://www.ncsbn.org>.~~
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Attachment C

Timeline for Implementation of the 2013 NCLEX-RN® Test Plan

October 2011	NCLEX® Examination Committee (NEC) reviews <i>2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice</i> results and makes recommendations for the proposed 2013 NCLEX-RN® Test Plan.
November 2011	Proposed 2013 NCLEX-RN® Test Plan is sent to member boards for feedback.
April 2012	NEC reviews test plan feedback and submits recommendations to the Delegate Assembly.
August 2012	Delegate Assembly action is provided.
September 2012	The approved 2013 NCLEX-RN® Test Plan is published and placed on the NCSBN website.
September 2012	Panel of Judges meet to recommend the 2013 NCLEX-RN® Passing Standard.
December 2012	NCSBN Board of Directors evaluates the 2013 NCLEX-RN® Passing Standard.
April 1, 2013	Approved 2013 NCLEX-RN® Test Plan and the 2013 NCLEX-RN® Passing Standard go into effect.

Attachment D**Annual Report of Pearson VUE for the NCLEX®**

This report represents information gained during Pearson VUE's ninth full year of providing test delivery services for the NCLEX® examination program to the NCSBN®. This report summarizes the activities of the past year.

Pearson VUE Organizational Changes

On March 4, 2011, John Stahl, PhD, senior psychometrician, joined the NCLEX team. Stahl is based in Pearson VUE's Chicago office and has more than 20 years of experience in the licensure/credentialing arena. Using his expertise in item response theory and judge-mediated testing, he helped clients develop testing programs for paper/pencil, computer-based and computer adaptive examinations. His areas of research expertise include computer adaptive testing (CAT), item parameter drift, job task analysis methodology, item exposure control and standard setting. Prior to coming to Pearson VUE, Stahl worked for the National Association of Boards of Pharmacy and the American Society of Clinical Pathologists. He received his Master of Arts from George Washington University, and his Bachelor of Science and Bachelor of Arts from the University of Maryland. Stahl earned his PhD from Northwestern University, specializing in statistical applications to social modeling. Stahl will take over the job functions of Xin Li, who will be transitioning to other Pearson VUE programs.

Wendy Quinn, MSN, RN, senior content developer, NCLEX, resigned in February 2011. To fill this position, Pearson VUE hired Julie Stasko, MSN, RN, in April 2011. Stasko previously served as a content lead on Pearson VUE's NCLEX team from 2002 to 2009.

In September 2011, when Jessica Bohlinger assumed other responsibilities at Pearson, Jessica Carlson was hired as senior client support specialist for the NCLEX team to replace her. Carlson is a graduate of the University of Minnesota. She came to Pearson after six years at StayWell Health Management, a health care management firm providing corporations with wellness and lifelong health programs. At StayWell, her experiences included program implementation, strategic client marketing and project management.

Test Development

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

NCLEX® Examinations Operations

NCSBN approved raising the NCLEX-PN® cut-score from -0.37 logits to -0.27 logits beginning on April 1, 2011. A new NCLEX-PN Test Plan was also approved and went into effect on April 1, 2011. Although the PN cut-score was raised in April 2011, there is no noticeable pattern of change in pass rates for the overall candidates or first-time U.S.-educated candidates. Yearly statistics indicate that the NCLEX-PN Examination continues to be psychometrically sound.

Measurement and Research

The Joint Research Committee (JRC) met twice in 2011.

The first JRC meeting was held at the NCSBN offices in Chicago on March 18, 2011. In attendance were JRC members Gage Kingsbury, Mark Reckase, Steve Wise and Ed Wolfe; NCSBN staff Phil Dickison, Marijana Dragan, Sarah Hagge, Casey Marks and Ada Woo; and Pearson VUE staff Greg Applegate, Betty Bergstrom, Jerry Gorham, Shu-chuan Kao and Xin Li. Two JRC guest researchers were also present: Kirk Becker and Ira Bernstein.



The JRC received updates on three ongoing projects: Applications of a Partial Credit Model to NCLEX Multiple Option & Ordered Response Items (Wolfe et al.), the Partial Credit Scoring Study (Wolfe et al.), and the Partial Credit Modeling Study (Jiao et al.). Final reports for Applications of a Partial Credit Model to NCLEX Multiple Option & Ordered Response Items and A Partial Credit Modeling Study of the NCLEX Innovative Items were approved as completed. The JRC also received six research proposals: Using the Mixture Rasch Model to Better Understand the NCLEX PN and RN Test-Takers and Facilitate Item Pool Construction (Jiao & Wolfe); An Investigation of Rasch Testlet Model for NCLEX Multiple Response Items (Song & Wolfe); Robustness of CAT to Strings of Incorrect Responses at the Beginning of Examination (Reckase); Comparability of Scores and Passing Decisions on Different Item Pools for the NCLEX-RN and NCLEX-PN Examinations (Kolen & Lee); Skill and Latency in Responding to the NCLEX as a Function of Items' Temporal Positions (Bernstein); and An Investigation of Item Selection Procedures to Improve the Test for Slow Starting Candidates and to Improve Item Usage (Kingsbury). The JRC also discussed innovative item formats, alternative methods of assessment and improving score reporting for candidates who do not pass the NCLEX examinations.

The second JRC meeting was held at the Pearson VUE offices in Chicago on Aug. 12, 2011. In attendance were JRC members Ira Bernstein, Gage Kingsbury, Mark Reckase and Steve Wise; NCSBN staff Phil Dickison, Marijana Dragan, Sarah Hagge, Weiwei Liu and Ada Woo; and Pearson VUE staff Greg Applegate, Betty Bergstrom, Jerry Gorham, Shu-chuan Kao, Kristine Lower, John Stahl and Anthony Zara. One JRC guest researcher was also present: Kirk Becker.

The JRC received updates on three ongoing projects, including An Investigation of Item Selection Procedures to Improve the Test for Slow Starting Candidates and to Improve Item Usage (Kingsbury), Partial Credit Scoring Implementation for NCLEX Innovative Items (Wolfe), and Robustness of CAT to Strings of Incorrect Responses at the Beginning of Examination (Reckase). The JRC also received five research proposals: Investigation of Guessing and Slipping Effects on Model Parameter Estimation and Classification Decisions in the NCLEX Exams (Jiao); Skill and Latency in Responding to the NCLEX as a Function of Items' Temporal Positions (Bernstein); Investigation of Rasch Testlet Model for NCLEX Multiple Response Items (Song & Wolfe); Discovering Factors that Affect the Difficulty of NCLEX Items (Nhouyvanisvong & Simon); and Standardization of the NCLEX Program Reports Normative Comparison Groups (Bontempo & Wilson). The JRC also included discussion of the NCSBN psychometric summer internship and JRC website redesign.

Pearson VUE Meetings with NCSBN

- Jan. 24-26, 2011 NCLEX® Examination Committee Business Meeting
- March 14-16, 2011 Midyear Meeting
- March 17, 2011 NCLEX® Development Group Meeting
- April 11-12, 2011 NCLEX® Examination Committee Business Meeting
- May 24, 2011 NCLEX® Business Review
- June 9, 2011 NCLEX® Development Meeting
- July 19, 2011 NCLEX® Examination Committee Business Meeting
- Aug. 3-5, 2011 Annual Meeting
- Aug. 11, 2011 NCLEX® Development Group Meeting
- Sept. 26, 2011 NCLEX® Conference
- Oct. 17-18, 2011 NCLEX® Examination Committee Business Meeting
- Nov. 30, 2011 NCLEX® Contract Evaluation Meeting
- Dec. 9, 2011 NCLEX® Development Group Meeting

Monthly Meetings/Conference Calls

- Jason Schwartz and Phil Dickison meet in person biweekly, in addition to holding calls and other meetings on an as-needed basis.
- Monthly conference calls are held with NCSBN, Test Development and Operations, and are scheduled more frequently as needed.
- Conference calls and face-to-face meetings with Pearson VUE and NCSBN content staff are held periodically as needed.
- Other visits and conference calls are conducted on an as-needed basis.

Summary of NCLEX® Examination Results for the 2011 Calendar Year

Longitudinal summary statistics are provided in Tables 1-8. Results can be compared to data from the previous testing year to identify trends in candidate performance and item characteristics over time. Compared to 2010, the overall candidate volumes were lower for the NCLEX-RN® (about -1.2%) and NCLEX-PN (about -1.9%). The RN pass rate for the overall group was 1.9 percentage points higher for 2011 than for 2010 and the pass rate for the reference group was 0.5 percentage points higher for this period compared to 2010. The PN overall pass rate was lower by 3.0 percentage points from 2010 and the PN reference group pass rate was 2.3 percentage points lower than in 2010. These pass rates are consistent with expected variations in pass 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 2011 testing year for the NCLEX-RN Examination:

- Overall, 195,307 NCLEX-RN Examination candidates tested during 2011, as compared to 197,776 during the 2010 testing year. This represents a decrease of approximately 1.2 percent.
- The candidate population reflected 144,581 first-time, U.S.-educated candidates who tested during 2011, as compared to 140,887 for the 2010 testing year, representing a 2.6 percent increase.
- The overall pass rate was 76.1 percent in 2011, compared to 74.2 percent in 2010. The pass rate for the reference group was 87.9 percent in 2011 and 87.4 percent in 2010.
- Approximately 50.3 percent of the total group and 53.5 percent of the reference group ended their tests after a minimum of 75 items were administered. This is slightly higher than in the 2010 testing year, in which 49.5 percent of the total group and 51.9 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 14.7 percent for the total group and 13.2 percent for the reference group. This is slightly higher than last year's figures (14.4 percent for the total group and 13.1 percent for the reference group).
- The average time needed to take the NCLEX-RN Examination during the 2011 testing period was 2.5 hours for the overall group and 2.3 hours for the reference group (identical to last year's average times of 2.5 hours and 2.3 hours, respectively).
- A total of 50.0 percent of the candidates chose to take a break during their examinations (compared to 56.6 percent last year).
- Overall, 2.2 percent of the total group and 1.1 percent of the reference group ran out of time before completing the test. These percentages of candidates timing out were higher than the corresponding percentages for candidates during the 2010 testing year (1.9 percent and 1.0 percent, respectively).



- In general, the NCLEX-RN Examination summary statistics for the 2011 testing period indicated patterns that were similar to those observed for the 2010 testing period. These results provide continued evidence that the administration of the NCLEX-RN Examination is psychometrically sound.

The following points are candidate highlights of the 2011 testing year for the NCLEX-PN Examination:

- Overall, 80,950 PN candidates tested in 2011, as compared to 82,519 PN candidates tested in 2010. This represents a decrease of approximately 1.9 percent.
- The candidate population reflected 65,332 first-time, U.S.-educated candidates who tested in 2011, as compared to 66,830 in 2010 (a decrease of approximately 2.2 percent).
- The overall pass rate was 75.1 percent in 2011 compared to 78.1 percent in 2010, and the reference group pass rate was 84.8 percent in 2011 compared to 87.1 percent in 2010.
- There were 53.2 percent of the total group and 56.7 percent of the reference group who ended their tests after a minimum of 85 items were administered. These figures are slightly lower than those from the 2010 testing year in which 56.2 percent of the total group and 60.8 percent of the reference group took minimum-length exams.
- The percentage of maximum-length test takers was 16.6 percent for the total group and 14.9 percent for the reference group. These figures are slightly higher than last year's percentages (15.8 percent for the total group and 13.4 percent for the reference group).
- The average time needed to take the NCLEX-PN Examination during the 2011 testing period was 2.3 hours for the overall group and 2.1 hours for the reference group (very similar to last year's times of 2.3 and 2.1 hours, respectively).
- A total of 56.4 percent of the candidates chose to take a break during their examinations (compared to 55.1 percent last year).
- Overall, 1.9 percent of the total group and 1.1 percent of the reference group ran out of time before completing the test (slightly higher than last year's figures of 1.7 percent and 0.9 percent, respectively).
- In general, the NCLEX-PN Examination summary statistics for the 2011 testing period indicated patterns that were similar to those observed for the 2010 testing period. These results provide continued evidence that the administration of the NCLEX-PN Examination is psychometrically sound.

Table 1: Longitudinal Technical Summary for the NCLEX-RN® Examination: Group Statistics for 2011 Testing Year

	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	46,236	35,230	57,380	45,016	66,041	52,296	25,650	12,039	195,307	144,581
Percent Passing	77.5	89.3	80.6	91.4	76.2	85.1	62.9	82.8	76.1	87.9
Ave. # Items Taken	121.1	115.9	117.3	112.2	123.8	120.9	133.2	125.9	122.5	117.4
% Taking Min # Items	51.6	54.4	53.8	56.9	49.3	51.4	42.9	46.9	50.3	53.5
% Taking Max # Items	14.4	12.8	12.8	11.1	15.4	14.7	18.0	16.2	14.7	13.2
Ave. Test Time (hours)	2.5	2.3	2.4	2.1	2.5	2.3	2.9	2.6	2.5	2.3
% Taking Break	54.7	48.2	49.8	42.6	54.8	49.8	67.9	57.4	50.0	47.8
% Timing Out	2.2	1.1	1.8	0.8	1.7	1.1	4.1	2.1	2.2	1.1

Table 2: Longitudinal Technical Summary for the NCLEX-RN® Examination: Group Statistics for 2010 Testing Year

	Jan 10 - Mar 10		Apr 10 - Jun 10		Jul 10 - Sep 10		Oct 10 - Dec 10		Cumulative 2010	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	49,595	35,259	52,766	40,250	68,602	53,341	26,813	12,037	197,776	140,887
Percent Passing	76.1	89.9	77.7	90.3	75.4	84.9	60.5	81.7	74.2	87.4
Ave. # Items Taken	117.8	112.6	119.7	115.3	123.7	121.2	131.5	125.1	122.2	117.7
% Taking Min # Items	53.0	55.8	51.4	53.9	47.7	49.0	43.6	47.1	49.5	51.9
% Taking Max # Items	12.7	10.9	14.1	12.8	14.9	14.2	16.9	15.3	14.4	13.1
Ave. Test Time (hours)	2.5	2.3	2.3	2.1	2.5	2.4	3.0	2.6	2.5	2.3
% Taking Break	56.6	49.4	50.1	42.9	56.3	51.9	69.8	60.9	56.6	49.5
% Timing Out	2.2	1.1	1.3	0.5	1.5	1.0	3.9	2.3	1.9	1.0

Table 3: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2011 Testing Year*

Operational Item Statistics										
	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.09	0.22	0.10	0.21	0.09	0.21	0.09	NA	NA
Ave. Item Time (secs)	74.6	35.1	72.6	33.7	72.0	27.0	80.4	34.0	NA	NA
Pretest Item Statistics										
# of Items	930		1,169		1,503		248		3,850	
Ave. Sample Size	548		577		479		505		527	
Mean Point-Biserial	0.08		0.08		0.08		0.10		0.08	
Mean P+	0.64		0.62		0.59		0.56		0.61	
Mean b	-0.51		-0.40		-0.26		-0.13		-0.36	
SD b	1.80		1.74		1.75		1.74		1.76	
Total Number Flagged	393		523		700		88		1,704	
Percent Items Flagged	42.3		44.7		46.6		35.5		44.3	

*Data does not include research and retest items.

Table 4: Longitudinal Technical Summary for the NCLEX-RN® Examination: Item Statistics for 2010 Testing Year*

Operational Item Statistics										
	Jan 10 - Mar 10		Apr 10 - Jun 10		Jul 10 - Sep 10		Oct 10 - Dec 10		Cumulative 2010	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.09	0.22	0.09	0.21	0.09	0.21	0.09	NA	NA
Ave. Item Time (secs)	74.2	34.5	71.4	32.5	71.1	25.4	79.8	36.5	NA	NA
Pretest Item Statistics										
# of Items	714		1,090		1,762		202		3,768	
Ave. Sample Size	655		553		449		530		522	
Mean Point-Biserial	0.08		0.08		0.08		0.09		0.08	
Mean P+	0.50		0.61		0.56		0.55		0.56	
Mean b	0.30		-0.33		-0.09		-0.10		-0.09	
SD b	1.63		1.67		1.84		1.72		1.76	
Total Number Flagged	321		495		792		93		1,701	
Percent Items Flagged	45.0		45.4		44.9		46.0		45.1	

*Data do not include research and retest items.

Table 5: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2011 Testing Year

	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	20,213	16,521	17,008	13,121	26,167	22,289	17,562	13,401	80,950	65,332
Percent Passing	79.3	87.6	69.6	82.1	79.2	87.0	69.5	80.5	75.1	84.8
Ave. # Items Taken	114.1	110.0	118.7	115.2	114.5	111.9	119.1	116.0	116.3	112.9
% Taking Min # Items	55.6	59.8	51.3	55.0	55.1	57.7	49.3	52.7	53.2	56.7
% Taking Max # Items	15.3	13.1	18.1	16.4	15.9	14.6	17.7	16.3	16.6	14.9
Ave. Test Time (hours)	2.3	2.1	2.4	2.2	2.2	2.1	2.5	2.3	2.3	2.1
% Taking Break	54.2	48.0	59.0	51.6	52.1	47.2	62.8	56.9	56.4	50.3
% Timing Out	1.8	0.9	2.2	1.1	1.2	0.7	2.7	1.8	1.9	1.1

Table 6: Longitudinal Technical Summary for the NCLEX-PN® Group Statistics for 2010 Testing Year

	Jan 10 - Mar 10		Apr 10 - Jun 10		Jul 10 - Sep 10		Oct 10 - Dec 10		Cumulative 2010	
	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED	Overall	1st Time U.S. ED
Number Testing	18,793	15,099	18,006	13,926	26,673	22,953	19,047	14,852	82,519	66,830
Percent Passing	77.2	86.3	74.8	85.2	81.8	89.1	76.8	86.3	78.1	87.1
Ave. # Items Taken	116.0	111.8	116.8	111.6	111.4	108.2	115.3	110.6	114.5	110.3
% Taking Min # Items	54.0	58.4	54.2	59.7	59.8	63.4	55.4	60.1	56.2	60.8
% Taking Max # Items	16.4	14.1	17.2	14.1	14.3	12.4	16.2	13.4	15.8	13.4
Ave. Test Time (hours)	2.3	2.1	2.3	2.1	2.2	2.0	2.3	2.1	2.3	2.1
% Taking Break	57.4	51.1	56.3	49.0	50.7	45.8	57.8	51.2	55.1	48.9
% Timing Out	2.0	0.9	2.0	1.0	1.2	0.5	2.0	1.2	1.7	0.9

Table 7: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2011 Testing Year*

Operational Item Statistics										
	Jan 11 - Mar 11		Apr 11 - Jun 11		Jul 11 - Sep 11		Oct 11 - Dec 11		Cumulative 2011	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.22	0.09	0.22	0.09	0.22	0.09	0.22	0.08	NA	NA
Ave. Item Time (secs)	69.1	22.8	70.4	24.5	67.8	29.0	71.5	27.2	NA	NA
Pretest Item Statistics										
# of Items	625		677		1,058		748		3,108	
Ave. Sample Size	585		484		468		448		490	
Mean Point-Biserial	0.13		0.13		0.11		0.11		0.12	
Mean P+	0.57		0.52		0.50		0.50		0.52	
Mean b	-0.30		-0.01		0.20		0.13		0.04	
SD b	1.68		1.72		1.78		1.62		1.73	
Total Number Flagged	179		207		391		255		1,032	
Percent Items Flagged	28.6		30.6		37.0		34.1		33.2	

*Data do not include research and retest items.

Table 8: Longitudinal Technical Summary for the NCLEX-PN® Examination: Item Statistics for 2010 Testing Year*

Operational Item Statistics										
	Jan 10 - Mar 10		Apr 10 - Jun 10		Jul 10 - Sep 10		Oct 10 - Dec 10		Cumulative 2010	
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.
Point-Biserial	0.21	0.08	0.22	0.08	0.22	0.09	0.22	0.08	NA	NA
Ave. Item Time (secs)	67.4	22.4	67.9	19.4	65.5	23.5	68.8	20.7	NA	NA
Pretest Item Statistics										
# of Items	627		540		1,091		604		2,862	
Ave. Sample Size	586		645		500		563		560	
Mean Point-Biserial	0.09		0.12		0.11		0.13		0.11	
Mean P+	0.41		0.46		0.52		0.52		0.49	
Mean b	0.62		0.37		0.09		0.02		0.24	
SD b	1.44		1.57		1.70		1.66		1.63	
Total Number Flagged	283		185		413		177		1,058	
Percent Items Flagged	45.1		34.3		37.9		29.3		37.0	

*Data do not include research and retest items.



International Testing Update

Pearson VUE has a total of 20 Pearson Professional Centers (PPCs) internationally in Australia, Canada, Hong Kong, India, Japan, Mexico, Philippines, Puerto Rico, Taiwan and United Kingdom; and 234 PPCs in the U.S. for a total of 254 PPCs globally.

Represented in the following tables is international volume by member board, country of education, PPC and pass/fail rate.

Table 9: NCLEX® International Test Center Volume by Member Board* Jan. 1–Dec. 31, 2011

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto, Canada (West)	Hong Kong, China	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Alabama	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Alaska	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	15	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	6	0	1	4
Arkansas	59	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	55	0	0	1
California-RN	1637	11	42	2	4	2	35	13	47	10	7	21	0	1	6	3	3	1296	3	27	104
California-VN	7	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	6	0	0	0
Colorado	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Connecticut	15	0	0	0	0	0	2	4	0	1	0	0	0	0	0	0	0	7	0	0	1
Delaware	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0
District of Columbia	10	0	0	0	0	0	0	0	0	4	5	0	0	0	0	0	0	1	0	0	0
Florida	103	1	3	2	1	0	7	5	0	2	2	4	0	0	0	0	0	61	3	0	12
Georgia-PN	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Georgia-RN	6	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0	3
Guam	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Hawaii	26	1	1	4	0	0	0	0	1	0	0	0	0	0	1	0	0	18	0	0	0
Idaho	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Illinois	188	0	0	0	0	0	2	1	3	9	7	2	1	2	0	0	0	156	0	0	5
Indiana	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Kansas	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Kentucky	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2
Louisiana-RN	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Maine	4	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Maryland	33	2	0	0	0	0	1	0	1	0	0	3	0	0	0	0	0	26	0	0	0
Massachusetts	12	1	0	0	1	0	1	2	0	1	0	0	0	0	0	0	0	4	0	0	2
Michigan	61	1	2	0	1	0	14	11	0	0	0	0	1	0	1	1	0	28	0	0	1

Table 9: NCLEX® International Test Center Volume by Member Board* Jan. 1–Dec. 31, 2011

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto, Canada (West)	Hong Kong, China	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Minnesota	204	2	34	10	11	7	64	51	0	0	0	0	0	1	0	0	0	21	0	0	3
Missouri	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Nebraska	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Nevada	40	0	1	1	0	0	0	1	0	1	0	2	0	0	0	0	0	33	0	0	1
New Jersey	19	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	14	2	0	0
New Mexico	160	0	4	1	0	0	0	0	4	0	0	2	0	0	0	1	1	143	0	0	4
New York	1091	9	8	0	7	2	15	10	305	8	7	5	1	1	77	197	0	315	12	86	26
North Carolina	15	1	0	0	0	0	1	0	1	1	0	0	0	0	1	0	0	6	0	0	4
North Dakota	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Northern Mariana Islands	165	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	165	0	0	0
Ohio	4	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2
Oregon	36	2	3	0	0	0	4	1	3	0	0	0	0	0	0	0	0	18	0	0	5
Pennsylvania	12	1	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	4	4	0	0
South Carolina	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Dakota	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
Texas	189	2	2	1	0	1	4	3	2	4	3	5	1	2	0	0	9	143	0	0	7
Vermont	486	4	1	0	1	0	4	0	4	22	16	13	3	12	0	0	1	371	0	1	33
Virgin Islands	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Virginia	8	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	3	0	1
Washington	23	1	9	0	0	0	1	1	1	0	0	2	0	0	0	0	0	6	0	0	2
West Virginia-PN	9	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	8	0	0	0
Wisconsin	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	54	0	0
Total	4730	42	114	24	29	14	160	105	376	63	47	60	8	21	86	203	14	2933	84	115	232

*Only Member Boards with international test center candidate data are represented.



Table 10: NCLEX® International Test Center Volume by Country of Education Jan. 1–Dec. 31, 2011

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto, Canada (West)	Hong Kong, China	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Argentina	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Australia	18	17	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Bangladesh	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Canada	292	1	54	20	22	10	102	82	0	0	0	0	0	0	0	0	0	0	0	0	1
China	30	2	0	0	0	0	2	0	24	0	0	0	0	0	0	0	0	0	0	2	0
Ethiopia	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Finland	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
France	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Germany	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Ghana	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Guyana	3	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Haiti	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hong Kong	5	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Iceland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
India	204	1	4	0	0	0	7	2	0	60	42	42	7	17	0	0	0	0	0	0	22
Indonesia	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Iran	4	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1
Ireland	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Israel	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Jamaica	6	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	4
Japan	9	0	0	0	0	0	0	0	0	0	0	0	0	0	6	3	0	0	0	0	0
Jordan	5	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	2
Kenya	3	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0
Korea, South	650	4	4	0	2	0	1	1	288	0	0	0	0	1	76	194	0	28	0	50	1
Malaysia	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Malta	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Mexico	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0
Moldova	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Nepal	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0

Table 10: NCLEX® International Test Center Volume by Country of Education Jan. 1–Dec. 31, 2011

Member Board	Total	Sydney, Australia	Burnaby, Canada	Edmonton, Canada	Montreal, Canada	Ottawa, Canada	Toronto, Canada	Toronto, Canada (West)	Hong Kong, China	Bangalore, India	Chennai, India	Delhi, India	Hyderabad, India	Mumbai, India	Chiyodaku, Japan	Osakashi, Japan	Mexico City, Mexico	Manila, Philippines	San Juan, Puerto Rico	Taipei, Taiwan	London, United Kingdom
Netherlands	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
New Zealand	6	3	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Nigeria	23	1	0	0	0	0	1	3	0	0	0	4	0	0	0	0	3	0	0	0	11
Pakistan	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Peru	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Philippines	3121	8	43	3	4	1	33	9	22	2	0	4	0	1	4	0	0	2898	0	1	88
Puerto Rico	82	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	82	0	0
Romania	4	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Sierra Leone	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Singapore	7	0	0	0	0	0	0	0	4	1	0	0	0	0	0	0	0	1	0	1	0
South Africa	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Spain	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Sri Lanka	4	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0
Sweden	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Taiwan	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	61	0
Thailand	28	1	0	0	0	0	0	0	27	0	0	0	0	0	0	0	0	0	0	0	0
Turkey	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Ukraine	4	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	1
United Kingdom	43	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40
United States	60	1	8	1	1	1	8	1	3	0	0	1	1	1	0	6	0	4	2	0	21
Vietnam	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Zimbabwe	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total	4730	42	114	24	29	14	160	105	376	63	47	60	8	21	86	203	14	2933	84	115	232

Table 11: NCLEX® International Volume by Testing Center Jan. 1–Dec. 31, 2011

Site ID	City	Country	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50482	Sydney	Australia	42	4	5	6	4	1	2	6	2	3	3	2	4
50486	Burnaby	Canada	114	12	5	9	8	7	10	10	13	5	8	9	18
63110	Edmonton	Canada	24	0	0	0	0	0	0	0	4	3	6	7	4
50485	Montreal	Canada	29	2	0	4	2	2	6	2	4	1	3	1	2
57935	Ottawa	Canada	14	0	0	0	1	0	0	2	5	0	4	2	0
50484	Toronto	Canada	160	18	17	17	17	10	22	16	18	1	12	5	7
57936	Toronto (West)	Canada	105	0	0	5	6	7	10	9	16	10	14	15	13
50493	Hong Kong	Hong Kong	376	26	15	22	46	36	60	33	33	21	27	22	35
50497	Bangalore	India	63	7	4	2	7	7	4	4	7	5	2	9	5
50498	Chennai	India	47	6	4	4	6	2	1	4	5	5	5	0	5
50495	Delhi	India	60	18	3	5	3	2	5	2	6	4	3	4	5
50496	Hyderabad	India	8	0	1	0	3	1	1	0	1	1	0	0	0
50494	Mumbai	India	21	1	3	1	0	2	2	5	3	1	2	0	1
50500	Chiyodaku	Japan	86	27	30	7	3	0	0	2	5	2	4	4	2
57585	Osakashi	Japan	203	23	30	22	11	7	9	21	10	19	10	16	25
50503	Mexico City	Mexico	14	2	3	2	0	0	1	0	1	1	1	1	2
54555	Manila	Philippines	2933	245	251	311	264	313	260	258	225	225	218	173	190
47108	San Juan	Puerto Rico	84	4	8	7	10	4	3	5	6	9	9	12	7
50506	Taipei	Taiwan	115	5	4	9	16	14	14	14	7	15	9	3	5
50140	London	United Kingdom	232	20	18	27	23	19	25	17	20	20	16	12	15
Total			4730	420	401	460	430	434	435	410	391	351	356	297	345

Table 12: NCLEX® International Testing Volume Pass Rate: Jan. 1–Dec. 31, 2011

Site ID	City	Country	Total Taken	Total Passed	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
50482	Sydney	Australia	42	18	4/2 (50.00%)	5/2 (40.00%)	6/0 (0.00%)	4/3 (75.00%)	1/0 (0.00%)	2/2 (100.00%)	6/3 (50.00%)	2/0 (0.00%)	3/1 (33.33%)	3/1 (33.33%)	2/1 (50.00%)	4/3 (75.00%)
50486	Burnaby	Canada	114	51	12/3 (25.00%)	5/2 (40.00%)	9/5 (55.56%)	8/5 (62.50%)	7/3 (42.86%)	10/3 (30.00%)	10/4 (40.00%)	13/5 (38.46%)	5/1 (20.00%)	8/4 (50.00%)	9/5 (55.56%)	18/11 (61.11%)
63110	Edmonton	Canada	24	18	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%)	4/2 (50.00%)	3/3 (100.00%)	6/4 (66.67%)	7/5 (71.43%)	4/4 (100.00%)
50485	Montreal	Canada	29	16	2/0 (0.00%)	0/0 (0.00%)	4/2 (50.00%)	2/1 (50.00%)	2/1 (50.00%)	6/5 (83.33%)	2/1 (50.00%)	4/2 (50.00%)	1/1 (100.00%)	3/1 (33.33%)	1/1 (100.00%)	2/1 (50.00%)
57935	Ottawa	Canada	14	6	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	2/1 (50.00%)	5/4 (80.00%)	0/0 (0.00%)	4/0 (0.00%)	2/1 (50.00%)	0/0 (0.00%)
50484	Toronto	Canada	160	57	18/6 (33.33%)	17/3 (17.65%)	17/7 (41.18%)	17/4 (23.53%)	10/4 (40.00%)	22/10 (45.45%)	16/4 (25.00%)	18/6 (33.33%)	1/1 (100.00%)	12/6 (50.00%)	5/2 (40.00%)	7/4 (57.14%)
57936	Toronto (West)	Canada	105	51	0/0 (0.00%)	0/0 (0.00%)	5/3 (60.00%)	6/2 (33.33%)	7/3 (42.86%)	10/2 (20.00%)	9/6 (66.67%)	16/7 (43.75%)	10/4 (40.00%)	14/7 (50.00%)	15/8 (53.33%)	13/9 (69.23%)
50493	Hong Kong	Hong Kong	376	173	26/12 (46.15%)	15/9 (60.00%)	22/9 (40.91%)	46/26 (56.52%)	36/17 (47.22%)	60/28 (46.67%)	33/17 (51.52%)	33/10 (30.30%)	21/10 (47.62%)	27/12 (44.44%)	22/12 (54.44%)	35/11 (31.43%)
50497	Bangalore	India	63	11	7/1 (14.29%)	4/0 (0.00%)	2/0 (0.00%)	7/3 (42.86%)	7/3 (42.86%)	4/0 (0.00%)	4/0 (0.00%)	7/0 (0.00%)	5/1 (20.00%)	2/1 (50.00%)	9/2 (22.22%)	5/0 (0.00%)
50498	Chennai	India	47	10	6/0 (0.00%)	4/1 (25.00%)	4/0 (0.00%)	6/2 (33.33%)	2/1 (50.00%)	1/1 (100.00%)	4/1 (25.00%)	5/2 (40.00%)	5/1 (20.00%)	5/1 (20.00%)	0/0 (0.00%)	5/0 (0.00%)
50495	Delhi	India	60	18	18/3 (16.67%)	3/0 (0.00%)	5/1 (20.00%)	3/1 (33.33%)	2/1 (50.00%)	5/4 (80.00%)	2/1 (50.00%)	6/3 (50.00%)	4/1 (25.00%)	3/1 (33.33%)	4/1 (25.00%)	5/1 (20.00%)
50496	Hyderabad	India	8	6	0/0 (0.00%)	1/0 (0.00%)	0/0 (0.00%)	3/3 (100.00%)	1/1 (100.00%)	1/1 (100.00%)	0/0 (0.00%)	1/1 (100.00%)	1/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)	0/0 (0.00%)
50494	Mumbai	India	21	8	1/0 (0.00%)	3/1 (33.33%)	1/0 (0.00%)	0/0 (0.00%)	2/2 (100.00%)	2/0 (0.00%)	5/1 (20.00%)	3/2 (66.67%)	1/1 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	1/0 (0.00%)
50500	Chiyodaku	Japan	86	43	27/15 (55.56%)	30/17 (56.67%)	7/2 (28.57%)	3/2 (66.67%)	0/0 (0.00%)	0/0 (0.00%)	2/0 (0.00%)	5/3 (60.00%)	2/1 (50.00%)	4/1 (25.00%)	4/1 (25.00%)	2/1 (50.00%)
57585	Osakashi	Japan	203	89	23/15 (65.22%)	30/14 (46.67%)	22/6 (27.27%)	11/3 (27.27%)	7/2 (28.57%)	9/3 (33.33%)	21/5 (23.81%)	10/7 (70.00%)	19/9 (47.37%)	10/5 (50.00%)	16/9 (56.25%)	25/11 (44.00%)
50503	Mexico City	Mexico	14	7	2/1 (50.00%)	3/3 (100.00%)	2/1 (50.00%)	0/0 (0.00%)	0/0 (0.00%)	1/1 (100.00%)	0/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	1/0 (0.00%)	2/1 (50.00%)
54555	Manila	Philippines	2933	1115	245/87 (35.51%)	251/95 (37.85%)	311/105 (33.76%)	264/120 (45.45%)	313/120 (38.34%)	260/107 (41.15%)	258/91 (35.27%)	225/78 (34.67%)	225/98 (43.56%)	218/82 (37.61%)	173/59 (34.10%)	190/73 (38.42%)
47108	San Juan	Puerto Rico	84	19	4/0 (0.00%)	8/0 (0.00%)	7/4 (57.14%)	10/4 (40.00%)	4/1 (25.00%)	3/1 (33.33%)	5/1 (20.00%)	6/3 (50.00%)	9/0 (0.00%)	9/4 (44.44%)	12/1 (8.33%)	7/0 (0.00%)
50506	Taipei	Taiwan	115	43	5/0 (0.00%)	4/3 (75.00%)	9/2 (22.22%)	16/6 (37.50%)	14/7 (50.00%)	14/2 (14.29%)	14/6 (42.86%)	7/4 (57.14%)	15/5 (33.33%)	9/3 (33.33%)	3/1 (33.33%)	5/4 (80.00%)
50140	London	United Kingdom	232	75	20/5 (25.00%)	18/8 (44.44%)	27/5 (18.52%)	23/10 (43.48%)	26/32 (26.32%)	25/11 (44.00%)	17/7 (41.18%)	20/3 (15.00%)	20/11 (55.00%)	16/4 (25.00%)	12/5 (41.67%)	15/1 (6.67%)
		Total	4730	1834	420/150 (35.71%)	401/158 (39.40%)	460/152 (33.04%)	430/195 (45.35%)	434/171 (39.40%)	435/181 (41.61%)	410/149 (36.34%)	391/142 (36.32%)	351/149 (42.45%)	356/138 (38.76%)	297/114 (38.38%)	345/135 (39.13%)

Report of the APRN Committee

Background

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

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

Highlights of FY12 Activities

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

- Prior to revising the 2012 NCSBN Standards for Accreditation and Certification, the committee completed a review of certification standards from the National Certification Corporation of America (NCCA), the American Board of Nursing Specialties (ABNS) and pertinent criteria from the American Psychology Association (APA) to ensure NCSBN standards are congruent with those of the testing industry. Phil Dickison, PhD, RN, chief officer, Examinations, provided additional information and educated the committee on the differences between exams that are used for certification and those used for licensure.
- The newly revised standards incorporate the elements of the APRN Consensus Model and reflect changes in standards from NCCA and ABNS since the last revision (see Attachment A).
- The revised standards were presented to stakeholders at the 2012 APRN Roundtable; participants were asked to provide any feedback they might have. These comments/suggestions will be reviewed and incorporated into a final document.

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

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

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

- The APRN Roundtable is an annual event held to inform stakeholders of regulatory issues related to advanced practice nursing. This year, the APRN Roundtable was held on April 25, 2012, at the Sax Hotel in Chicago.

Members

Vicki Erickson, PhD, PNP-BC, FAANP
Chair, Colorado, Area I

Brenda Bergman-Evans, PhD, APRN-NP, APRN-CNS
Nebraska APRN, Area II

Matthew Bishop, MS, CRNA
Hawaii, Area I

Kathryn Busby, JD
Arizona, Area I

Valerie Fuller, DNP, ACNP, FNP, GNP
Maine, Area IV

Constance B. Kalanek, PhD, RN
North Dakota, Area II

Martha Lavender, DSN, MSN, RN
Alabama, Area III

Kathleen Lavery, MS, CNM, RN
Michigan, Area II

Kathy Lopez-Bushnell, EdD, MSN, MPH, RNC, FNP
New Mexico, Area I

Linda Sullivan, DSN, FNP-BC, PNP-BC
Mississippi, Area III

Jolene Zych, MS, RN, WHNP-BC
Texas, Area III

Charlene Hanson, EdD, FNP-BC, FAANP
External Member

Emmaline Woodson, DNP, MS, RN, FRE
Maryland, Area IV, Board Liaison

Staff

Maureen Cahill, MSN, RN
Outreach Services Associate,
Nursing Regulation

Stephanie Fullmer, JD
Legislative Affairs Associate,
Nursing Regulation

Meeting Dates

- Oct. 12–13, 2011
- Nov. 30–Dec. 1, 2011
- Feb. 2–3, 2012
- April 24, 2012

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation.

Strategic Objective 3

Create resources for evidence-based regulation.

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- The agenda included speakers addressing exam development, APRN continued competency, Licensure, Accreditation, Certification and Education (LACE) updates, legislative updates, and the impact of Federal Trade Commission advisories with respect to state legislative proposals.

Future Activities

- BONs need guidance in grandfathering APRNs that is consistent with the language in the APRN Consensus Model. The tools created will provide language for BONs to use in the grandfathering process.
- FY13 APRN Committee charge:
 - Create and refine tools that assist BONs in applying grandfathering principles to APRNs that are consistent with the APRN Consensus Model.
- Desired impact:
 - The grandfather principle will be applied to eligible APRNs consistently across jurisdictions for APRNs currently licensed and APRNs applying for licensure by endorsement.
 - The grandfather principle will be consistent with the language of the APRN Consensus Model endorsed by NCSBN and the BONs.
 - BONs will have tools that ease their communication of grandfathering decisions for their APRN licensees and applicants.
 - BONs and APRNs will find the language, guidelines and tools helpful in the grandfathering process.
- Impact measured by:
 - Survey 20 percent of the member boards using the grandfathering language and tools in FY14.
 - The survey will determine whether utilizing grandfathering guidelines and tools was useful to BON's work.

Attachments

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



Attachment A

Requirements for Accrediting Agencies and Criteria for APRN Certification Programs

PREFACE

Purpose

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

Definitions

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

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

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

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

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

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

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

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

REQUIREMENTS FOR ACCREDITING AGENCIES

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

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- ii. Bases decisions on published standards; and
 - iii. Has reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate.
 - c. Accrediting agency evaluates the accredited program every five years and monitors throughout the accreditation period to ensure that the credentialing program remains in compliance with the agency's standards.
 - d. Accrediting agency has documentation that is evidenced based.
 - e. Accrediting agency evaluates the program for consistency with the requirements outlined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (July 7, 2008).
 3. Accrediting agency must provide a detailed description of the agency's survey process.
 - a. Frequency of reviews is at a minimum of every five years.
 - b. Copies of agency's survey forms and guidelines are available.
 - c. Procedures are in place to notify the agency's deficiencies and to monitor the correction of the deficiencies.
 - d. Accreditation decision categories (e.g., full, provisional, partial, etc.) are available and reported to NCSBN.
 - e. Information about the individuals who perform surveys for the accrediting agency is available.
 - i. Education experience requirements that individuals must meet are established.
 - ii. In-service training is provided.
 - iii. Policies and procedures are in place with respect to an individual's participation in the survey or accreditation decision process of any program with which the individual is professionally or financially affiliated are clearly indicated and available.
 4. Accrediting agency must have a data management and analysis system with respect to its accreditation decisions, including the kinds of reports, tables, etc.
 5. Accrediting agency must have procedures for responding to and for the investigation of complaints against certifying bodies.
 6. Accrediting agency must have policies and procedures with respect to the withholding or removal of accreditation status for certifying bodies that fail to meet standards or requirements including:
 - a. Notification to NCSBN in writing of any program that has had its accreditation removed, withdrawn or revised, or has had any other remedial or adverse action taken against it by the accrediting agency within 30 days of any such action taken.
 - b. Notification within 10 days of a deficiency identified in any accrediting entity when the deficiency poses an immediate jeopardy to public safety.
 7. Accrediting agency must submit to NCSBN:
 - a. A copy of any annual report prepared by the agency;
 - b. Notice of final accrediting findings and actions taken by the agency with respect to the program it accredits; and
 - c. Any proposed change in the program's policies, procedures or accreditation standards that might alter the program's scope of recognition.

Revised February 2012



CRITERIA FOR EVALUATING CERTIFICATION PROGRAMS

Criteria	Elaboration
<p>I. The program is national in the scope of its credentialing.</p>	<p>A. Advanced practice nursing standards have been identified by national organizations.</p> <p>B. Credentialing services are available to nurses throughout the U.S. and its territories.</p> <p>C. There is a provision for public representation on the certification board.</p> <p>D. A tested body of knowledge exists related to advanced nursing practice in a specified role and population.</p> <p>E. The certification board is an entity with organizational autonomy.</p>
<p>II. Conditions for taking the examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.</p>	<p>A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program.</p> <p>B. Eligibility criteria ensure minimal competence to practice at an advanced level of nursing.</p> <p>C. Published criteria are enforced.</p> <p>D. Examination is in compliance with the American Disabilities Act.</p> <p>E. Sample application(s) are available.</p> <ol style="list-style-type: none"> 1. Certification requirements are included. 2. Application procedures include: <ol style="list-style-type: none"> i. Procedures for assuring congruence between education and clinical experience, and the APRN role and population being certified; ii. Procedures for validating information provided by candidate; and iii. Procedures for handling omissions and discrepancies. 3. Professional staff is responsible for credential review and admission decisions. 4. Examination should be administered frequently enough to be accessible, but not so frequently as to overexpose items.

Criteria	Elaboration
	F. Periodic review of eligibility criteria and application procedures occurs to ensure that they are relevant, fair and equitable.
III. Educational requirements are consistent with the requirements of the advanced practice role and population focus.	<p>A. Active, unencumbered U.S. registered nurse (RN) licensure is required.</p> <p>B. Graduation is required from a graduate or postgraduate level advanced practice education program and the program meets the following requirements:</p> <ol style="list-style-type: none"> 1. Education program is offered by an accredited college or university that confers a graduate or postgraduate degree in the advanced nursing practice role and population focus. 2. Postgraduate level certificate programs are offered through institutions meeting criteria from an accredited college or university. 3. Clinical and didactic programs include, but are not limited to: <ol style="list-style-type: none"> i. Biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified role and population focus; and ii. Legal, ethical and professional responsibilities of the APRN; iii. Three separate, comprehensive graduate-level courses (the APRN Core) in: <ul style="list-style-type: none"> □ Advanced physiology/pathophysiology, including general principles that apply across the lifespan; □ Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques concepts and approaches; and □ Advanced pharmacology, including pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.



Criteria	Elaboration
	<p>4. Clinical and didactic programs meet the following criteria:</p> <ul style="list-style-type: none"> i. Curriculum is consistent with current competencies of the specific APRN role and population focus. ii. Curriculum meets the requirements for clinical and didactic coursework as described in the APRN Consensus Model. iii. Both direct and indirect clinical supervision is congruent with current advanced practice nursing standards and nursing accreditation guidelines. iv. Supervised clinical practice is relevant and congruent to the APRN role and population focus. <p>C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria.</p>
<p>IV. The standard methodologies used are acceptable to the testing community, such as incumbent job analysis studies and logical job analysis studies.</p>	<ul style="list-style-type: none"> A. A nursing organization exists that establishes standards for the advanced level of nursing practice in one of the four described roles and one of six described population foci. B. Exam content based on a job/task analysis. C. Job analysis studies are conducted at least every five years. D. Results of the job analysis study are published and available to the public. E. There is evidence of the content validity of the job analysis study.
<p>V. The examination represents entry-level practice with minimal though critical competencies in the advanced nursing practice role and population.</p>	<ul style="list-style-type: none"> A. Entry-level practice in the advanced practice nursing role and population focus reflects minimal competency in all areas of practice, and is defined by the job analysis studies. B. The exam has a purpose statement and a focus.

Criteria	Elaboration
VI. The examination represents the knowledge, skills and abilities (KSAs) essential for the delivery of safe and effective advanced nursing care to patients.	<p>A. The job analysis includes activities representing the KSAs necessary for competent performance.</p> <p>B. The examination reflects the results of the job analysis study.</p> <p>C. KSAs, which are critical to public safety, are identified.</p> <p>D. Examination content is oriented to educational curriculum practice requirements and accepted standards of care.</p>
VII. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism before initial use and periodically.	<p>A. Each item is associated with a single cell of the test plan.</p> <p>B. Items are reviewed for currency at least every three years.</p> <p>C. Items are reviewed by members of under-represented gender and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safely and effectively practice. Processes exist for identifying and flagging items.</p> <p>D. A statistical bias analysis is performed on all items.</p> <p>E. All items are subjected to an “unscored” use for data collection purposes before their first use as a scored item.</p> <p>F. Processes are in place to detect and eliminate bias from the test.</p> <p>G. Reuse guidelines for items on an exam form are identified.</p> <p>H. Item writing and review is done by qualified individuals who represent the APRN roles and the population foci.</p>
VIII. Examinations are evaluated for psychometric performance.	A. Reference groups used for comparative analysis are defined.
IX. The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically.	A. Passing standard is criterion referenced.



Criteria	Elaboration
<p>X. Examination security is maintained through established procedures.</p>	<p>A. Protocols are established to maintain security related to:</p> <ol style="list-style-type: none"> 1. Item development (e.g., item writers and confidentiality, how often items are reused); 2. Maintenance and integrity of the question pool; 3. Printing and production process; 4. Secure storage and transmission of the examination; 5. Administration of examination (e.g., who administers, who checks administrators); 6. Ancillary materials (e.g., test keys, scrap materials); 7. Scoring of examination; and 8. Occurrence of a crisis (e.g., exam is compromised).
<p>XI. Certification is issued based upon passing the examination and meeting all other certification requirements.</p>	<p>A. Certification process is described, including the following:</p> <ol style="list-style-type: none"> 1. Criteria for certification decisions are identified; 2. All requirements and passing exam results are verified; and 3. Procedures for appealing decisions are in place. <p>B. Mechanisms are in place for communicating with candidates.</p> <p>C. Due process is in place for follow-up of complaints.</p> <p>D. Confidentiality of nonpublic candidate data is maintained.</p>

Criteria	Elaboration
XII. A retake policy is in place.	<ul style="list-style-type: none"> A. Failing candidates are permitted to be re-examined at a future date. B. Failing candidates are informed of procedures for retakes. C. Test for repeating examinees are equivalent to the test for first-time candidates. D. Repeating examinees are expected to meet the same test performance standards as first-time examinees. E. Failing candidates are given information on content areas of deficiency. F. Repeating examinees are not exposed to the same items of a previous exam.
XIII. Certification maintenance program, which includes review of qualifications and continued competence, is in place.	<ul style="list-style-type: none"> A. Certification maintenance requirements are specified (e.g., maintenance of an active RN license, continuing education, practice, examination, etc.). B. Certification maintenance procedures include: <ul style="list-style-type: none"> 1. Procedures for assuring match between continued competency measures and APRN role and population(s); 2. Procedures for validating information provided by candidates; and 3. Procedures for issuing recertification. C. Professional staffs oversee credential review. D. Certification maintenance is required a minimum of every five years.
XIV. Mechanisms are in place for communication to boards of nursing (BONs) for timely verification of an individual's certification status, changes in certification status and changes in the certification program, including qualifications, test plan and scope of practice.	<ul style="list-style-type: none"> A. Communication mechanisms address: <ul style="list-style-type: none"> 1. Permission obtained from candidates to share information regarding the certification exam process; 2. Procedures to provide verification of certification and scores to BONs; 3. Procedures for timely notification within 30 days to BONs regarding changes of certification status, including testing without passing; and 4. Procedures for notification of changes in certification programs (e.g., qualifications, test plan) to BONs and NCSBN.



Criteria	Elaboration
XV. An evaluation process is in place to provide quality assurance in its certification program.	<p>A. Internal review panels are used to establish quality assurance procedures annually.</p> <ol style="list-style-type: none">1. Composition of these groups (by title or area of expertise) is described.2. Procedures are reviewed.3. Frequency of review is defined. <p>B. Procedures are in place to ensure adherence to established quality assurance policies and procedures.</p> <p>C. Procedures for review of quality assurance are publicly posted.</p>

Revised February 2012



Report of the Awards Committee

Background

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

Highlights of FY12 Activities

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

2012 AWARD RECIPIENTS:

R. Louise McManus Award

Sandra Evans, MAEd, RN, executive director, Idaho Board of Nursing

Meritorious Service Award

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

Regulatory Achievement Award

Missouri State Board of Nursing

Exceptional Contribution Award

Julia Gould, MS, RN, board staff, Georgia Board of Nursing

Sue Petula, PhD, MSN, RN, NEA-BC, board staff, Pennsylvania State Board of Nursing

Members

Marty Alston
West Virginia-RN, Area II

Doreen Begley, MS, RN
Nevada, Area I

Judy Bontrager, MN, RN
Arizona, Area I

Patti Clapp
Texas, Area III

Kathy Leader-Horn, LVN
Texas, Area III

Staff

Alicia Byrd, RN
Director, Member Relations

Meeting Dates

- Oct. 25, 2011 (Conference Call)
- March 27, 2012

Executive Officer Recognition Awards

5 YEARS

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

10 YEARS

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

MEMBERS CELEBRATING 100 YEARS OF NURSING REGULATION

- College of Registered Nurses of British Columbia
- Louisiana State Board of Nursing
- Rhode Island Board of Nurse Registration and Nursing Education

INSTITUTE OF REGULATORY EXCELLENCE FELLOWS

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

Future Activities

- Select the 2013 awards recipients.

Attachment

- A. 2012 Awards Brochure



Attachment A
2012 Awards Brochure



2012 NCSBN Awards Program

NCSBN Awards 2012 NCSBN Awards 2012 NCSBN Awards 2012 NCSBN Awards



■ ■ ■ ■ **NCSBN**

National Council of State Boards of Nursing

MISSION

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

VISION

Advance regulatory excellence worldwide.



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

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

1

Nomination Procedure and Entry Format

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

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

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



Awards Review and Selection

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

3

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 purposes of NCSBN.

CRITERIA FOR SELECTION

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

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

One

<h3>Meritorious Service Award</h3> <p>ELIGIBILITY An individual who is a member</p> <p>DESCRIPTION OF AWARD The Meritorious Service Award is granted to a member for significant contributions to the purposes of NCSBN.</p> <p>CRITERIA FOR SELECTION</p> <ul style="list-style-type: none">■ Significant promotion of the purposes of NCSBN■ Positive impact on the contributions of NCSBN■ Demonstrated support of NCSBN's mission <p>AWARD CYCLE Annually as applicable</p> <p>NUMBER OF RECIPIENTS One</p>	<h3>Exceptional Contribution Award</h3> <p>ELIGIBILITY A member who is not a president or executive officer</p> <p>DESCRIPTION OF AWARD The Exceptional Contribution Award is granted for significant contribution by a member who is not a president or executive officer.</p> <p>CRITERIA FOR SELECTION</p> <ul style="list-style-type: none">■ Significant contributions to NCSBN activities■ Demonstrated support of NCSBN's mission <p>AWARD CYCLE Annually as applicable</p> <p>NUMBER OF RECIPIENTS Unlimited</p>
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<h3>Regulatory Achievement Award</h3> <p>ELIGIBILITY A member board or associate member</p> <p>DESCRIPTION OF AWARD The Regulatory Achievement Award recognizes the member board or associate member that has made an identifiable, significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.</p>	<p>CRITERIA FOR SELECTION</p> <ul style="list-style-type: none">■ Active participation in NCSBN activities■ Effective leadership in the development, implementation and maintenance of licensing and regulatory policies■ Active collaborative relationships among the member board or associate member, NCSBN, the public and other member boards or associate members■ Demonstrated advancement of the NCSBN mission <p>AWARD CYCLE Annually as applicable</p> <p>NUMBER OF RECIPIENTS One</p>
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Distinguished Achievement Award

ELIGIBILITY

Individual or external organization. Award can be given posthumously

CRITERIA FOR SELECTION

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

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

Unlimited

Exceptional Leadership Award

ELIGIBILITY

Service as a member president within the past two years

DESCRIPTION OF AWARD

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

CRITERIA FOR SELECTION

- Demonstrated leadership at the local level as the president
- Demonstrated leadership in making significant contributions to NCSBN

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

One

7

Executive Officer Recognition Award

ELIGIBILITY

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

DESCRIPTION OF AWARD

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

AWARD CYCLE

Annually as applicable

NUMBER OF RECIPIENTS

As applicable

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

Past NCSBN Award Recipients

R. LOUISE MCMANUS AWARD

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

MERITORIOUS SERVICE AWARD

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

REGULATORY ACHIEVEMENT AWARD

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

MEMBER BOARD AWARD

2000 – Arkansas Board of Nursing
 1998 – Utah State Board of Nursing
 1997 – Nebraska Board of Nursing
 1994 – Alaska Board of Nursing
 1993 – Virginia Board of Nursing

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

EXCEPTIONAL LEADERSHIP AWARD

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

NCSBN 30TH ANNIVERSARY SPECIAL AWARD

2008 – Joey Ridenour
 Sharon Weisenbeck Malin
 Mildred S. Schmidt

EXCEPTIONAL CONTRIBUTION AWARD

2011 – Judith Personett
 Mary Beth Thomas
 2010 – Valerie Smith
 Sue Tedford
 2009 – Nancy Murphy
 2008 – Lisa Emrich
 Barbara Newman
 Calvina Thomas
 2007 – Peggy Fishburn
 2005 – William Fred Knight
 2004 – Janette Pucci
 2003 – Sandra MacKenzie
 2002 – Cora Clay
 2001 – Julie Gould
 Lori Scheidt
 Ruth Lindgren

SILVER ACHIEVEMENT AWARD

2000 – Nancy Wilson
 1998 – Joyce Schowalter

NCSBN SPECIAL AWARD

2008 – Thomas Abram
 2004 – Robert Waters
 2002 – Patricia Benner

Report of the Commitment to Ongoing Regulatory Excellence (CORE) Committee

Background

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

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

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

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

Highlights of FY12 Activities

Charge #1: Produce CORE 2012 Research Reports

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

Charge #2: Identify Promising Member Performance Practices

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

Charge #3: Promote Increased Use of CORE Information

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

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

EXECUTIVE SUMMARY

In an effort to focus on meaningful performance measures important to BONs, NCSBN contracted Poister, a national expert on performance measurement in government. Poister provided guidance on a systematic approach to focus measures that are reliable, actionable and timely to support evidenced-based decision making for BONs. The committee acknowledges the expertise of Poister and valued his ongoing committee guidance throughout FY12.

Members

Joey Ridenour, MN, RN, FAAN
Arizona, Area I, Chair

Vicki Lynn Allen, RN, CLNC
Idaho, Area I

Jessie Colin, PhD, RN, FAAN
Florida, Area III

Tamara J. Cowen, MSN, RN,
CNE-BC
Texas, Area III

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

Carllene MacMillan, MN, RN,
CNAA
Louisiana-RN, Area III

Paula R. Meyer, MSN, RN
Washington, Area I

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

Chris Sansom, MSN, RN
Nevada, Area I

Sue Tedford, MNsc, APN
Arkansas, Area III

Theodore Poister, PhD, MPA
Consultant

Ann L. O'Sullivan, PhD, CRNP,
FAAN
Pennsylvania, Area IV,
Board Liaison

Staff

Lindsey Erickson, MS
Program Manager, CORE,
Executive Office

Meeting Dates

- Oct. 17–18, 2011
- Dec. 12–13, 2011
- Jan. 27, 2012 (Subcommittee)
- March 1–2, 2012 (Subcommittee)
- March 21, 2012 (Subcommittee)
- March 22–23, 2012

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation.

Strategic Objective 2

Promote regulatory excellence through a performance measurement system.

Prior to the December meeting, the committee asked the executive officers of BONs to submit their strategic plans and/or budget data to assess what measurements member boards are currently collecting. During the December meeting, the committee reviewed the plans and found that it was evident that there were reoccurring themes (i.e., discipline was a major focus for the majority of the 17 boards reviewed). The committee eventually catalogued measures from the BONs' strategic plans in order to assess if there were other measures currently collected by the BONs to add in the CORE surveys; the committee did not identify any other measures.

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

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

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

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

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

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

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

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

The committee reviewed past CORE data and contacted BONs to seek additional information on outliers, as well as validating data. Some BONs changed responses, while other affirmed the original data submitted. The committee reviewed the validated responses to identify consistently high performing BONs and steadily improving BONs.



The committee reviewed CORE data from FY05, FY07 and FY09. Through bar graphs and scatter plots, the committee was able to identify BONs that consistently demonstrated to be high performing and which BONs were steadily improving throughout the years, specifically in the area of discipline.

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

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

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

Future Activities

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

Attachments

- A. CORE Guiding Principles
- B. State Board of Nursing CORE Logic Model

Attachment A

CORE Guiding Principles

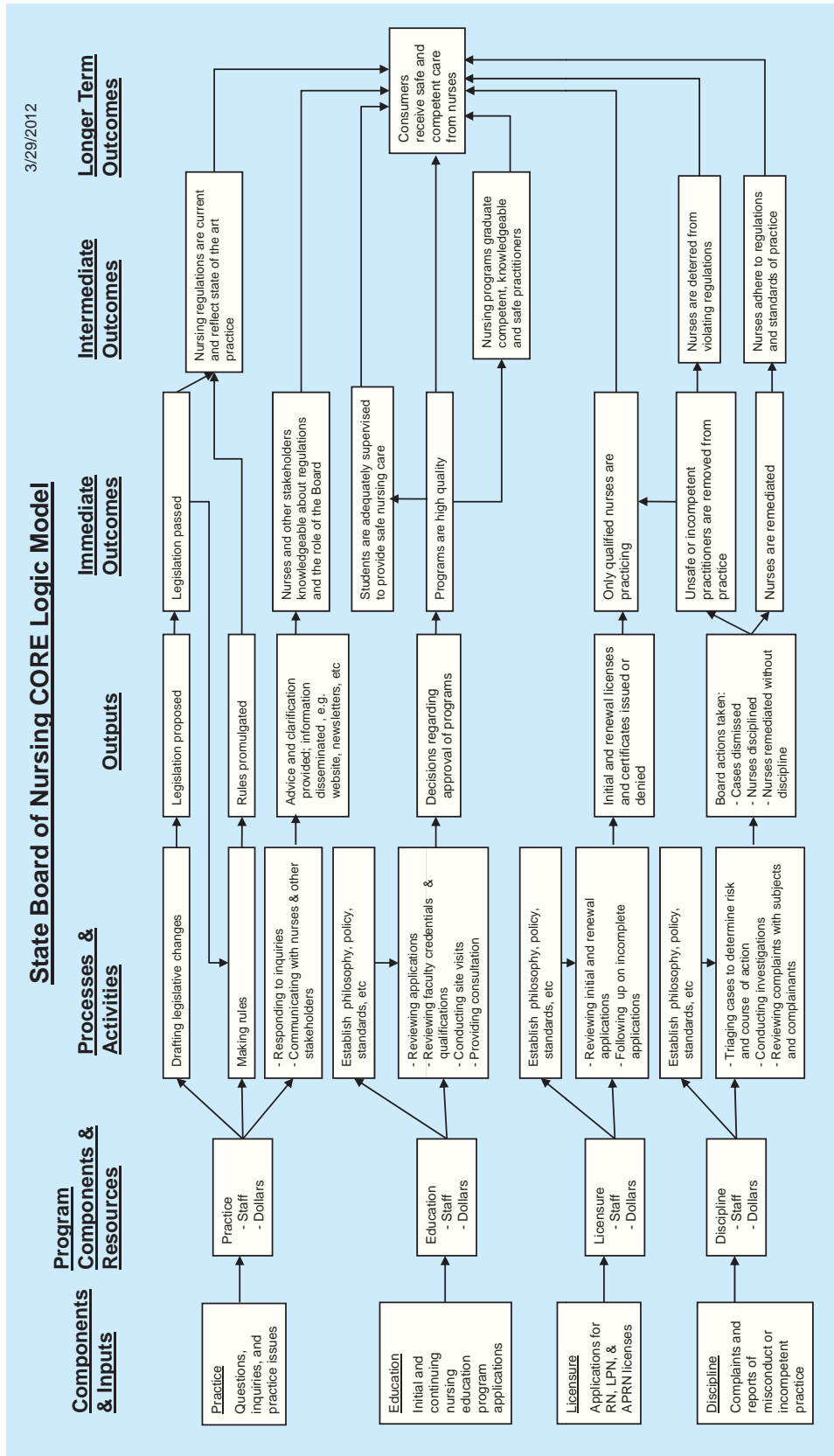
The CORE process provides a framework for monitoring performance on an on-going basis in order to facilitate boards of nursing (BONs) in achieving regulatory excellence and protecting the public. In comparing and benchmarking performance measures, CORE will:

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



Attachment B

State Board of Nursing CORE Logic Model





Report of the Finance Committee

Background

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

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

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

Highlights of FY12 Activities

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

Members

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

Cynthia D. Burroughs, PhD
Arkansas, Area III

Dean Estes
Nevada, Area I

Rula Harb, MS, RN
Massachusetts, Area IV

Daniel C. Hudgins
North Carolina, Area III

Terry J. West
Washington, Area I

Cynthia York, MSN, RN, CGRN
Louisiana, Area IV

Staff

Robert Clayborne, MBA, CPA
Director, Finance

Meeting Dates

- Nov. 29, 2011
- Feb. 7, 2012
- May 1, 2012
- July 31, 2012

Future Activities

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

Attachment

- A. Report of the Independent Auditors FY11



Attachment A

Report of the Independent Auditors FY11



Blackman Kallick, LLP
10 South Riverside Plaza, 9th Floor
Chicago, IL 60606

Phone: 312-207-1040

Report of Independent Auditors

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

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

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

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

Blackman Kallick, LLP

December 9, 2011

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National Council of State Boards of Nursing, Inc.

Statements of Financial Position

September 30, 2011 and 2010

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

National Council of State Boards of Nursing, Inc.

Statements of Activities

Years Ended September 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
REVENUE		
Examination fees	\$ 58,061,850	\$ 59,431,200
Other program services income	6,177,034	6,055,024
Net realized and change in unrealized (loss) gain on investments	(480,040)	4,747,266
Interest and dividend income	3,385,465	3,249,677
Membership fees	<u>187,500</u>	<u>186,000</u>
Total revenue	<u>67,331,809</u>	<u>73,669,167</u>
EXPENSES		
Program services		
Nurse competence	41,427,615	41,264,703
Nurse practice and regulatory outcome Information	<u>9,486,890</u>	<u>6,552,005</u>
Total program services	<u>9,451,206</u>	<u>8,186,682</u>
Supporting services	60,365,711	56,003,390
Management and general	<u>3,496,214</u>	<u>2,959,055</u>
Total expenses	<u>63,861,925</u>	<u>58,962,445</u>
NET INCREASE	3,469,884	14,706,722
UNRESTRICTED NET ASSETS		
Beginning of year	<u>146,354,265</u>	<u>131,647,543</u>
End of year	<u>\$ 149,824,149</u>	<u>\$ 146,354,265</u>

National Council of State Boards of Nursing, Inc.

Statements of Cash Flows

Years Ended September 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Net increase	\$ 3,469,884	\$ 14,706,722
Adjustments to reconcile net increase to net cash provided by operating activities		
Depreciation and amortization	2,846,255	2,887,546
Net realized and change in unrealized loss (gain) on investments	480,040	(4,747,266)
(Increase) decrease in assets		
Accounts receivable	82	(28,482)
Due from test vendor	98,423	(1,662,283)
Accrued investment income	25,486	211,751
Prepaid expenses	(189,554)	(238,699)
Increase (decrease) in liabilities		
Accounts payable	(421,645)	166,343
Accrued payroll, payroll taxes and compensated absences	(63,769)	78,718
Due to test vendor	(660,161)	212,135
Deferred revenue	(37,500)	(124,052)
Grants payable	569,951	74,147
Deferred rent credits	(74,699)	(74,698)
Net cash provided by operating activities	<u>6,042,791</u>	<u>11,461,882</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(1,595,216)	(2,758,140)
Purchases of investments	(16,158,172)	(17,962,958)
Proceeds on sale of investments	13,082,595	35,795,996
Proceeds on sale of property and equipment	3,669	-
Net cash (used in) provided by investing activities	<u>(4,667,124)</u>	<u>15,074,898</u>
Net increase	1,375,667	26,536,780
CASH		
Beginning of year	<u>55,782,985</u>	<u>29,246,205</u>
End of year	<u>\$ 57,158,652</u>	<u>\$ 55,782,985</u>

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2011 AND 2010

NOTE 1. DESCRIPTION OF THE ORGANIZATION

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

The program services of NCSBN are defined as follows:

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

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

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

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

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

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

Money market funds are valued at fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

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

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

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

Furniture and equipment	5 - 7 years
Course development costs	2 - 5 years
Computer hardware and software	5 - 7 years
Leasehold improvements	useful life or life of lease

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

	<u>2011</u>	<u>2010</u>
Intellectual property	\$ 1,250,000	\$ 1,250,000
Less accumulated amortization	<u>(343,750)</u>	<u>(218,750)</u>
	<u>\$ 906,250</u>	<u>\$ 1,031,250</u>

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

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

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

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

NOTE 3. INCOME TAX

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

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

NOTE 4. CASH CONCENTRATIONS

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS

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

- Level 1 - Observable inputs that reflect unadjusted quoted prices for identical assets or liabilities in active markets at the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data.
- Level 3 - Unobservable inputs that are not corroborated by market data. These inputs reflect management's best estimate of fair value using its own assumptions about the assumptions a market participant would use in pricing the asset or liability.

NCSBN currently uses no Level 3 inputs.

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

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Recurring Fair Value Measurements as of Reporting Date Using:			
	Fair Value as of September 30, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed Income				
U.S. Government Obligations				
U.S. Treasury Notes and Bonds	\$ 10,910,006	\$ 10,910,006	\$ -	\$ -
Treasury Inflation-Protected Securities	7,545,304	7,545,304	-	-
Government Agency Obligations				
Zero Coupon Bonds	1,291,623	-	1,291,623	-
US Agency Fixed Rate Notes and Bonds	391,079	-	391,079	-
Federal Home Loan Mortgage Pool	944,319	-	944,319	-
Federal National Mortgage Association Pool	2,793,141	-	2,793,141	-
Government National Mortgage Association Pool	513,628	-	513,628	-
Other Agency Loan Pool	10,158,287	-	10,158,287	-
Corporate Bonds				
Corporate Bonds - Fixed	9,582,519	-	9,582,519	-
Corporate CMO and CMBS	1,525,913	-	1,525,913	-
Real Estate Investment Trust Bonds Backed	35,709	-	35,709	-
Mutual Funds				
Spartan Extended Market Index Fund	8,319,383	8,319,383	-	-
Spartan International Index Fund	4,295,757	4,295,757	-	-
DWS Equity 500 Index Fund	24,267,605	24,267,605	-	-
Other	80,142	80,142	-	-
International equity fund - limited liability company	3,239,818	-	3,239,818	-
Real estate investment trust	4,860,710	-	4,860,710	-
Total	\$ 90,754,943	\$ 55,418,197	\$ 35,336,746	\$ -

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Recurring Fair Value Measurements as of Reporting Date Using:			
	Fair Value as of September 30, 2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fixed Income				
U.S. Government Obligations				
U.S. Treasury Notes and Bonds	\$ 10,523,173	\$ 10,523,173	\$ -	\$ -
Treasury Inflation-Protected Securities	7,032,041	7,032,041	-	-
Government Agency Obligations				
Zero Coupon Bonds	469,340	-	469,340	-
US Agency Fixed Rate Notes and Bonds	385,632	-	385,632	-
Federal Home Loan Mortgage Pool	1,144,005	-	1,144,005	-
Federal National Mortgage Association Pool	3,000,157	-	3,000,157	-
Government National Mortgage Association Pool	8,175	-	8,175	-
Other Agency Loan Pool	8,826,570	-	8,826,570	-
Corporate Bonds				
Corporate Bonds - Fixed and Variable	9,778,759	-	9,778,759	-
Corporate CMO and CMBS	2,579,845	-	2,579,845	-
Real Estate Investment Trust Bonds Backed	37,072	-	37,072	-
Mutual Funds				
Spartan Extended Market Index Fund	8,195,830	8,195,830	-	-
Spartan International Index Fund	4,763,500	4,763,500	-	-
DWS Equity 500 Index Fund	24,035,652	24,035,652	-	-
Other	63,570	63,570	-	-
International equity fund - limited liability company	3,467,847	-	3,467,847	-
Real estate investment trust	3,987,136	-	3,987,136	-
Total	\$ 88,298,304	\$ 54,613,766	\$ 33,684,538	\$ -

Not included in the above table is \$421,295 and \$282,397 in money market accounts as of September 30, 2011 and 2010, respectively.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 1

Fixed Income

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

Mutual Funds

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

LEVEL 2

Government Agency Obligations and Corporate Bonds

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

International Equity Fund - Limited Liability Company

The estimated fair value of the international equity fund is based on net asset value, which is determined by reference to the fund’s underlying assets and liabilities.

Real Estate Investment Trust

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

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
International equity fund - Limited Liability company (a)	\$ 3,239,818	\$ -	Monthly	10 days
Real estate investment (b)	-	-	Quarterly	90 days

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

NOTE 6. PROPERTY AND EQUIPMENT

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

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

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

NOTE 7. OPERATING LEASE

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

Year ending September 30,	
2012	\$ 550,086
2013	588,078
2014	605,165
2015	622,252
2016	639,339
Thereafter	<u>3,881,597</u>
	<u>\$ 6,886,517</u>

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

NOTE 8. RETIREMENT PLANS

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

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

NOTE 9. COMMITMENTS

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

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



Report of the Institute of Regulatory Excellence (IRE) Committee

Background

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

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

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

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

Highlights of FY12 Activities

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

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

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

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

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

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Linda L. Olson, PhD, RN, NEA-BC
Institute of Regulatory Excellence
Associate, Nursing Regulation

Meeting Dates

- Oct. 19–20, 2011
- March 15–16, 2012

Relationship to Strategic Plan

Strategic Initiative B

NCSBN advances the engagement and leadership potential of all members through education, information and networking.

Strategic Objective C

Maintain active IRE program.

resources available, qualifications of the applicants and strength of their proposed area of interest in nursing regulation.

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

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

- The theme of the 2012 IRE Conference centered around public policy and the role of the nurse regulator: *Champions for the Cause: How Nurse Regulators Can Impact the Future of Public Policy*. Presentations at the preconference included an overview of the process of writing an integrative literature review, preparing and presenting a project proposal and paper, and preparing a poster presentation. A half-day workshop on writing for publication was presented by Marilyn Oermann, PhD, professor, University of North Carolina. Evaluations of the preconference and conference presentations and speakers were highly positive.
- The 2013 IRE Conference will be held in New Orleans., and will focus on the discipline process.

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

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

Future Activities

FY13 charges:

- Select 2013 IRE Fellows and mentors, and approve project proposals and final reports.
- Advise staff on continuous improvement of the IRE Fellowship Program.
- Explore and develop strategies to continue engagement of inducted IRE Fellows.

Attachments

None

Report of the National Nurse Aide Assessment Program (NNAAP®) and the Medication Aide Certification Examination (MACE®)

Background

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

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

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

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

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

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

Highlights of FY12 Activities

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

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

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Meeting Dates

- March 19-20, 2012 (MACE® Standard Setting Workshop)
- April 4-6, 2012 (NNAAP® Item Writing Workshop)
- May 2-4, 2012 (NNAAP® Item Review Workshop)
- June 6-8, 2012 (MACE® Item Writing Workshop)
- July 16-18, 2012 (MACE® Item Review Workshop)

Relationship to Strategic Plan

Strategic Initiative C

NCSBN provides state-of-the-art competence assessments.

Strategic Objective 2

NNAAP/MACE development, security, psychometrics, administration and quality assurance processes are consistent with member boards' examination needs.

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

PROGRAM HIGHLIGHTS AND TEST DEVELOPMENT ACTIVITIES

MACE® Standard-Setting Workshop

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

NNAAP® Item Writing and Review Workshops

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

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

MACE® Item Writing and Review Workshops

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

MACE® Examination Delivered in Wyoming

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

Future Activities

- Share information with the public about NNAAP and MACE.
- Develop new test items, test forms and maintain item pools for NNAAP and MACE.
- Perform appropriate item response and statistical analyses of items for NNAAP and MACE.
- Build paper-and-pencil test forms and computer-based test forms for written or oral examination of NNAAP.
- Continue to increase the bank of items for MACE and build computer-based forms to meet needs of membership.
- Enhance the quality of NNAAP and MACE.
- Increase the number of states that use NNAAP and MACE.



SUMMARY OF NNAAP® EXAMINATION RESULTS FOR TESTING YEAR 2011: PASS RATES BY STATE¹

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

Table 1: 2011 Pass Rates by Jurisdiction

Jurisdiction	Written/Oral (N)			Skills (N)			Total
	First Time Takers	Repeaters	Total	First Time Takers	Repeaters	Total	
Alabama	85% (1,745)	61% (233)	83% (1,978)	75% (1,761)	75% (316)	75% (2,077)	77% (1,914)
Alaska	96% (507)	81% (72)	94% (579)	92% (507)	92% (84)	92% (591)	94% (572)
California	86% (10,335)	64% (1,802)	83% (12,137)	92% (10,296)	84% (1,200)	91% (11,496)	89% (11,090)
Colorado	93% (6,506)	69% (892)	90% (7,398)	81% (6,589)	73% (1,541)	79% (8,130)	86% (7,257)
District of Columbia	74% (324)	49% (88)	69% (412)	68% (340)	70% (90)	68% (430)	65% (388)
Georgia	87% (9,733)	59% (1,236)	84% (10,969)	78% (9,895)	79% (1,583)	78% (11,478)	80% (10,597)
Louisiana	91% (213)	81% (31)	90% (244)	88% (270)	96% (27)	89% (297)	85% (278)
Guam	90% (10)	80% (15)	84% (25)	57% (14)	92% (12)	73% (26)	62% (26)
Maryland	89% (3,994)	69% (548)	86% (4,542)	89% (4,012)	82% (536)	88% (4,548)	87% (4,357)
Minnesota	93% (5,774)	85% (1,466)	92% (7,240)	85% (5,781)	82% (1,955)	85% (7,736)	91% (7,010)
Mississippi	81% (2,640)	66% (738)	78% (3,378)	69% (2,654)	70% (947)	70% (3,601)	73% (3,186)
New Hampshire	100% (18)	100% (7)	100% (25)	94% (18)	88% (8)	92% (26)	96% (25)
North Carolina	93% (21,170)	79% (2,717)	92% (23,887)	73% (21,605)	72% (6,106)	73% (27,711)	81% (24,389)
North Dakota	92% (1,112)	85% (175)	91% (1,287)	94% (1,110)	94% (154)	94% (1,264)	92% (1,245)
Pennsylvania	91% (9,137)	70% (1,396)	89% (10,533)	80% (9,270)	75% (2,210)	79% (11,480)	84% (10,357)
Rhode Island	89% (1,436)	55% (359)	82% (1,795)	62% (1,441)	64% (730)	63% (2,171)	77% (1,690)
South Carolina	90% (4,471)	77% (793)	88% (5,264)	68% (4,523)	64% (1,497)	67% (6,020)	73% (5,211)

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

Table 1: 2011 Pass Rates by Jurisdiction

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



Report of the Nurse Licensure Models Committee

Background

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

Highlights of FY12 Activities

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

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

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

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

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

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

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

Future Activities

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

Attachment

A. Issues, Solutions and Strategies

Members

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Chief Officer, Nursing Regulation

Meeting Dates

- Oct. 27-28, 2012
- Feb. 7-8, 2012

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation.

Strategic Objective 3

Create resources for evidence-based regulation.

Attachment A

Issues, Solutions and Strategies

Issue: Discipline

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

Specific concerns:

- Timeliness in resolving cases varies widely from jurisdiction to jurisdiction. The public are at risk when a nurse under investigation in one jurisdiction applies for licensure in a different jurisdiction prior to case resolution. Information regarding the complaint/investigation is often not available and the jurisdiction that the applicant has applied to must make a licensure decision without information that may be integral to protecting the citizens of that jurisdiction.
- Use of the Nurse Alert feature in Nursys® is not universally utilized by all BONs to inform other jurisdictions that a nurse may be under investigation.
- Mandatory reporting differs from jurisdiction to jurisdiction, and not all jurisdictions obligate licensees to take steps to protect the public when they identify an unsafe practitioner.

Barriers to overcome:

- Laws that prevent the sharing of investigative information.
- Lack of BON processes to assist in the sharing of information.
- State due process requirements, complex investigative processes, lack of investigative staff and other issues that increase the length of time for a BON to settle/resolve a case.
- Need for laws related to mandatory reporting and immunity for whistle blowers.

Goals:

- Optimal public protection through collaboration and the harmonization of BON disciplinary procedures and information sharing across all jurisdictions.
- Open dialogue, exchange of information and adoption of standards agreed upon by all jurisdictions.

Phase I: Identification of Issues

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

- A. Arrange for an open dialogue of issues at the Executive Officer Summit. Actively problem solve as to how jurisdictions can overcome barriers.
- B. Place licensure issues that affect the interface between licensure models as a standing item on all Executive Officer Networking Sessions. Items should be as specific as possible so as to facilitate resolution.



Phase II: Development of Resources and Education Programs

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

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

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

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

Issue: Alternative Programs

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

Specific Concerns:

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

Goals:

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

Plan:

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

Issue: Licensure
Lack of uniformity and variances in jurisdiction laws related to licensure.
Specific Concerns:
<ul style="list-style-type: none"> ▪ Criminal background checks (CBCs) are not consistently performed in all jurisdictions. ▪ Inconsistency across jurisdictions related to licensure decisions. ▪ Variations in education program standards.
Goal:
Adoption of uniform licensure requirements (ULRs) across all jurisdictions.
Plan:
<ul style="list-style-type: none"> A. NCSBN staff to assist BONs in the adoption of ULRs by providing toolkits, talking points, state/jurisdiction law comparisons with ULRs, jurisdiction maps and other resources. (NCSBN staff has developed a three-year implementation plan for ULRs.) B. NCSBN staff to collect anecdotal stories that illustrate the need for CBCs. C. NCSBN staff to arrange legislative breakfasts at National Council of State Governments regional meetings to inform legislators of necessity for CBCs. D. Executive officers to discuss licensure issues at Executive Officer Networking Sessions.
Issue: BON Decisions/Communication Between all BONs and Licensure Models
Decisions made in one jurisdiction or by the Nurse Licensure Compact (NLC) can impact other jurisdictions in or out of the NLC.
Goal:
Open communication between all BONs and understanding of how licensure decisions impact all jurisdictions.
Plan:
<ul style="list-style-type: none"> A. Structure a presentation for the Executive Officer Summit to focus on regulatory issues among jurisdictions, such as the presentation “The Chain Reaction of Board Decisions.” B. Keep this issue at the forefront. Structure opportunities for open dialogue on this subject for attendees at various meetings. C. Executive officers should identify newly emerging issues related to licensure on an ongoing basis. D. Continue to collect data regarding the value of nursing regulation on public protection.
Issue: Employer Verification of Licenses
There are inconsistencies in verifying authority to work by employers.
Goal:
Employers in every jurisdiction check Nursys® for up-to-date information on nurses they are hiring.
Plan:
<ul style="list-style-type: none"> A. All BONs become licensure participating in Nursys. B. All BONs provide link to Nursys on BON website. C. All BONs work at disseminating information to employers about Nursys licensure verification and educate employers about using the system. D. Develop a video to educate employers. Encourage BONs to link/post the video on their website. E. All BONs convert to issuing paperless licenses.

Report of the Nursing Education Committee

Background

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

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

Highlights of FY12 Activities

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

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

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

- The 2011 World Café™ Education Meeting, which was held Dec. 8-9, 2012 in Chicago, was an excellent venue for BONs, national nursing accreditors and nurse educators to have an open and honest dialogue. The objectives of this meeting were intentionally broad to stimulate conversation. They included:
 - To learn from national thought leaders, both on the stage and among us;
 - To engage in meaningful conversations about important issues; and
 - To help shape the future of nursing education.

Members

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Meeting Dates

- June 23, 2011 (Conference Call)
- July 6, 2011 (Conference Call)
- Sept. 27-28, 2011
- Nov. 10 -11, 2011
- Dec. 8-9, 2011
- Dec. 13, 2011 (Conference Call)
- Feb. 8-9, 2012
- Feb. 15, 2012 (Conference Call)
- March 22-23, 2012
- April 27, 2012 (Conference Call)
- May 4, 2012 (Conference Call)

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation.

Strategic Objective 1

Increase knowledge of regulation.

Strategic Initiative B

NCSBN advances the engagement and leadership potential of all members through education, information and networking.

Strategic Objective 2

Create regulatory knowledge through research

Strategic Objective 3

Create resources for evidence based regulation

- During the World Café meeting, people rotated to tables of four, three different times. The participants were encouraged to listen to each other and to create a story on butcher paper with markers, pens and crayons. These stories were cross-pollinated by each group, thus connecting diverse perspectives. At each table a host stayed behind to greet the three new discussants and to review what the last table had discussed. The goal was to co-create a collective knowledge.
- Approximately 46 butcher paper stories were created during these discussions, and qualitative researchers from the University of Nevada, Las Vegas have analyzed the illustrative themes from this World Café discussion about what nursing could be if education, approval and accreditation were aligned. There six themes developed from this analysis:
 - Mutual goals for nursing education, practice and regulation;
 - Power and influence for the profession;
 - Unity and collaboration;
 - Economy of time and money;
 - Transparent communication; and
 - Safety and protection of patients and students.
- These themes clearly support the work of the Nursing Education Committee over the past two years and the requirement for national nursing accreditation.

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

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

Future Activities

Strategies for moving forward with requiring national nursing accreditation will necessitate support for BONs. The committee recommends establishing an ad hoc committee/task force of three to four people who will work with NCSBN staff periodically by conference call, webinar or occasionally in person to keep communication open with national nursing accreditors and BONs. Particularly, practical nursing programs will have challenges in becoming accredited. The committee recommends that this ad hoc committee/task force work with NCSBN and NLNAC to host regional meetings for practical nurse programs and BONs to educate programs on achieving

national nursing accreditation. The committee further recommends that NCSBN communicate with the Robert Wood Johnson Foundation about the Nursing Education Committee's efforts to implement the recommendations of the Future of Nursing report. NCSBN staff should create an online, easy-to-use, engaging toolkit for BONs to access the resources that the Nursing Education Committee developed (see Attachment A).

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

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

Attachment

- A. A Preferred Future for Prelicensure Program Approval: Part II. Strategies for Moving Forward
- B. Recommendations for Nursing Education Model Rules

Attachment A

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

NURSING EDUCATION COMMITTEE MEMBERS (2011-2012)

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INTRODUCTION

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

Yet, many nursing programs are not accredited by a national nursing accreditation agency; therefore, graduates have a very difficult time advancing their education. Accreditation, however, ensures that national standards are achieved at each level of education, thus promoting articulation to the next level. As of February 2012, 96 percent of all baccalaureate or master's entry programs and 80 percent of diploma programs were accredited by national nursing accrediting agencies.



Only 52 percent of associate degree programs, however, were nationally nursing accredited. This percentage is particularly concerning because 57 percent of all first-time NCLEX-RN® test takers in 2011 graduated from associate degree programs (NCSBN, 2011b). Even more striking, only 10 percent of practical nursing programs were accredited by a national nursing accreditation agency during that time period. Without graduating from a program that has national nursing accreditation, it is very difficult for the nurses to further their education (see Appendices I, II and III for the numbers and percentages of approved and accredited programs).

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

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

BACKGROUND

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

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

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

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

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

1. Facilitate a conversation with CCNE and NLNAC about a shared understanding of nursing program approval processes and accreditation;

2. Hold a collaborative nursing education program accreditation and approval summit by February 2012; and
3. Make recommendations to the Model Act & Rules Committee.

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

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

The highlights of this year's work include:

- Reviewed relevant literature since last year's work.
- Held one face-to-face meeting and three conference calls with representatives from CCNE and NLNAC.
- Held two conference calls with BONs to learn about their thoughts on and/or issues with a national nursing accreditation requirement.
- Held conference call with educators to learn about issues with distance learning programs in order to make future recommendations.
- Hosted the 2011 World Café™ Education Meeting, Dec. 8-9, 2011, in Chicago, to begin a dialogue with nurse educators and regulators about aligning program approval and national nursing accreditation.
- Reviewed and revised the education section of the model rules and presented them to the Model Act & Rules Committee for incorporation.
- Continue to work with qualitative researchers, Joanne Disch, PhD, RN, FAAN, clinical professor & director, Densford International Center for Nursing Leadership, University of Minnesota School of Nursing, and committee members to publish a monograph of the World Café meeting.
- Sent out three surveys:
 - The Nursing Education Approval Processes Survey was sent to executive officers of BONs. The same survey was sent to education consultants at BONs last year.
 - A survey was sent to education consultants about how they use accreditor reports.
 - A survey was sent to all participants of the World Café meeting to learn of any action plans that have been taken based on discussions from that meeting.



- Developed resources for BONs to move forward with requiring national nursing accreditation, including:
 - Differences Between Board of Nursing Approval and Accreditation;
 - Requiring National Nursing Accreditation: Strategies for Boards of Nursing;
 - Overview of CCNE and NLNAC processes;
 - CCNE and NLNAC compliance with U.S. Department of Education Standards; and
 - Guidelines for Joint Prelicensure Nursing Program visits.
- Distributed to all member boards the committee’s recommendations for model rule changes, solicited suggestions and responded to each comment. The model rules document was revised accordingly.
- Presented the committee’s work, including the revisions to the model rules, at the NCSBN Midyear Meeting in March 2012.

CONTEXT OF THE BON PRELICENSURE PROGRAM APPROVAL PROCESS

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

2012 Surveys

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

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

Meetings with Accreditors and BONs

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

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

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

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

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

World Café™ Meeting Discussions

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

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

During the World Café meeting, people rotated to tables of four, three different times. The participants were encouraged to listen to each other and to create a story on butcher paper with markers, pens and crayons. These stories were cross-pollinated by each group, thus connecting



diverse perspectives. At each table a host stayed behind to greet the three new discussants and to review what the last table had discussed. The goal was to co-create a collective knowledge. Approximately 46 butcher paper stories were created during these discussions, and qualitative researchers from the University of Nevada, Las Vegas analyzed the illustrative themes from the discussions about what nursing could be if education, approval and accreditation were aligned. The six themes developed from this analysis are:

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

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

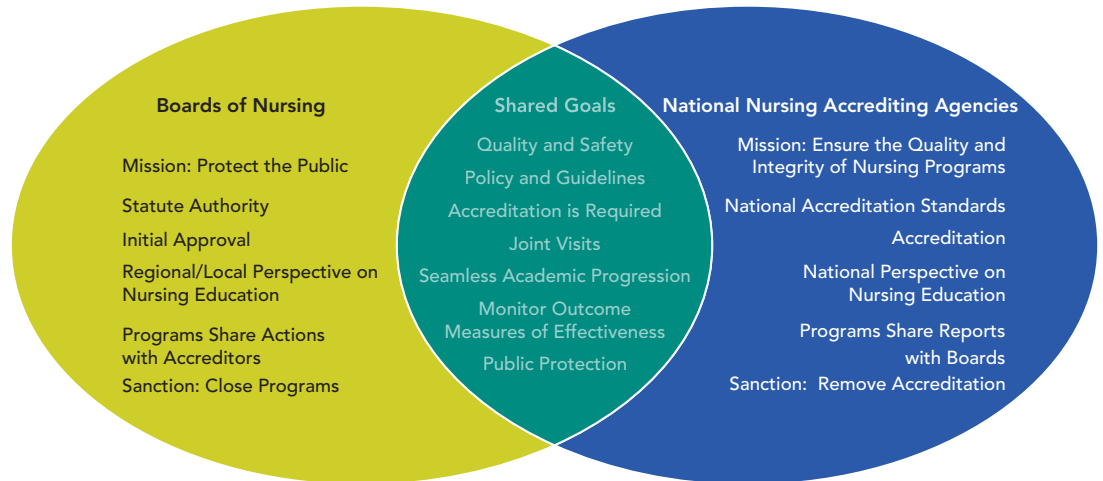
- What would be desirable student outcomes?
- How would the faculty role be different?
- Who would be the faculty?
- What implications are there for how nursing programs are structured?
- What constitutes clinical experiences?
- Who would be the new partners?

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

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

THE FUTURE OF APPROVAL

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



NEXT STEPS

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

- Appendix IV describes the differences between approval and accreditation. This comparison can be used for legislators, policymakers, educators or other stakeholders who want to know the difference between approval and accreditation, and why BONs should be approving programs.
- Appendix V describes some strategies for BONs as they move ahead with requiring national nursing accreditation.
- Appendix VI describes guidelines for BONs, educators and national nursing accreditors when making joint site visits of nursing programs.

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

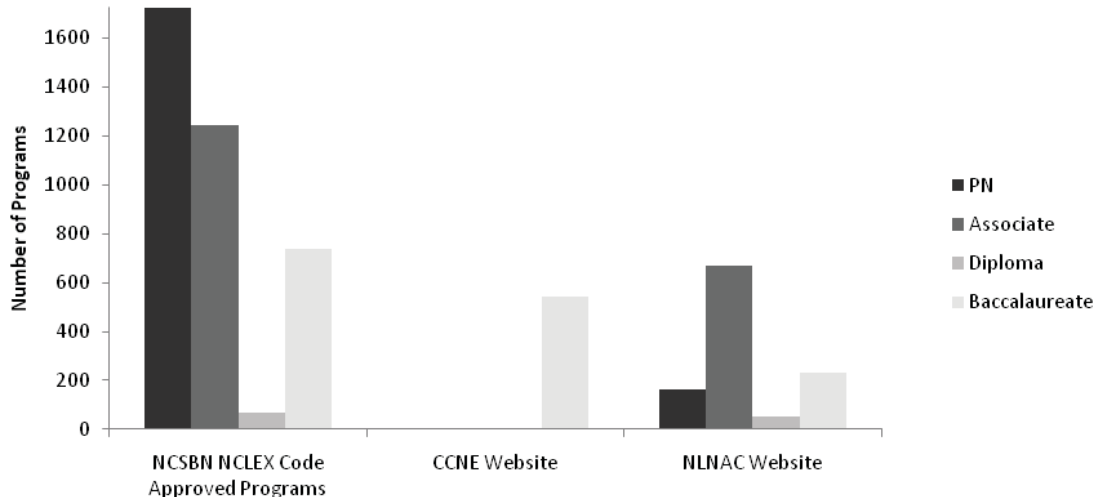
- Appendices VII and VIII present an overview of the CCNE and NLNAC processes for accreditation. Included in these two documents is a summary of the CCNE and NLNAC accreditation reports.
- Appendices IX and X provide BONs with a brief summary of the elements of the nursing programs that accreditors evaluate, along with the accreditors' websites for further information.

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APPENDIX I: 2011 COMPARISON OF PRELICENSURE APPROVED AND ACCREDITED PROGRAMS



NCSBN NCLEX® Code Approved Programs

PN: 1722
 Associate: 1246
 Diploma: 68
 Baccalaureate: 740

CCNE Website (2/2012)

PN: 0
 Associate: 0
 Diploma: 0
 Baccalaureate: 540

NLNAC Website (2/2012)

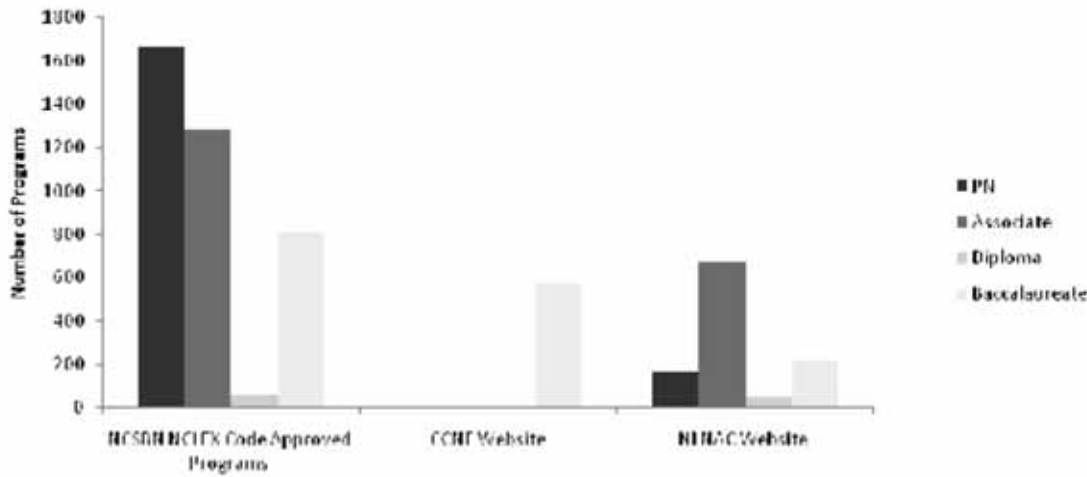
PN: 163
 Associate: 671
 Diploma: 53
 Baccalaureate: 230

Total Programs:

NCSBN: 3,776
 CCNE: 540
 NLNAC: 1,117



APPENDIX II: 2012 COMPARISON OF PRELICENSURE APPROVED AND ACCREDITED PROGRAMS



NCSBN NCLEX® Code Approved Programs

PN: 1665
 Associate: 1285
 Diploma: 63
 Baccalaureate: 811

CCNE Website (2/2012)

PN: 0
 Associate: 0
 Diploma: 0
 Baccalaureate: 574

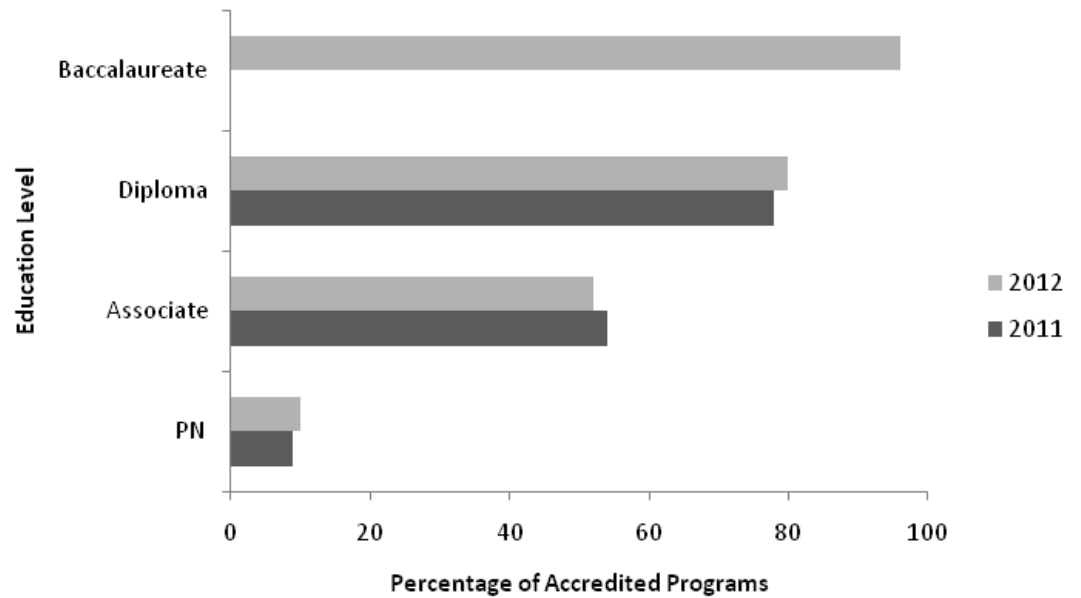
NLNAC Website (2/2012)

PN: 166
 Associate: 673
 Diploma: 51
 Baccalaureate: 224

Total Programs:

NCSBN: 3,824
 CCNE: 574
 NLNAC: 1,114

APPENDIX III: 2011-2012 PERCENTAGE OF ACCREDITED PROGRAMS



Total Percentage Accredited

2011

PN: 9%
 Associate: 54%
 Diploma: 78%
 Baccalaureate: N/A

2012

PN: 10%
 Associate: 52%
 Diploma: 80%
 Baccalaureate: 96%

*There are 16 programs that are accredited by both accrediting bodies.

APPENDIX IV: DIFFERENCES BETWEEN BON APPROVAL AND ACCREDITATION

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

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

APPENDIX V: REQUIRING NATIONAL NURSING ACCREDITATION: STRATEGIES FOR BONs

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

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

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

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

References

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APPENDIX VI: GUIDELINES FOR JOINT PRELICENSURE NURSING PROGRAM VISITS

Introduction:

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

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

Background

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

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

Roles During Joint Site Visits for Approval and Accreditation

The following are recommended roles in this collaborative process:

Role of the program dean/director:

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

Role of the national nursing accreditation agency site visitors:

- Review self-study report before the visit and note areas requiring clarification, amplification, verification and validation;



- Attend meetings set up by the dean/director and collect data/observe;
- Facilitate and promote a collegial interaction;
- Review program for meeting national nursing accreditation standards; and
- Meet with dean/director and BON visitor to provide exit report.

Role of BON site visitors:

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

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

Joint site visits can be valuable experiences for the national nursing accrediting agencies, BONs and nursing programs when they are collaboratively planned and executed.

APPENDIX VII: OVERVIEW OF THE CCNE ACCREDITATION PROCESS

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

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

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

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

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

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

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

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

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

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

Special Reports: Required for programs that did not meet one or more of the standards.



Program must satisfactorily address the area(s) of concern and demonstrate compliance with the standard(s) within two years. If a program fails to do so, the BON will take adverse action. The report will be reviewed by the RRC, which will make a recommendation to the BON.

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

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

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

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

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

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

References

CCNE. (2011). *Procedures for accreditation of baccalaureate and graduate degree nursing programs*. Retrieved from, <http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf>

Personal Communication with Jennifer Butlin, executive director, CCNE.

APPENDIX VIII: OVERVIEW OF THE NLNAC ACCREDITATION PROCESS

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

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

General Process: The NLNAC accreditation process includes the following:

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

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

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

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

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

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

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

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



Decision Options

- Affirm continuing accreditation as the program is in compliance with all NLNAC standards.
- For initial accreditation the next visit will be in five years, if the standards are met. For continuing accreditation, the next visit will be in eight years, if the standards are met.
- If the program is noncompliant with one or two standards, the next visit will be in two years for all programs, except practical nurse programs. For the latter, the next visit will be in 18 months. See the NLNAC website for other variations.
- Deny continuing accreditation and remove the nursing program from the listings of accredited programs. The program is not in compliance with NLNAC standard(s).

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

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

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

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

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

Communication: Communication is promoted by:

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

Systematic Review of Standards

Data analysis is used to:

- Maintain validity and relevance of the NLNAC Standards and Criteria;
- Maintain reliability of the NLNAC accreditation processes and practices;
- Continue to identify and disseminate information in appropriate arenas regarding specific

education needs of programs and program evaluators as groups;

- Continue to identify and disseminate information in appropriate arenas regarding specific developmental needs for individual programs and program evaluators; and
- Continue to identify and disseminate information in appropriate arenas regarding areas in which change needs to be facilitated.

References

NLNAC. (2012). 2008 edition: NLNAC accreditation manual. Atlanta, GA: Author. Retrieved from, <http://www.nlnac.org/manuals/nlnacmanual2008.pdf>

Personal Communication with Sharon Tanner, executive director, NLNAC.



APPENDIX IX: CCNE COMPLIANCE WITH U.S. DEPARTMENT OF EDUCATION STANDARDS

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

Student achievement must:

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

Curriculum is developed, implemented and revised to:

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

Faculty members are:

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

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

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

The chief nurse administrator:

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

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

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

Program Length: Length is sufficient for the students to meet the nine Essentials of Baccalaureate Education for Professional Nursing Practice.

Student Complaints: There are established policies by which the nursing unit defines and reviews formal complaints. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

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

References

CCNE. (n.d.). CCNE standards & professional nursing guidelines. Retrieved from, <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/standards>

Personal Communication with Jennifer Butlin, executive director, CCNE.



APPENDIX X: NLNAC COMPLIANCE WITH U.S. DEPARTMENT OF EDUCATION STANDARDS FOR PRELICENSURE NURSING EDUCATION

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

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

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

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

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

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

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

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

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

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

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

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

References

NLNAC (n.d.). *NLNAC 2008 standards and criteria*. Retrieved from, <http://www.nlnac.org/manuals/SC2008.htm>

Personal Communication with Sharon Tanner, executive director, NLNAC.

Attachment B

Recommendations for Nursing Education Model Rules

INITIAL AND CONTINUING APPROVAL PROCESSES

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

1. All prelicensure nursing programs shall be accredited by a national nursing accreditation agency, as recognized by the U.S. Department of Education, by Jan. 1, 2020.
 - a. After Jan. 1, 2020, a program that has not received national nursing accreditation by a U.S. Department of Education-recognized agency shall, upon request, be granted a one-year extension by the BON to comply with this requirement.
2. BONs have statutory authority over nursing programs and:
 - a. Will conduct initial nursing program visits and make decisions;
 - b. May accept national nursing accrediting body approval decisions for continuing approval, though may conduct site visits of nursing programs at any time, when deemed necessary; and
 - c. Require that nursing programs send BONs any communication, as identified by the BON, from the national nursing accrediting bodies within 30 days of receipt.

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

FACULTY/ADMINISTRATION QUALIFICATIONS

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

1. Administrator qualifications in a program preparing for practical licensure shall include:
 - a. A current, active, unencumbered registered nurse (RN) license or privilege to practice and meet requirements in the jurisdiction where the program is approved;
 - b. A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree;
Previous: b) A minimum of a baccalaureate degree in nursing and masters in nursing or related field, or a nursing doctorate.
 - c. Experience in teaching and learning principles for adult education, including nursing curriculum development, administration and evaluation; and
Previous: c) included at least two years clinical practice.
 - d. A current knowledge of nursing practice at the LPN/VN level.

Rationale: Broadening the qualifications is in line with the IOM Future of Nursing report and Carnegie Study of Nursing Education, which called for more diversity in education of faculty. Simplifying the qualifications will facilitate LPN/VN programs with recruiting qualified faculty.

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

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

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

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

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

- e. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified:
 - i. Have a minimum of a graduate degree in nursing.

Previous qualifications: Minimum of a master's degree in nursing or a nursing doctorate degree. Removed:

 - *Have < > years of clinical experience.*
 - *Have graduate preparation in the science of nursing, including clinical practice, and graduate preparation in teaching and learning, including curriculum development and implementation.*
 - *Have current knowledge of RN nursing practice.*
 - f. Interprofessional faculty teaching nonclinical nursing courses shall have advanced preparation appropriate to these areas of content.

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

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

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

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

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

Report of the TERCAP® Committee

Background

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

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

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

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

Highlights of FY12 Activities

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

Members

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Senior Coordinator, Nursing
Regulation

Meeting Dates

- Oct. 24-25, 2011
- Jan. 11-12, 2012
- March 28-29, 2012

Relationship to Strategic Plan

Strategic Initiative A

NCSBN promotes evidence-based regulation.

Strategic Initiative B

NCSBN advances the engagement and leadership potential of all members through education, information and networking.

- Training and informational webinars
 - The 2011 TERCAP tutorial materials and TERCAP profile for each participating BON was compiled. TERCAP introduction slides for recruiting new participating BONs were created and reviewed during the March meeting.
 - On Jan. 9, 2012, a TERCAP training webinar was conducted for the Virginia Board of Nursing to promote the use of the updated TERCAP instrument.
 - On Feb. 14, 2012, the TERCAP® Committee hosted a webinar during the TERCAP® User Call to share the findings of the cost-effectiveness study conducted by the IDBON. The IDBON study shows that use of the TERCAP tool saves time in the investigation of nursing practice breakdown cases.
- A point-by-point summary of the committee's charges and their actions:
 - Share TERCAP data by publishing a journal article.
 - An article focusing on the impact of negative job history and nursing errors has been published in the *Journal of Nursing Regulation* in January 2012 (Attachment A). A second manuscript with full data analysis is currently being developed.
 - Develop stringent criteria for participation in TERCAP, a recognition ladder to identify levels of commitment and identify barriers to participation.
 - The committee advocates that all new participating BONs should submit 25 percent of practice cases after four months of participation, 50 percent of practice cases after eight months and 100 percent of practice cases after 12 months, and all existing participating BONs submit 100 percent of their qualifying cases to the TERCAP database. While these requirements will be stringently enforced for newly participating BONs, the compliance of already-participating BONs will be approached through educational efforts.
 - At the 2012 NCSBN Attorney/Investigator Conference, held June 4, 2012, in Fort Lauderdale, Fla., NCSBN presented TERCAP awards to 16 currently participating BONs to acknowledge their pioneering commitment and continued support of the project.
 - A frequently asked question (FAQ) document addressing the known barriers to participation (e.g., time, resources, legal issues, etc.) is currently under development.
 - Devise a method for measuring the efficiency and cost-effectiveness of participating in TERCAP and using the TERCAP tool.
 - During its January 2012 meeting, the TERCAP® Committee recognized that a comprehensive cost-effectiveness study covering all participating BONs was not feasible or necessary considering the needs and available resources. Instead, the committee decided to take advantage of an already existing study conducted by the IDBON, which shows that practice breakdown case investigators have been able to reduce their total investigation time when using the TERCAP tool. These findings were communicated to all TERCAP users via a webinar on Feb. 14, 2012.

Future Activities

- The committee plans to finalize and submit a second TERCAP paper to the *Journal of Nursing Administration*.
- The second round of data analysis using the newest 2012 TERCAP database will start as soon as the total case number reaches 1,000.

- The committee agreed that the key to the future success of the TERCAP project is to increase the number of cases in the database through more vigorous retention and recruitment efforts.
- The committee recommends a team-based pilot program that would promote TERCAP through mentoring new BONs, structured phone calls to potential new TERCAP users and providing TERCAP webinars.
- It is recommended that the Board of Directors evaluates the efficiency of this new TERCAP team structure with a one-year pilot period.

Attachment

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

Attachment A

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

Association Between Job History and Practice Error: An Analysis of Disciplinary Cases

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

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

Preventing adverse events and ensuring safe, effective, high-quality health care service require a thorough understanding of the root causes of errors and near misses. The National Council of State Boards of Nursing (NCSBN) has set up an ongoing project that captures and analyzes the details of practice breakdown cases reported to boards of nursing (BONs). The Taxonomy of Error, Root Cause Analysis, and Practice-Responsibility (TERCAP) project allows NCSBN to conduct in-depth analyses of possible causes of practice violations.

Practice breakdown is defined as the disruption or absence of any of the aspects of good nursing practice (National Council of State Boards of Nursing, 2009). This term is used in place of “error” or “adverse event” in this article to broaden the categorization of events reported to TERCAP. Nursing practice breakdowns are potential risk factors for public health, safety, and welfare. Understanding their root causes will be the first step toward the development of tailored remediation programs to prevent future practice breakdowns. The TERCAP project is therefore significant to nursing regulators, educators, administrators, and nurses themselves.

Our analysis of all cases submitted to the TERCAP database over a 3-year period revealed a possible association of negative job history (discipline or termination by employers) and practice breakdown. The findings and their implications are described in the following report.

Methods

TERCAP Instrument

Designated BON staff members enter the details of a practice breakdown into the TERCAP instrument. TERCAP questions include the characteristics of the nurse involved, the system and environment

in which the nurse was working, and many other factors that can contribute to causing a practice breakdown. Cases were analyzed in the aggregate to examine causes and trends.

Case-Selection Criteria

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

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

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

Confidentiality

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

Participating BONs

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



Results

Demographics

The majority of the nurses who committed a practice breakdown were female (83%, $n = 716$ female; 17%, $n = 143$ male). Gender data were missing in two cases. The average age of the nurses was 46.2 years ($SD = 11.6$, $n = 834$), ranging from 21 to 77. Age information was missing on 27 nurses (3%). With regard to licensure levels, 60% of the nurses ($n = 513$) held registered nurse (RN) licenses; 37% ($n = 319$) held licensed practical/vocational nurse (LPN/VN) licenses, and 1% ($n = 5$) held advanced practice RN (APRN) licenses. Also, 3% ($n = 24$) held either RN and LPN/VN or RN and APRN licenses.

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

Employment Settings

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

Job History

A review of the 725 cases with a known job history for both discipline and termination showed that 60% of the nurses involved in a practice breakdown were disciplined by their employers for practice-related issues in the past or were terminated by their previous employers. (See Figure 1.)

Specifically, 37% ($n = 319$) of the nurses had been disciplined by their employers for practice issues in the past, and 39% ($n = 334$) had been terminated by their employers (See Table 2). Among the 334 nurses terminated by previous employers, 49% ($n = 162$) were also disciplined by their current or previous employers. The previous discipline history was unknown for 13 cases (4%). According to these data, a high percentage of nurses who had a negative job/discipline history committed a practice breakdown.

More than half (55%, $n = 476$) of the practice breakdowns involved a nurse who had worked in a patient care location for 2 years or less. This information was unknown in 10% ($n = 89$) of the cases. Further review showed that even though 476 nurses had a practice breakdown in a location where they worked for 2 years or less, 73% ($n = 348$) of them had been licensed for 2 years or longer, which implies that these nurses could have worked in other places before. This information was not available in 17% ($n = 82$) of the cases. (See Figure 2.) Among the 348 nurses who had been licensed

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Employment Setting	% (N)
Hospital	37.40 (322)
Long-term care	29.04 (250)
Home care	11.85 (102)
Physician/provider office or clinic	3.83 (33)
Assisted living	3.14 (27)
Behavioral health	3.14 (27)
Ambulatory care	1.28 (11)
Critical access hospital	1.05 (9)
Office-based surgery	0.12 (1)
Other	9.18 (79)
Total	100 (861)

Negative Job History (N = 861)		% (N)
Discipline by employer	Yes	37.05 (319)
	No	55.87 (481)
	Unknown	7.08 (61)
Termination by employer	Yes	38.79 (334)
	No	48.43 (417)
	Unknown	12.78 (110)

for 2 years or longer, 36% ($n = 125$) had been disciplined by their current or previous employers for practice-related issues, and 38% ($n = 131$) had been terminated by their previous employers. The high sanction rates are consistent with data obtained from all 861 nurses who committed a practice breakdown (See Table 2). In 56% ($n = 479$) of the cases we included in the analysis, the nurses were terminated by their employers because of the current practice breakdown.

Limitations

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

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FIGURE 1

History of Disciplinary Actions by Employer

(N = 725)

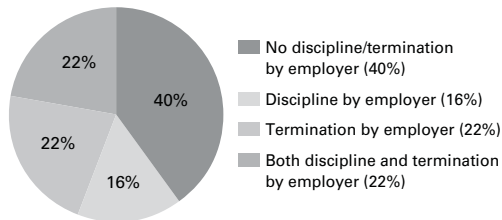
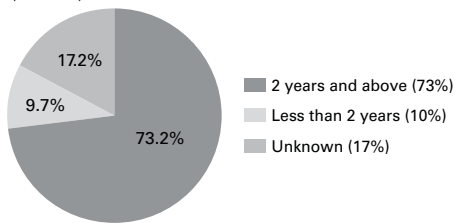


FIGURE 2

Length of Licensure for Nurses Committing Practice Breakdowns in Patient Care Locations Where They Worked for 2 Years or Less

(N = 476)

**Discussion**

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

No data are available on how nurses perform after being disciplined or terminated by their employers; thus, we are not able to determine the recidivism rate among those nurses. However, the discipline rate in the nursing workforce is less than 1% (Kenward, 2008), so among the cases reported to the TERCAP database, the percentage of nurses who have negative job histories is likely high.

Even though job history has long been considered a recruitment criterion and has become more important in hiring decisions than we are used to assuming (Bills, 1990), an association with practice breakdown has not been explicitly established. The current study shows that more than half of practice breakdowns involved nurses who had worked at a patient care location for 2 years or

less and that 73% of them had been licensed for 2 years or longer. Among those who had been licensed for 2 years or longer, 36% had been previously disciplined by their current or previous employers for practice issues, and 38% had been terminated by their previous employers. Therefore, current and potential employers should be aware of the impact of a negative job history and consider appropriate remediation programs or provide direct supervision to prevent another breakdown. For new hires, the recruiting department should pass job history information to the direct supervisors so precautions can be taken to avoid harm to patients and the nurses' careers. One way to track nurses' job histories is to set up a reporting protocol so nurse employers can report to the BON when they discipline or terminate a nurse for practice issues.

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

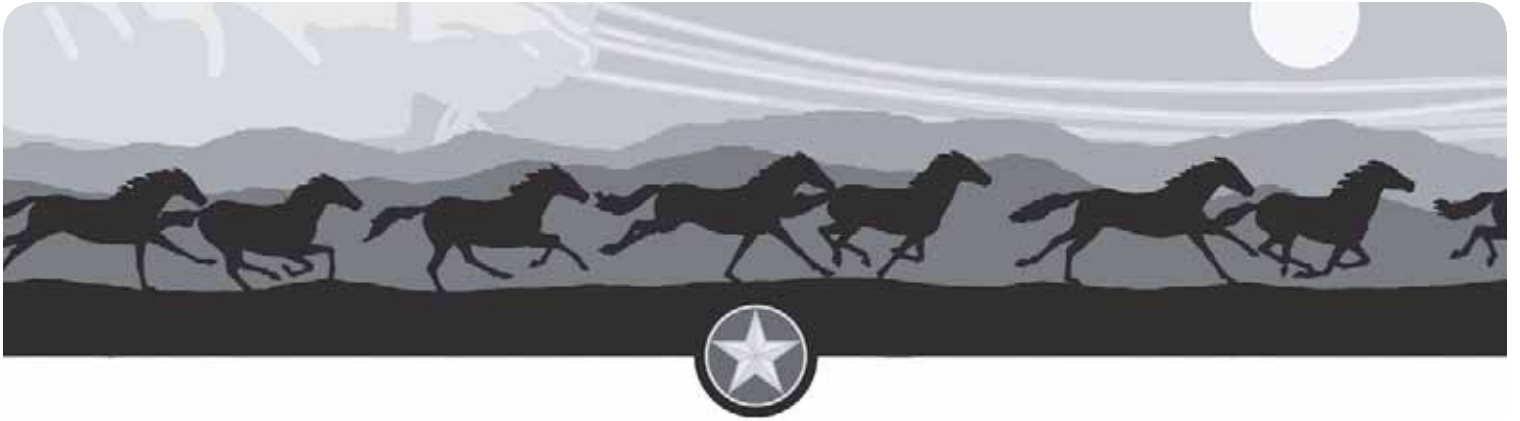
More detailed analysis will determine the extent to which BONs and employers can use job history to identify nurses with a high risk of committing practice breakdowns. Identifying this small group can lead to improved safety for patients and a better career path for nurses willing to take part in remediation.

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SECTION IV: NCSBN RESOURCES

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Standing Rules of the Delegate Assembly

1. Credentialing Procedures and Reports

- A. The President shall appoint the Credentials Committee, which is responsible for registering and accrediting delegates and alternate delegates.
- B. Upon registration, each delegate and alternate shall receive a badge and the appropriate number of voting cards authorized for that delegate. Delegates authorized to cast one vote shall receive one voting card. Delegates authorized to cast two votes shall receive two voting cards. Any transfer of voting cards must be made through the Credentials Committee.
- C. A registered alternate may substitute for a delegate provided the delegate turns in the delegate badge and voting card(s) to the Credentials Committee at which time the alternate is issued a delegate badge. The initial delegate may resume delegate status by the same process.
- D. The Credentials Committee shall give a report at the first business meeting. The report will contain the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. At the beginning of each subsequent business meeting, the committee shall present an updated report listing all properly credentialed delegates and alternate delegates present, and the number of delegate votes present.

2. Meeting Conduct

A. Meeting Conduct

- 1. Delegates must wear badges and sit in the section reserved for them.
- 2. All attendees shall be in their seats at least five minutes before the scheduled meeting time.
- 3. There shall be no smoking in the meeting room.
- 4. All cellular telephones and pagers shall be turned off or turned to silent vibrating mode. An attendee must leave the meeting room to answer a telephone.
- 5. A delegate's conversations with non-delegates during a business meeting must take place outside the designated delegate area.
- 6. All attendees have a right to be treated respectfully.
- 7. There shall be no videotaping, audio recording or photographing of the sessions without the written permission of NCSBN.

3. Agenda

A. Business Agenda

- 1. The Business Agenda is prepared by the President in consultation with the Chief Executive Officer and approved by the Board of Directors.

B. Consent Agenda

- 1. The Consent Agenda contains agenda items that do not recommend actions.
- 2. The Board of Directors may place items on the Consent Agenda that may be considered received without discussion or vote.
- 3. An item will be removed from the Consent Agenda for discussion or vote at the request of any delegate.
- 4. All items remaining on the Consent Agenda will be considered received without discussion or vote.

4. Motions or Resolutions

- A. Only delegates, members of the Board of Directors, and the NCLEX® Examination Committee may present motions or resolutions to the Delegate Assembly. Resolutions or motions made by the NCLEX® Examination Committee are limited to those to approve test plans pursuant to Article X, Section 1(a) of the NCSBN Bylaws.
- B. All motions, resolutions and amendments shall be in writing and on triplicate motion paper signed by the maker and a second. All motions, resolutions and amendments must be submitted to the Delegate Assembly Chair and the Parliamentarian. All resolutions and non-procedural main motions must also be submitted to the Chair of the Resolutions Committee before being presented to the Delegate Assembly.
- C. The Resolutions Committee, according to its Operating Policies and Procedures, shall review motions and resolutions submitted before Thursday, August 9, 2012, at 4:00 pm. Resolution or motion-makers are encouraged to submit motions and resolutions to the Resolutions Committee for review before this deadline.
- D. The Resolutions Committee will convene its meeting on Thursday, August 9, 2012, at 4:00 pm and schedule a mutually agreeable time during the meeting to meet with each resolution or motion-maker. The Resolutions Committee shall meet with the resolution or motion-maker to prepare resolutions or motions for presentation to the Delegate Assembly and to evaluate the resolution or motion in accordance with the criteria in its operating policies and procedures. The Committee shall submit a summary report to the Delegate Assembly of the Committee's review, analysis, and evaluation of each resolution and motion referred to the Committee. The Committee report shall precede the resolution or motion by the maker to the Delegate Assembly.
- E. If a member of the Delegate Assembly wishes to introduce a non-procedural main motion or resolution after the deadline of 4:00 pm on Thursday, August 9, 2012, the request shall be submitted under New Business; provided that the maker first submits the resolution or motion to the Chair of the Resolutions Committee. All motions or resolutions submitted after the deadline must be presented with a written analysis that addresses the motion or resolution's consistency with established review criteria, including, but not limited to, the NCSBN mission, purpose and/or functions, strategic initiatives and outcomes; preliminary assessment of fiscal impact; and potential legal implications. The member submitting such a motion or resolution shall provide written copies of the motion or resolution to all delegates. A majority vote of the delegates shall be required to grant the request to introduce this item of business. [The Resolutions Committee shall advise the Delegate Assembly where the required analyses have not been performed and/or recommend deferral of a vote on the motion pending further analysis.]

5. Debate at Business Meetings

- A. Order of Debate: Delegates shall have the first right to speak. Non-delegate members and employees of Member Boards including members of the Board of Directors may speak only after all delegates have spoken.
- B. Any person who wishes to speak shall go to a microphone. When recognized by the Chair, the speaker shall state his or her name and Member Board or organization.
- C. No person may speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the Delegate Assembly, granted by a majority vote without debate.

- D. A red card raised at a microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal. Any of these motions takes priority over regular debate.
- E. A timekeeper will signal when the speaker has one minute remaining, and when the allotted time has expired.
- F. The Delegate Assembly may by a majority vote go into executive session. The enacting motion shall specify those permitted to attend.

6. Nominations and Elections

- A. Any member who intends to be nominated from the floor is required to submit their completed nomination form and meet with the Leadership Succession Committee the day before adoption of the slate of candidates by the Delegate Assembly.
- B. A delegate making a nomination from the floor shall have two minutes to list the qualifications of the nominee. Written consent of the nominee and a written statement of qualifications must be submitted to the Leadership Succession Committee at the time of the nomination from the floor.
- C. Electioneering for candidates is prohibited except during the candidate forum.
- D. The voting strength for the election shall be determined by those registered by 5:00 pm on Wednesday, August 8, 2012.
- E. Election for officers, directors, and members of the Leadership Succession Committee shall be held Thursday, August 9, 2012, from 7:30 to 8:00 am.
- F. If no candidate receives the required vote for an office and repeated balloting is required, the President shall immediately announce run-off candidates and the time for the run-off balloting.
 - 1. If no candidate for officer or area director receives a majority on the first ballot, the run-off shall be limited to the two candidates receiving the highest number of votes.
 - 2. If no candidate for director-at-large receives a majority on the first ballot, the run-off shall be limited to the four candidates receiving the highest number of votes. If no candidate receives a majority on the second ballot, another run-off shall be limited to the three candidates receiving the highest number of votes.
 - 3. If, on the initial ballot, one candidate for director-at-large receives a majority, a run-off shall be limited to the two candidates receiving the next highest number of votes.

7. Forums

- A. Scheduled Forums: The purpose of scheduled forums is to provide information helpful for decisions and to encourage dialogue among all delegates on the issues presented at the forum. All delegates are encouraged to attend forums to prepare for voting during the Delegate Assembly. Forum facilitators will give preference to voting delegates who wish to raise questions and/or discuss an issue. Guests may be recognized by the Chair to speak after all delegates, non-delegate members and employees of Member Boards have spoken.
- B. Open Forum: Open forum time may be scheduled to promote dialogue and discussion on issues by all attendees. Attendee participation determines the topics discussed during an Open Forum. The President will facilitate the Open Forum.
- C. To ensure fair participation in forums, the forum facilitators may, at their discretion, impose rules of debate.



Orientation Manual for Delegate Assembly 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 Delegate Assembly participants as well as the Board of Directors 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 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 boards of nursing, 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 free-standing 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 Delegate Assembly of ANA's

Council of State Boards of Nursing voted 83 to 8 to withdraw from ANA to form the National Council of State Boards of Nursing.

Organizational Mission, Strategic Initiatives and Outcomes

The National Council of State Boards of Nursing (NCSBN) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

NCSBN currently has five strategic initiatives for FY 2011-2013:

- Promote evidenced-based regulation.
- Advance the engagement and leadership potential of all members through education, information and networking.
- Provide state of the art competence assessments.
- Collaborate to advance the evolution of nursing regulation worldwide.
- Optimize nursing regulation through efficient use of technology.

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 Board of Directors evaluates the accomplishment of strategic initiatives and objectives, and the directives of the Delegate Assembly.

Organizational Structure and Function

MEMBERSHIP

Membership in NCSBN is extended to those boards of nursing 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 60 Member Boards, including those from the District of Columbia, the U.S. Virgin Islands, Guam, American Samoa and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees 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 full members.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of NCSBN's licensure examinations. Member Boards also receive information services, public policy analyses and research services. Member Boards that fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

Associate Members are authorized nurse regulatory bodies from other countries, must pay an annual membership fee and be approved for membership by the Delegate Assembly. NCSBN has nine Associate Members:

- Bermuda Nursing Council
- College of Licensed Practical Nurses of Alberta
- College of Licensed Practical Nurses of British Columbia
- College of Nurses of Ontario
- College of Registered Nurses of Alberta
- College of Registered Nurses of British Columbia
- College of Registered Nurses of Manitoba
- College of Registered Nurses of Nova Scotia
- Singapore Nursing Board



AREAS

NCSBN's membership is divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues and provide diversity of board and committee representation. Delegates elect area directors from their respective Areas through a majority vote of the Delegate Assembly. In addition, there are four elected directors-at-large. See *Glossary for list of jurisdictions by Area*.

DELEGATE ASSEMBLY

The Delegate Assembly is the membership body of NCSBN and comprises delegates who are designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates. The Delegate Assembly meets at NCSBN's Annual Meeting, traditionally held in early August. Special sessions can be called under certain circumstances. Regularly scheduled sessions are held on a rotation basis among Areas.

At the Annual Meeting, delegates elect officers and directors and members of the Leadership Succession Committee 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 Delegate Assembly adopts the mission statement, strategic initiatives of NCSBN, and approves the substance of all NCLEX® examination contracts between NCSBN and Member Boards, adopts test plans to be used for the development of the NCLEX examination, and establishes the fee for the NCLEX examination.

OFFICERS AND DIRECTORS

NCSBN officers include the president, vice president, and treasurer. Directors consist of four area directors and four directors-at-large. Only members or staff of Member Boards may hold office, 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. An officer shall serve no more than four consecutive years in the same officer position.

The president, vice president and treasurer are elected for terms of two years or until their successors are elected. The president, vice president and treasurer are elected in even-numbered years.

The four area directors are elected for terms of two years or until their successors are elected. Area directors are elected in odd-numbered years. Four directors-at-large will be elected for terms of two years. Two directors-at-large will be elected in even-numbered years or until their successors are elected and two directors-at-large will be elected in odd-numbered years or until their successors are elected.

Officers and directors are elected by ballot during the annual session of the Delegate Assembly. Delegates elect area directors from their respective areas.

Election is by a majority vote. Write-in votes are prohibited. In the event a majority is not established, the bylaws dictate the reballoting process.

Officers and directors assume their duties at the close of the session at which they were elected. The vice president fills a vacancy in the office of president. Board appointees fill other officer vacancies until the term expires.

BOARD OF DIRECTORS

The Board of Directors, the administrative body of NCSBN, consists of eleven elected officers. The Board is responsible for the general supervision of the affairs of NCSBN between sessions of the Delegate Assembly. The Board authorizes the signing of contracts, including those between NCSBN and its Member Boards. It also engages the services of legal counsel, approves and

adopts an annual budget, reviews membership status of noncompliant Member Boards and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include approval of the NCLEX® examination 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 BOARD OF DIRECTORS

All Board meetings are typically held in Chicago, with the exception of the pre- and post- Annual Meeting Board meetings that may be held at the location of the Annual Meeting. The call to meeting, agenda and related materials are mailed to Board officers and directors two weeks before the meeting. The agenda is prepared by staff, in consultation with the president, and provided to the membership via the NCSBN website (www.ncsbn.org).

A memo or report that describes the item's background and indicates the Board action needed accompanies items for Board discussion and action. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting.

Resource materials are available to each Board officer and director for use during Board meetings. These materials are updated periodically throughout the year and include copies of the articles of incorporation and bylaws, strategic plan, policies and procedures, contracts, budget, test plan, committee rosters, minutes and personnel manual.

COMMUNICATIONS WITH THE BOARD OF DIRECTORS

Communication between Board meetings takes place in several different ways. The chief executive officer communicates weekly with the president regarding major activities and confers as needed with the treasurer about financial matters. Monthly updates are provided to the full board by the chief executive officer.

LEADERSHIP SUCCESSION COMMITTEE

The Leadership Succession Committee is comprised of eight elected members. One member from each area is elected for two-year terms in even-numbered years. Four designated members are elected for two-year terms in odd-numbered years, and include a current or former committee chair; a board member of a member board, a staff of a member board, and a past member of the NCSBN Board of Directors. Members are elected by ballot with a plurality vote.

The Leadership Succession Committee's function is to recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; 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.

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 Board of Directors. At the present time, NCSBN has two standing committees: NCLEX Examinations and Finance. Sub-committees, such as the Item Review Subcommittee (Exam), may assist standing committees.

In addition to standing committees, special committees are appointed by the Board of Directors 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 Board of Directors. Committee membership is extended to all current members and staff of Member Boards, consultants and



external stakeholders.

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 board staff, registered and licensed practical/vocational nurses, and consumers. Nonmembers may be appointed to special committees to provide specialized expertise. A Board of Director liaison and an NCSBN staff member are assigned to assist each committee. The respective roles of Board 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 Board 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® EXAMINATION COMMITTEE

The Examination Committee comprises at least nine members. One of the committee members shall be a licensed practical/vocational nurse or a board or staff member of an LPN/VN board of nursing. The committee chair shall have served as a member of the committee prior to being appointed as chair. The purpose of the Examination Committee 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 Delegate Assembly and suggests enhancements, based on research that is important to the development of licensure examinations.

The Examination Committee advises the Board of Directors on matters related to the NCLEX® examination process, including psychometrics, item development, test security and administration and quality assurance. Other duties include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions and preparation of written information about the examinations for Member Boards and other interested parties. The committee also regularly evaluates the licensure examinations by means of item analysis and test, and candidate statistics.

One of NCSBN's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. 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.

There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice. 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 for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills and abilities (KSA) statements or competency 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 job 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 pass and which fail. 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 success rates on each individual item of the test. 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 Board of Directors 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 comprises at least four members and the treasurer, who serves as the chair. The Committee reviews the annual budget, monitors NCSBN investments, and facilitates the annual independent audit. The Committee recommends the budget to the Board of Directors and advises the Board of Directors on fiscal policy to assure prudence and integrity of fiscal management and responsiveness to Member Board 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 Delegate Assembly's and Board of Directors' policy directives and provide assistance to committees.

GENERAL DELEGATE ASSEMBLY INFORMATION

The business agenda of the Delegate Assembly is prepared and approved by the Board of Directors. At least 45 days prior to the Annual Meeting, Member Boards are sent the recommendations to be considered by the Delegate Assembly. A Business Book is provided to all Annual Meeting registrants which contains the agenda, reports requiring Delegate Assembly action, reports of the Board of Directors, reports of special and standing committees, and strategic initiatives and objectives.

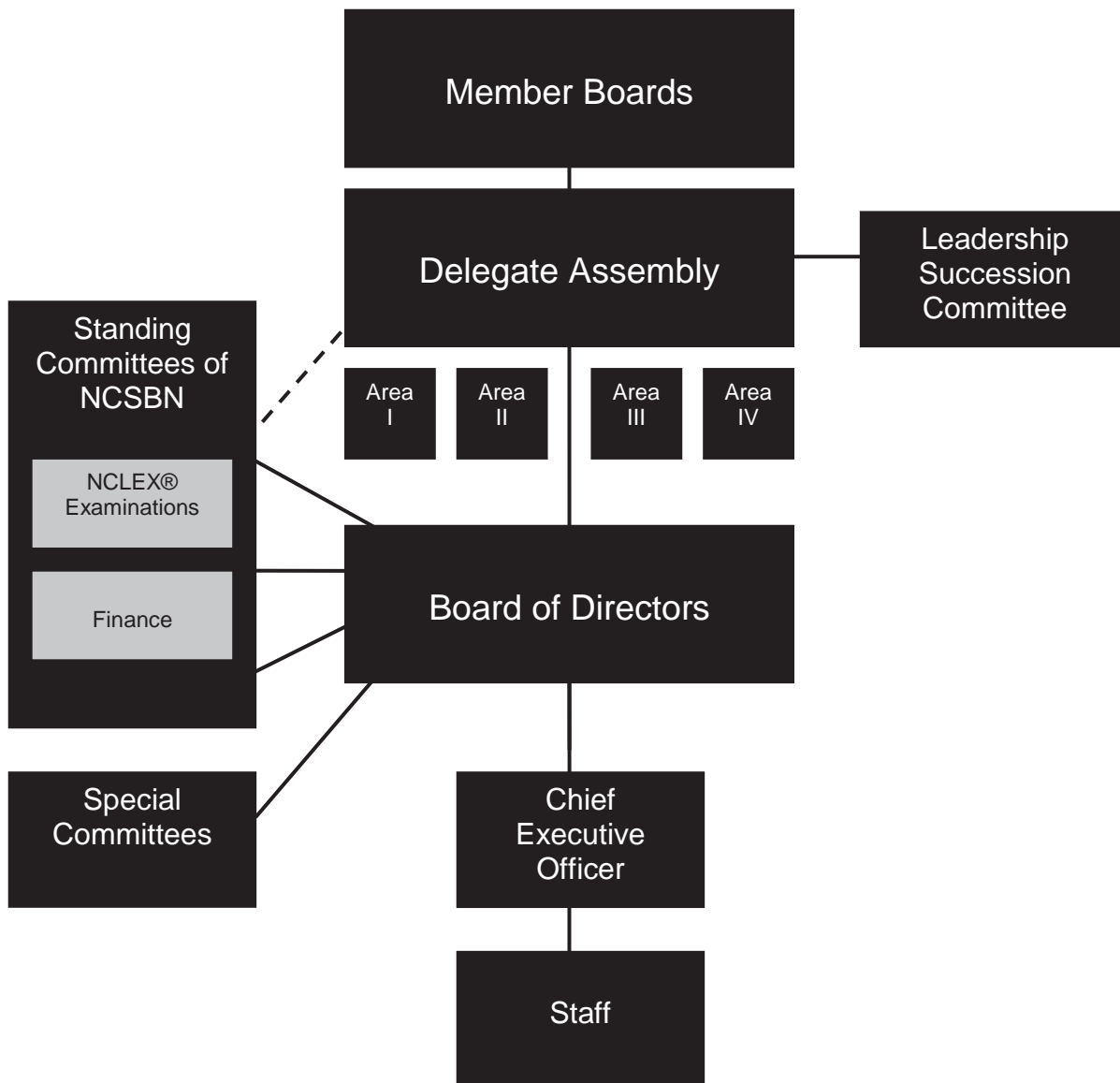
Prior to the annual session of the Delegate Assembly, the president appoints the credentials, resolutions, and elections committees, as well as the Committee to Approve Minutes. The president may also appoint a timekeeper, a parliamentarian and pages.

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 Delegate Assembly and immediately preceding the election of officers and the Leadership Succession Committee. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits, and evaluates all others in terms of their relationship to NCSBN's mission and fiscal impact to the organization. At a time designated by the president, it reports to the Delegate Assembly.

The parliamentarian keeps minutes of the Delegate Assembly. These minutes are then reviewed, corrected as necessary and approved by the Committee to Approve Minutes, which includes the chief executive officer who serves as corporate secretary.



NCSBN Organizational Chart





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

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 state 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.

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. Definition.

- (a) *State Board of Nursing.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory or political subdivision of the United States of America.
- (b) *Member Board.* A Member Board is a state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.
- (c) *Associate Member.* An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

Section 2. Qualifications. To qualify for approval, as a Member Board, a state board of nursing that regulates registered nurses and/or practical/vocational nurses must use one or more NCSBN

Licensing Examinations (the “NCLEX® examination”) for licensure of registered nurses and/or practical/vocational nurses, and execute a membership agreement with NCSBN specifying the terms and conditions for the use of the NCLEX® examination(s) where applicable.

Section 3. Admission. A state board of nursing shall become a member of the NCSBN and be known as a Member Board upon approval by the Delegate Assembly, as described in Article IV, payment of the required fees and execution of a contract for using the NCLEX® examination where applicable.

Section 4. Areas. The Delegate Assembly shall divide the membership into numbered geographical 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 regional dialogue 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 and an Associate Member shall be set by the Delegate Assembly and shall be payable each October 1

Section 6. Privileges. Member Board 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 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 as provided in the Standing Rules of the Delegate Assembly (“Standing Rules”). An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges.
- (b) *Qualification of Delegates.* Members and employees of Member Boards shall be eligible to serve as delegates until their term or their employment with a Member Board ends. A NCSBN officer or director may not represent a Member Board 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. There shall be no proxy or absentee voting at the Annual Meeting.
- (b) *Special Meetings.* A Member Board 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 a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may



authorize the corporate secretary of the NCSBN or a delegate of another Member Board 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 NCLEX® examination contracts between the NCSBN and Member Boards; 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 each Member Board 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 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 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 vice president 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. Qualifications. Board Members of Member Boards and employees of Member Boards shall be eligible to serve as NCSBN officers and directors 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.

Section 4. Qualifications for President. The president shall have served NCSBN as either a delegate, a committee member, a director or an officer before being elected to the office of President.

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-at-Large.* Officers and directors-at-large 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 a candidate for officer or director does not receive a majority vote on the first ballot, reballoting shall be limited to the two candidates receiving the highest numbers of votes for each position. In the case of a tie on the reballoting, the final selection shall be determined by lot.
- (e) *Voting.* Voting for officers and directors shall be conducted in accordance with these bylaws and the Standing Rules. Write in votes shall be prohibited.
- (f) 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.

Section 6. Terms of Office. The president, vice president, treasurer, Area directors, and directors-at-large shall be elected for a term of two years or until their successors are elected. The president, vice president treasurer, and two directors-at-large shall be elected in even numbered years. The Area directors and two directors-at-large shall be elected in odd numbered years. Officers and directors shall assume their duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four consecutive years in the same position.

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, 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 office 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 vacancy in the office of president shall be filled by the vice president. The Board of Directors shall fill all other vacancies 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.

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 Vice President. The vice president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting.

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 its annual meeting in association with the Annual Meeting. The Board may schedule other regular meetings of the Board at other times as necessary to accomplish the work of the Board. Publication of the dates for such regular meetings in the minutes of the Board meeting at which the dates are selected shall constitute notice of the scheduled regular meetings. Special meetings of the Board of Directors may be called by the president or shall be called upon written request of at least three members of the Board of Directors. At least twenty four hours notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

Section 4. 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 5. 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 eight members elected by the Delegate Assembly. Four of the eight elected positions shall be designated members to include a past Board of Directors member, a current or former NCSBN committee chair, a board member of a Member Board and an employee of a Member Board. The remaining four members shall be elected from each of the four areas.
- (b) *Term.* The term of office shall be two years. One half of the Committee members shall be elected in even numbered years and one half in odd number years. A committee member shall serve no more than two consecutive terms. Members shall assume duties at the close of the Annual Meeting at which they are elected.
- (c) *Election.* The Committee 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 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. The person filling the vacancy shall serve the remainder of the term.
- (f) *Duties.* The Leadership Succession Committee shall recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning; 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 of a Member Board or employee of a Member Board is eligible to serve as a member of the Leadership Succession Committee.

Article VIII

MEETINGS

Section 1. Participation.

(a) *Delegate Assembly Session.*

(i) *Member Boards.* Members and employees of Member Boards 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 members and employees of Member Boards.

(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 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' 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 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. Associate 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 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 composed of board members from Member Boards and/or employees of Member Boards 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.



NCSBN Glossary

A

Accredit

To recognize (such as an educational institution or certification agency) as maintaining standards that qualify the graduates for admission to higher or more specialized institutions or for professional practice.

Accrediting Agency

An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

See *Nursing School Accrediting Agency* entry.

Administrative Rules

Used by boards of nursing to promulgate rules/regulations to further interpret and implement the Nursing Practice Act, as authorized in most jurisdictions. Rules/regulations cannot conflict with law and once adopted, have the force and effect of law.

Advanced Practice Registered Nurse (APRN)

A nurse:

- who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
- who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
- who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients; as well as a component of indirect care; however the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;

- who's practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
- who has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis and management of patient problems, which includes the use and prescription of pharmacologic and nonpharmacologic interventions;
- who has clinical experience of sufficient depth and breadth to reflect the intended license; and
- who has obtained a license as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) or certified nurse practitioner (CNP).

Alternative Dispute Resolution (ADR)

A forum or means for resolving disputes (as arbitration or private judging) that exists outside the state or federal judicial system.

Alternative Item Format

Previously known as an innovative item format; an NCLEX® examination item (question) that takes advantage of technology and uses a format other than standard, four-option, multiple-choice items to assess candidate ability. Alternative item formats may include multiple-response items (requiring a candidate to select one or more than one response); fill-in-the-blank items (requiring a candidate to type in number(s) within a calculation item); "hot spot" items (asking a candidate to identify an area on a picture or graphic); an exhibit format (where candidates are presented with a problem and use the information in the exhibit to answer the problem); and a drag-and-drop item type (requiring a candidate to move

References

1. American Academy of Nurse Practitioners website. *About AANP*. Retrieved 2 March 2009, from <http://www.aanp.org/AANPCMS2/AboutAANP/>
2. American Association of Colleges of Nursing website. *About AACN*. Retrieved 2 March 2009, from <http://www.aacn.nche.edu/ContactUs/index.htm>
3. American Association of Critical Care Nurses website. *AACN fact sheet*. Retrieved 2 March 2009, from <http://classic.aacn.org/AACN/mrkt.nsf/vwdoc/CNFactSheet?opendocument>
4. American Association of Nurse Anesthetists website. *About AANA*. Retrieved 2 June 2010, from <http://www.aana.com/about.aspx?#46>
5. American College of Nurse-Midwives website. *About us*. Retrieved 2 March 2009, from <http://www.midwife.org/about.cfm>
6. American Dental Association website. *ADA mission & values*. Retrieved 2 March 2009, from <http://www.ada.org/ada/about/mission/index.asp>
7. American Dietetic Association website. Retrieved 2 March 2009, from <http://www.eatright.org>
8. AILA.org website. *About AILA*. Retrieved 2 March 2009, from <http://www.aila.org/content/default.aspx?docid=1021>
9. American Medical Association website. *Our mission*. Retrieved 2 March 2009, from <http://www.ama-assn.org/ama/pub/about-ama/our-mission.shtml>

and sequence options to provide the correct answer). Any item format, including standard multiple-choice items, may include charts, tables or graphic images.

Alternative Program

A voluntary, private opportunity for chemically dependent nurses who meet specified criteria to have their recovery closely monitored by program staff in lieu of disciplinary action.

American Academy of Nurse Practitioners (AANP)

A full-service professional membership organization in the U.S. for nurse practitioners of all specialties.¹

American Association of Colleges of Nursing (AACN)

The national voice for America's baccalaureate and higher degree nursing education programs. AACN's educational, research, governmental advocacy, data collection, publications and other programs work to establish quality standards for bachelor- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research and practice in nursing.²

American Association of Critical Care Nurses (AACN)

The largest specialty nursing organization in the world, representing the interests of more than 500,000 nurses who are charged with the responsibility of caring for acutely and critically ill patients. The association is dedicated to providing their members with the knowledge and resources necessary to provide optimal care to critically ill patients.³

American Association of Nurse Anesthetists (AANA)

A professional association representing more than 40,000 certified registered nurse anesthetists (CRNAs) and student nurse anesthetists nationwide. The AANA promulgates education, practice standards and guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice.⁴

American College of Nurse-Midwives (ACNM)

A professional association that provides research, accredits midwifery education programs, administers and promotes continuing education programs, establishes clinical practice standards, and creates liaisons with state and federal agencies and members of Congress. The mission of ACNM is to promote the health and well-being of women and infants within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs).⁵

American Dental Association (ADA)

A professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through initiatives in advocacy, education, research and the development of standards.⁶

American Dietetic Association (ADA)

The nation's largest organization of food and nutrition professionals committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy.⁷

American Immigration Lawyers Association (AILA)

A national association of more than 11,000 attorneys and law professors who practice and teach immigration law. AILA member attorneys represent U.S. families seeking permanent residence for close family members, as well as U.S. businesses seeking talent from the global marketplace. AILA members also represent foreign students, entertainers, athletes and asylum seekers, often on a pro bono basis.⁸

American Medical Association (AMA)

The national professional organization for all physicians; helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues.⁹

American Midwifery Certification Board (AMCB)

The national certifying body for certified nurse-midwives (CNMs) and certified midwives (CMs); formerly known as the ACNM Certification Council, Inc. (ACC). ACC's mis-



sion is to protect and serve the public by providing the certification standard for individuals educated in the profession of midwifery.¹⁰

American Nurses Association (ANA)

The only full-service professional organization representing the interests of the nation's 3.1 million registered nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying Congress and regulatory agencies on health care issues affecting nurses and the public.¹¹

American Nurses Credentialing Center (ANCC)

A subsidiary of the American Nurses Association, the ANCC provides credentialing programs that certify nurses in specialty practice areas; recognizes health care organizations for promoting safe, positive work environments; and accredits providers of continuing nursing education.¹²

American Organization of Nurse Executives (AONE)

A subsidiary of the American Hospital Association and a national organization of more than 7,000 nurses who design, facilitate and manage care. AONE provides leadership, professional development, advocacy and research to advance nursing practice and patient care, promote nursing leadership excellence and shape public policy for health care.¹³

Americans for Nursing Shortage Relief (ANSR)

ANSR is comprised of 49 national nursing organizations that have united to address the nursing shortage and the nursing faculty shortage. Since 2001, ANSR has worked to change public policy to alleviate the nursing shortage.¹⁴

Americans with Disabilities Act (ADA)

This federal law prohibits private employers, state and local governments, employment agencies, and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training and other terms, conditions and

privileges of employment. An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.¹⁵

Annual Report

A yearly summary of both financial accounting information and the activities of the organization. It highlights the strategic plan and future goals, as well as discussing the environmental context in which NCSBN operates. Its primary function is to serve as a marketing communications tool to reinforce branding efforts to NCSBN's diverse target audiences.

Application for License

The form(s) an individual submits to a board of nursing to request a license to practice nursing in that state or jurisdiction.

Application Packet

All information necessary to apply to a board of nursing for a nursing license.

APRN Annual Certification Program Survey

Results of an annual survey of APRN certification programs regarding their certification examination. Contains information such as accreditation status, credential granted, exceptions and pass rates.

APRN Certification

A credential issued by a national certifying body that is used as a requirement for certain types of licensure, meeting specified requirements acceptable to the board of nursing.

APRN Certification Programs

Certification programs developed for APRNs. In January 2002, the NCSBN Board of Directors approved criteria for both certification programs that were developed by the Advanced Practice Task Force. The *Requirements for Accrediting Agencies* and the *Criteria for Certification Programs* represent required elements of certification programs that would result in a legally defensible examination suitable for the regulation of advanced practice nurses.

10. AMCB website. *About us*. Retrieved 2 March 2009, from <http://www.amcbmidwife.org/c/104/about-us>
11. ANA Nursing World website. *About the ANA*. Retrieved 2 June 2010, from <http://www.nursingworld.org/Functional-MenuCategories/AboutANA.aspx>
12. American Nurses Credentialing Center website. Retrieved 2 March 2009, from <http://www.nursecredentialing.org/>
13. Hospitalconnect.com: AONE website. *Welcome to AONE*. Retrieved 2 June 2010, from <http://www.aone.org/aone/about/home.html>
14. AWHONN: Association of Women's Health, Obstetric and Neonatal Nurses website. *Health policy & legislation*. Retrieved 2 June 2010, from http://www.awhonn.org/awhonn/content.do?name=05_ealthPolicyLegislation%2F5E1_ANSR.htm
15. EEOC U.S. Equal Employment Opportunity Commission website. *Facts about the Americans with disabilities act*. Retrieved 2 March 2009, from <http://www.eeoc.gov/facts/fs-ada.html>

APRN Compact

Addresses the need to promote consistent access to quality, advanced practice nursing care within states and across state lines. The Uniform APRN Licensure/Authority to Practice Requirements, developed by NCSBN with APRN stakeholders in 2000, establishes the foundation for this APRN Compact. Similar to the existing Nurse Licensure Compact for recognition of RN and LPN licenses, the APRN Compact offers states the mechanism for mutually recognizing APRN licenses/authority to practice. This is a significant step forward for the increasing access and accessibility to qualified APRNs. A state must either be a member of the current nurse licensure compact for RN and LPN, or choose to enter into both compacts simultaneously to be eligible for the APRN Compact.

APRN Criterion Comparison Paper (Members Only)

A comparison of APRN certification examinations with the NCSBN criteria.

APRN ListServ

Open to board members, executive officers of boards of nursing and staff who work with APRN issues. Used for discussion of APRN regulatory issues.

Area

One of four designated geographic regions of NCSBN Member Boards.

Area I	Area II	Area III	Area IV
Alaska	Illinois	Alabama	Connecticut
American Samoa	Indiana	Arkansas	Delaware
Arizona	Iowa	Florida	District of Columbia
California-RN	Kansas	Georgia-RN	Maine
California-VN	Michigan	Georgia-PN	Maryland
Colorado	Minnesota	Kentucky	Massachusetts
Guam	Missouri	Louisiana-RN	New Hampshire
Hawaii	Nebraska	Louisiana-PN	New Jersey
Idaho	Nebraska APRN Board	Mississippi	New York
Montana	N. Dakota	N. Carolina	Pennsylvania
Nevada	Ohio	Oklahoma	Rhode Island
New Mexico	Ohio	S. Carolina	Tennessee
N. Mariana Islands	S. Dakota	Tennessee	Texas
Oregon	W. Virginia-RN	Texas	Virginia
Utah	West Virginia-PN	Virginia	U.S. Virgin Islands
Washington	Wisconsin		
Wyoming			

Area Director

Type of NCSBN board member. A director is elected for each of NCSBN's geographic areas: I, II, III and IV. Responsibilities include

attending area meetings of the Member Boards at Midyear and Annual Meetings.

Assessment Strategies

Test service for Canadian Nurses Association.

Associate Member

An Associate Member is a nursing regulatory body or empowered regulatory authority from another country or territory, which is approved by the Delegate Assembly.

Awards Committee

A committee of NCSBN charged with selection of annual award recipients and continuous review of the awards program.

B

Blueprint

The organizing framework for an examination that includes the percentage of items allocated to various categories. Also known as a test plan.

Board Members Knowledge Network at Delegate Assembly

Provides an opportunity at Delegate Assembly for board members from the boards of nursing to network, share information and discuss emerging regulatory issues.

Board of Nursing

The authorized state entity with the legal authority to regulate nursing. Legislatures enact the Nurse Practice Act for each state. Boards of nursing have the legal authority to license nurses and discipline nurses for unsafe practice. The mission of boards of nursing is to protect the health, safety and welfare of the public.

Business Book

The Business Book contains the annual proceedings of Delegate Assembly, including the Business Agenda and Standing Rules, committee recommendations, rationale and fiscal impact statement, slate of candidates, and annual reports of the president, board of directors, each standing committee, and test services.

Bylaws

The rules that govern the internal affairs of an organization.



C

Canadian Nurses Association

A federation of 11 provincial and territorial nursing associations representing more than 123,000 RNs.

Canadian Registered Nurse Examination (CRNE)

The Canadian Nurses Association nurse licensure examinations.

Candidate Performance Report (CPR)

An individualized, two-page document sent to candidates who fail the NCLEX exam. The CPR reflects candidate performance on various aspects of the NCLEX exam by test plan content area.

Centers for Medicare & Medicaid Services (CMS)

An agency of the U.S. Department of Health & Human Services (HHS); formerly called the Health Care Financing Administration (HCFA).

Certification

The voluntary process by which a non-governmental entity grants a time-limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria. It is the vehicle that a profession or occupation uses to differentiate among its members using standards sometimes developed through a consensus-driven process based on existing legal and psychometric requirements.¹⁶

Certification Program

An examination designed by a certifying body to evaluate candidates for advanced practice nursing.

Certified Funds

Certified check, cashiers check or money order are the forms of certified funds acceptable to NCSBN.

Certified Nurse-Midwife (CNM)

Certified nurse-midwives (CNMs) are RNs with additional training around delivering babies and providing prenatal and postpartum care to women. To become certified, CNMs must graduate from a nurse-midwifery program accredited by the American College of Nurse-Midwives and

pass a national certification exam. CNMs are educated in both nursing and midwifery and can practice anywhere in the U.S.¹⁷ See *Advanced Practice Registered Nurse* entry.

Certified Registered Nurse Anesthetist (CRNA)

Anesthesia professionals who safely administer approximately 30 million anesthetics to U.S. patients each year.¹⁸ See *Advanced Practice Registered Nurse* entry.

Certifying Body for Nurses

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

Citizen Advocacy Center (CAC)

A non-profit, non-partisan community legal organization dedicated to building democracy for the 21st century. Center community lawyers and volunteers focus on strengthening the citizenry's capacity and motivation to participate in civic affairs, building community resources and improving democratic protocols within our community institutions. Through public education, community organizing, issue advocacy and precedent-setting litigation in state and federal courts, the Center forges ahead with programs to advance civic life. The Center is a free public resource to the community.¹⁹

Clinical Nurse Specialist (CNS)

An APRN who has graduate preparation (master's or doctorate) in nursing as a clinical nurse specialist. See also *Advanced Practice Registered Nurse* entry.

Commission on Collegiate Nursing Education (CCNE)

An autonomous accrediting agency contributing to the improvement of the public's health. CCNE ensures the quality and integrity of baccalaureate and graduate education programs focused on preparing effective nurses. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages

16. Institute for Credentialing Excellence website. *NOCA's Basic Guide to Credentialing Terminology*. Retrieved 2 June 2010, from <http://www.credentialingexcellence.org/portals/0/nocasbasicguidetocredentialingterminology.pdf>
17. *All Nursing Schools* website. *Become a certified nurse-midwife*. Retrieved 2 March 2009, from <http://www.allnursingschools.com/faqs/cnm.php>
18. American Association of Nurse Anesthetists website. (n.d.) *Questions and Answers: A Career in Nurse Anesthesia*. Retrieved 2 June 2010, from <http://www.aana.com/qualifications.aspx>
19. Citizen Advocacy Center website. *About us*. Retrieved 2 March 2009, from <http://www.citizenadvocacycenter.org/about.html>

20. American Association of Colleges of Nursing (AACN) website. *CCNE accreditation*. Retrieved 2 March 2009, from <http://www.aacn.nche.edu/Accreditation/>
21. CGFNS International website. *Who we are/what we do*. Retrieved 2 March 2009, from www.cgfns.org/sections/about/
22. National Board on Certification & Recertification of Nurse Anesthetists website. Retrieved 2 June 2010, from www.nbcrna.com/certification.html

continuing self-assessment by nursing education programs and the continuing growth and improvement of collegiate professional education.²⁰

CGFNS (Commission on Graduates of Foreign Nursing Schools) International

An immigration-neutral nonprofit organization that is internationally recognized as an authority on credentials evaluation pertaining to the education, registration and licensure of nurses and other health care professionals worldwide. It provides products and services that validate international professional credentials and supports international regulatory and educational standards for health care professionals. CGFNS International protects the public by ensuring that nurses and other health care professionals educated in countries other than the U.S are eligible and qualified to meet licensure, immigration and other practice requirements in the U.S.²¹

Commitment to Ongoing Regulatory Excellence (CORE)

A system of performance measurement to determine best practices for nursing regulation, initially established to implement NCSBN's Commitment to Excellence in Nursing Regulation project.

Compendium on NCSBN Policy and Position Statements

Collection of NCSBN policy and position statements; updated twice a year. Available online at www.ncsbn.org/149.htm.

Computerized Adaptive Testing (CAT)

A testing methodology used to administer NCLEX on a computer. The computer selects the items candidates receive as they take the examination, which gives them the best opportunity to demonstrate their competence. Each examinee's test is dynamically constructed, with each item selected to provide the maximum possible information, given responses made to previous items.

Continued Competence Accountability Profile (CCAP)

No longer an active project of NCSBN, this project provided a framework for the licensed nurse to document learning needs, learning plans and goals/objectives, strategies for development and evaluation of the achievements of goals/objectives. It is

an expected activity of all licensed nurses to reflect upon lifelong learning activities and their application to daily practice. The profile was, in essence, the application of the nursing process to one's own competence, professional development and accountability.

Continuing Education Unit (CEU)

Represents 10 contact hours in a formal education program.

Continuous Quality Improvement Survey (CQI)

Results of this annual survey sent to Member Boards are analyzed for program and service improvements.

CORE Committee

A committee of NCSBN whose purpose is to provide oversight and guide development of a performance measurement system to be utilized by boards of nursing and to identify best practices.

CORE Reports

Provides information and resources to NCSBN Member Boards to assist them in the development and implementation of a performance measurement system.

Council Connector

One of the main sources for information on what is happening at NCSBN. The bimonthly, online public newsletter contains news about committee activities, updates from NCSBN departments, information about upcoming events and other information related to the work of NCSBN.

Council on Certification of Nurse Anesthetists (CCNA)

Responsible for the certification of registered nurse anesthetists who meet all the criteria for entry into practice as a certified nurse anesthetist (CRNA). CCNA is also responsible for the development and administration of the National Certification Examination (NCE).²²

Council on Licensure, Enforcement and Regulation (CLEAR)

An organization of regulatory boards and agencies.

D

Delegate Assembly (DA)

The membership body of NCSBN comprised of 60 Member Boards. It provides direction through adoption of the mission and strategic initiatives; approves all new memberships; approves the substance of all NCLEX exam contracts between the NCSBN and Member Boards; adopts test plans to be used for the development of the NCLEX exam; and establishes the fee for the NCLEX exam. Each Member Board is entitled to two votes.

Delegate Orientation

Online continuing education course offered through NCSBN Interactive. This course is designed for boards of nursing staff members and board members who are new delegates and require an overview and understanding of the NCSBN Delegate Assembly.

Delegation

Transferring authority to a competent individual to perform a selected nursing task in a selected situation. A licensed nurse retains accountability for the delegation.

Differential Item Functioning (DIF)

A statistical measure of potential item bias between two groups of candidates (e.g., male/female, Caucasian/African-American).

Director-at-Large

NCSBN Board of Directors position. Four directors are elected and represent the perspectives of the membership at large during meetings of the board.

Directory of Medication Aide Programs

An annual publication available on the NCSBN website with contact information for states that offer medication aide programs.

Directory of Nurse Aide Registries

An annual publication of contact information for state nurse aide registries including who maintains the registry and who investigates complaints for the state.

Disciplinary Action Information

Information pertaining to disciplinary actions taken against and reported for a nursing license.

Disciplinary Data Bank (DDB)

An NCSBN data management system used between 1981 and 2000 to provide a database of disciplinary actions reported by Member Boards. The DDB data was incorporated into Nursys®, which continues to provide tracking of disciplinary data reported by boards of nursing.

Discipline

The actions taken, as well as the process used, to investigate and resolve complaints received by boards of nursing regarding the practice and/or conduct of licensed nurses. Boards follow their jurisdiction's Administrative Procedures Act, as well as the State Nurse Practice Act and Nursing Administrative Rules/Regulations in providing due process (i.e., the procedural safeguards for the nurse of receiving notice, having an opportunity to respond to allegations and having a fair and objective decision maker) in the enforcement of nursing laws and rules.

Discipline/Investigator Conference Call

A bimonthly conference call for investigators, attorneys and board staff who work with discipline cases. The format is to have a speaker offer a short presentation, often sending out handouts in advance, and then have a speaker dialogue with participants.

E

Education Conference Call

A monthly conference call (except in August) for the boards' Education Consultants and other staff who work with education issues to network and discuss education issues.

Education Information

Information pertaining to an individual's education relative to nursing and licensure.

Education Knowledge Network at Delegate Assembly

A meeting at Delegate Assembly where board staff and board members, as well as interested external guests, network and discuss issues related to the regulation of nursing education.

Email Alerts

Breaking news targeted for executive officers and/or member board presidents that is beneficial and/or time sensitive as it relates to the work of boards of nursing or the external environment.

Encrypted Cookie

A small file that is stored as encrypted information on one's computer so that others are not able to read it.

English as a Second Language (ESL)

NCSBN asks NCLEX candidates to identify their primary language. The possible categories are: (1) English; (2) English and another language; (3) another language; and (4) missing. Candidates who report their primary language as "English and another language" or "another language" are considered for research purposes to be ESL candidates.

Examinee Performance Report (EPR)

Detailed report of a candidate's examination performance including item responses and response times.

Executive Officer Coach Program

A one-on-one program intended to enhance the professional development of a new executive officer. The coaching program provides the opportunity for an experienced executive officer to facilitate the learning process for a new executive officer.

Executive Officer Conference Call

Held every other month and designed for the executive officer of each board of nursing or one designee. The call provides for discussion of executive management.

Executive Officer Network

Comprises of executive officers of all boards of nursing or board staff members designated by the executive officer. The network provides peer support and a communications network for executive officers.

Executive Officer Networking Session at Delegate Assembly

Held every August at Delegate Assembly. This session is designed for the executive officer of each board of nursing, or one designee, and provides a peer support group and communication network for executive officers.

Executive Officer Networking Session at Midyear Meeting

Held annually at the Midyear Meeting. This session is designed for the executive officer of each board of nursing, or one designee, and provides a peer support group and communication network for executive officers.

Executive Officer Seminar

A two-day program for the executive officers of boards of nursing; designed to promote leadership and business management skill development.

F

Federation of Associations of Regulatory Boards (FARB)

An organization made up of an association of licensing boards, FARB provides a forum for individuals and organizations to share information related to professional regulation, particularly in the areas of administration, assessment and law. NCSBN holds a seat on the FARB Board of Directors.

Fellow of Regulatory Excellence Institute (FRE)

A credential bestowed upon an individual who completed the four-year comprehensive educational and professional development curriculum within the Institute of Regulatory Excellence (IRE) Fellowship Program.

Finance Committee

A standing committee of NCSBN charged to review the organization's annual budget, investments and audit.

Fiscal Year (FY)

Oct. 1 to Sept. 30 at NCSBN.

G

Guaranteed Funds

Certified check, cashier's check, or a money order are the forms of guaranteed funds acceptable by NCSBN.



H

Health Insurance Portability and Accountability Act (HIPAA)

Passed in 1996 to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets; to combat waste, fraud and abuse in health care delivery; to promote the use of medical savings accounts; to improve access to long-term care services and coverage; and to simplify the administration of health insurance; and for other purposes.

Health Resources and Services Administration (HRSA)

The agency of the federal government under the U.S. Department of Health & Human Services that includes the Practitioner Database Branch and Division of Nursing.

Healthcare Integrity and Protection Data Bank (HIPDB)

A national data collection program mandated and operated by HRSA for the reporting of final adverse actions against health care providers, suppliers or practitioners, as required by HIPAA.

HIPDB Agent Role

NCSBN is the authorized organization that the various Member Boards have designated to query or report information to HRSA on their behalf.

HIPDB Resource Pack

An assortment of resources to support Member Boards in complying with the federal mandate to report nurse disciplinary actions to HIPDB.

HIPDB Webinars

A series of conference calls, with documents available online, that are held to support the transition to reporting nurse disciplinary actions to HIPDB using HIPDB action and basis for action codes.

I

Immigration and Naturalization Services

An agency of the U.S. Department of Justice.

Incident Reports (IRs)

Reports written by test center staff regarding irregularities that may occur during an NCLEX candidate's examination. IRs may also be generated when a candidate calls NCLEX® Candidate Services or in the event that special examination accommodations are requested. IRs are entered in the Pearson VUE system so NCSBN and Member Boards can view them from the NCLEX® Administration website.

Institute of Medicine (IOM)

A nonprofit organization specifically created to provide science-based advice on matters of biomedical science, medicine and health. The IOM's mission is to serve as adviser to the nation to improve health. IOM provides unbiased, evidence-based, authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society and the public at large.²³

Institute of Regulatory Excellence (IRE)

Created by NCSBN in 2004 to assist regulators in their professional development by providing opportunities for both education and networking. An annual conference is held to provide nurse regulators with regulatory knowledge in the areas of discipline, role development, competency evaluation/remediation strategies and organizational structure/behavior.

Institute of Regulatory Excellence (IRE) Committee

An NCSBN committee that provides an ongoing evaluation of the IRE program.

Interagency Collaborative on Nursing Statistics (ICONS)

Promotes the generation and utilization of data, information and research about nurses, nursing education and the nursing workforce. ICONS is an association of individuals from a variety of organizations that are responsible for the development, compilation and analysis of data on nurses and the settings in which they practice.

International Council of Nurses (ICN)

A federation of national nurses' associations (NNAs) representing nurses in more than 128 countries. ICN is the world's first and widest-reaching international organization for health professionals. ICN works to en-

23. Institute of Medicine of the National Academies website. Retrieved 2 March 2009, from <http://www.iom.edu/CMS/3239.aspx>

24. International Council of Nurses website. *About ICN*. Retrieved 2 March 2009, from <http://www.icn.ch/abouticn.htm>

sure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.²⁴

International Scheduling Fee

The charge associated with scheduling an NCLEX exam appointment in an international testing center (\$150 plus a value added tax [VAT] where applicable). This nonrefundable fee must be paid by credit card and will be charged when a candidate schedules an examination appointment.

International Testing Centers

There are Pearson Professional Center (PPC) test center locations in Australia, Canada, Germany, Hong Kong, India, Japan, Mexico, Puerto Rico, Taiwan, Philippines and United Kingdom that administer the NCLEX for the purposes of domestic licensure.

Interprofessional Workgroup on Health Professions Regulation (IWHPR)

A coalition of organizations representing millions of health care practitioners in more than 15 separate health disciplines.

Interstate Compact

An agreement (or contract, usually adopted by legislation) between two or more states that has the force and effect of statutory law.

Investigator and Attorney Workshop

Sessions focusing on meeting the educational needs of investigators, attorneys and board discipline staff. The two and one-half day meetings are held annually in the spring and present topics of interest related to the investigation, prosecution and resolution of complaints reported to boards of nursing.

IT Summit

The annual IT Summit is held every spring and provides member boards' technical staff the opportunity to learn what technology other boards are using and implementing. Encourages Member Board staff to learn about latest and greatest technologies while networking with their peers from other boards of nursing.

Item

A question on one of the NCLEX, NNAAP and MACE exams.

Item Development

Process by which items for examinations are created, reviewed and validated in order to become operational.

Item Development Panels

Comprised of volunteers who meet specific criteria to participate in the item development process.

Item Response Theory (IRT)

A family of psychometric measurement models based on characteristics of examinees' item responses and item difficulty. Their use enables many measurement benefits. *See also Rasch Measurement Model entry.*

Item Reviewers

Individuals who review items developed for the NCLEX-RN, NCLEX-PN, NNAAP and MACE exams. Item reviewers must meet specific criteria in order to participate on a panel.

Item Writers

Individuals who write items for the NCLEX-RN, NCLEX-PN, NNAAP and MACE exams. Item writers must meet specific criteria in order to participate on a panel.

Item Writing

Process by which examination items are created.

J

Joint Commission

Accredits and certifies more than 15,000 health care organizations and programs in the U.S. The Joint Commission's mission is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.²⁵

Joint Research Committee (JRC)

Committee consisting of three NCSBN and three test service staff members, as well as four external researchers. The committee is the vehicle through which research is funded for the NCLEX examination program. Funding is provided jointly by NCSBN and the test service.



JONA's Healthcare Law, Ethics and Regulation

NCSBN has a regular column in this journal on NCSBN initiatives that are of interest to employers, attorneys and regulators. Some examples of content have included: the medication assistant curriculum; discussions of our research; articles on fraud in nursing; and discussions of our initiatives.

Jurisdiction

With regard to boards of nursing, jurisdiction refers to the state or territory that a board of nursing regulates. Most boards of nursing regulate all types of nurses within their states or territories. California, Georgia, Louisiana and West Virginia have separate boards of nursing to regulate RNs and LPNs/VNs.

K

Knowledge, Skill and Ability Statements (KSAs)

The attributes required to perform a job, generally demonstrated through qualifying experience, education or training. Knowledge is a body of information applied directly to the performance of a function. Skill is an observable competence to perform a learned psychomotor act. Ability is competence to perform an observable behavior or a behavior that results in an observable product.²⁶

L

Leader to Leader

A biannual publication sent to all nursing programs and boards of nursing, updating educators on NCSBN initiatives relevant to nursing education.

Leadership Succession Committee (LSC)

Composed of eight members elected by the Delegate Assembly. Duties are to recommend strategies for the ongoing sustainability and advancement of the organization through leadership succession planning, and to present a slate of candidates through a determination of qual-

ifications and geographic distribution for inclusion on a ballot for the election of the Board of Directors and the LSC.

License

In nursing, current authority to practice nursing as an RN, LPN/VN or APRN.

License Information

Information about an individual's nursing license(s), which includes license number, license type, jurisdiction and expiration date.

License Verification

Proof of existing nurse licensure.

License Verification Request

The request for proof of licensure.

Licensed Practical Nurse (LPN)

A nurse who has completed a practical nursing program and is licensed by a state to provide patient care, as defined by the board of nursing.

Licensed Vocational Nurse (LVN or VN)

A graduate of a vocational nursing program who has passed the practical/vocational nursing examination and is licensed to administer care.

Licensing Board

A state's regulatory body responsible for issuing licenses for RN and LPN/VN licensure, as well as APRN licensure/authority to practice.

Licensure

The act or instance of granting a license.

Licensure By Endorsement

The granting of authority to practice based on an individual's licensure in another jurisdiction.

Licensure By Examination

The granting of authority to practice based on an individual's passing of a board-required examination.

Licensure Portability Grant (LPG)

A grant NCSBN received from the Health Resources and Services Administration's (HRSA) Office for the Advancement of Telehealth to work with state boards of nursing to reduce licensure barriers impacting telehealth and interstate nursing practice.

25. The Joint Commission website. *About us*. Retrieved 2 March 2009, from <http://www.joint-commission.org/AboutUs/>

26. U.S. Office of Personnel Management Website. *Policies and instructions*. Retrieved 2 June 2010, from <http://www.opm.gov/qualifications/policy/Terms.asp>

Logit

A unit of measurement used in item response theory (IRT) models. The logarithmic transformation of an odds ratio creates an equal interval logit scale on which item difficulty and person ability may be jointly represented.

M

Master Pool Items

NCLEX operational items. The bank of test items from which examinations are developed.

Medication Aide Certification Exam (MACE®)

The medication aide certification examination owned by NCSBN and administered by Pearson Vue.

Medication Assistant – Certified (MA-C)

A person who is certified to administer medication.

Member Board

A state board of nursing, which is approved by the Delegate Assembly as a member of NCSBN.

Member Board Profiles

An online publication that provides an overview of the regulatory environment in which the 60 boards of nursing function. This has been recently updated to include responses from all 60 boards of nursing.

This NCSBN publication also provides an overview of the regulatory environment in which state boards of nursing function. Includes data by jurisdiction on board structure, educational programs, entry into practice, licensure requirements, continued competency mechanisms, nurse aide competency evaluations and advanced practice. Available on NCSBN's website.

Merchant Account

An account that enables a merchant to accept and process credit cards for payment of goods and services.

Midyear Leadership Forum

A forum presented each year at NCSBN's Midyear Meeting for presidents and execu-

tive officers with speakers addressing issues of governance and other areas of interest for nursing regulatory leaders.

Midyear Meeting

The spring meeting for all boards of nursing focusing on current initiatives of NCSBN and emerging regulatory issues.

Model Nursing Administrative Rules

Serve to clarify and further interpret and implement the Model Nursing Practice Act. Models can be used to identify essential elements needed for rules/regulations to the Model Nurse Practice Act. Rules must be consistent with the law, cannot go beyond the law and once enacted, have the force and effect of law. Available on NCSBN's website.

Model Nursing Practice Act (MNPA)

A publication of NCSBN, approved at the Delegate Assembly in Kansas City, Mo. in 2004 with additional content on assistive personnel adopted in 2005 and on criminal background checks in 2006. The Model Acts and Rules was first adopted in 1983 and created to serve as a guide to boards who were deliberating changes to state nurse practice acts and nursing administrative rules. Some boards look to the models for new ideas and different approaches for regulation. Other boards may use them in evaluating their existing regulatory language. Some boards use the framework and/or language in developing amendments and revisions to state laws and rules. The models may assist in the development of rationale for rules as part of the rule promulgation process. Models can be used to identify essential elements for legislation. While there will always be some variation with state nursing statutes, models are a way to advance a degree of uniformity among the several states to promote a common nationwide understanding of what constitutes the practice of nursing. Available on NCSBN's website.

Motion Papers

Available at Annual Meeting and used for accurate record keeping.

Mutual Recognition

A model for nurse licensure that allows a nurse licensed in his/her state of residency to practice in other compact states (both physically and electronically), subject to



each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted. In order to achieve mutual recognition, each state must enact legislation authorizing the Nurse Licensure Compact. See also *Nurse Licensure Compact* entry.

N

National Association for Practical Nurse Education and Service (NAPNES)

Advocates for the education and practice of practical/vocational nurses. It is the organization responsible for the legislation that provides for the licensure and education of practical nursing.²⁷

National Association of Clinical Nurse Specialists (NACNS)

Enhances and promotes the unique, high value contribution of the clinical nurse specialist to the health and well-being of individuals, families, groups and communities, and to promote and advance the practice of nursing.²⁸

National Association of Hispanic Nurses (NAHN)

Designed and committed to work toward improvement of the quality of health and nursing care for Hispanic consumers and toward providing equal access to educational, professional and economic opportunities for Hispanic nurses.²⁹

National Black Nurses Association (NBNA)

Provides a forum for collective action by African American nurses to investigate, define and determine the health care needs of African-Americans and implement change; and to make health care available to African-Americans and other minorities.³⁰

National Certification Corporation (NCC)

A nonprofit association that provides a national credentialing program for nurses, physicians and other licensed health care personnel who work in the obstetric, gynecologic, neonatal and telephone nursing specialties, in addition to the subspecialty areas of electronic fetal monitoring, breastfeeding, gynecologic health care and menopause.³¹

National Conference of State Legislatures (NCSL)

A bipartisan organization that serves the legislators and staff of the 50 states and its commonwealths and territories. NCSL provides research, technical assistance and opportunities for policy makers to exchange ideas on the most pressing state issues. NCSL is an effective and respected advocate for the interests of state governments before Congress and federal agencies.³²

National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP)

Works towards maximizing the safe use of medications and increasing awareness of medication errors through open communication, increased reporting and promotion of medication error prevention strategies.³³

National Council Licensure Exam for Licensed Practical/Vocational Nurses (NCLEX-PN® Examination)

Used in the U.S. and by territorial Member Boards to assess licensure applicants' nursing knowledge, skills and abilities. Boards of nursing use passing the examination to inform licensing decisions.

National Council Licensure Exam for Registered Nurses (NCLEX-RN® Examination)

Used in the U.S. and by territorial Member Boards to assess licensure applicants' nursing knowledge, skills and abilities. Boards of nursing use passing the examination to inform licensing decisions.

National Council of State Boards of Nursing, Inc. (NCSBN)

A nonprofit organization whose membership comprises boards of nursing in the 50 states, the District of Columbia and four U.S. territories – American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members. The purpose of NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

27. National Association for Practical Nurse Education and Services, Inc. (NAPNES) website. *About us*. Retrieved 2 June 2010, from <http://www.napnes.org/about/index.htm>
28. National Association of Clinical Nurse Specialists website. Retrieved 25 August 2009, from <http://www.nacns.org/>
29. National Association of Hispanic Nurses website. Retrieved 3 March 2009, from <http://www.thehispanicnurses.org/>
30. National Black Nurses Association, Inc. (NBNA) website. *Who we are*. Retrieved 2 March 2009, from http://www.nbna.org/index.php?option=com_content&view=article&id=44&Itemid=60
31. The National Coordinating Council for Medication Error Reporting and Prevention website. *About NCC MERP*. Retrieved 2 June 2010, from <http://www.nccwebsite.org/about-ncc.aspx>
32. National Certification Corporation website. *What is NCC?* Retrieved 2 March 2009, from <http://www.nccnet.org/public/pages/index.cfm?pageid=61>
33. National Conference of State Legislatures (NCSL) website. *Mission*. Retrieved 2 June 2010, from <http://www.ncsl.org/AboutUs/tabid/305/Default.aspx>

34. The National Federation of Licensed Practical Nurses, Inc. website. *All About NFLPN*. Retrieved 2 March 2009, from <http://www.nflpn.org/allabout-nflpn.htm>
35. National League for Nursing (NLN) website. *National League for Nursing Bylaws*. Retrieved 2 March 2009, from <http://www.nln.org/aboutnln/Bylaws/index.htm>
36. National League for Nursing Accrediting Commission, Inc. (NLNAC) website. *About NLNAC*. Retrieved 2 March 2009, from <http://www.nlnac.org/AboutNLNAC/whatsnew.htm>
37. National Student Nurses Association website. Retrieved 2 June 2010, from www.nсна.org

National Federation of Licensed Practical Nurses (NFLPN)

A professional organization for LPNs, LVNs and practical/vocational nursing students in the U.S.³⁴

National Institute of Nursing Research (NINR)

Part of the National Institutes of Health; works toward improving the health and health care of Americans through the funding of nursing research and research training. Its mission is to promote and improve the health of individuals, families, communities and populations. This mission is accomplished through support of research in a number of scientific areas. Among those areas of research are chronic and acute diseases, health promotion and maintenance, symptom management, health disparities, caregiving, self-management and end-of-life. NINR also supports the training of new investigators who bring new ideas and help to further expand research programs. The ultimate goal of NINR's research is its dissemination into clinical practice and into the daily lives of individuals and families.

National League for Nursing (NLN)

A national organization created to identify the nursing needs of society and to foster programs designed to meet these needs; to develop and support services for the improvement of nursing service and nursing education through consultation, continuing education, testing, accreditation, evaluation and other activities; to work with voluntary, governmental and other agencies, groups, and organizations for the advancement of nursing and toward the achievement of comprehensive health care; and to respond in appropriate ways to universal nursing needs.³⁵

National League for Nursing Accrediting Commission (NLNAC)

Responsible for the specialized accreditation of nursing education programs, both post-secondary and higher degrees. The NLNAC Board of Commissioners has authority and accountability for carrying out the responsibilities inherent in the application of standards and criteria, accreditation processes and the affairs, management, policy making, and general administration

of the NLNAC. NLNAC is a nationally recognized, specialized accrediting agency for all types of nursing programs.³⁶

National Nurse Aide Assessment Program (NNAAP®)

The nurse aide certification examination owned by NCSBN and administered by Pearson VUE.

National Practitioner Data Bank (NPDB)

A federally mandated program for collecting data regarding health care practitioners. The NPDB has been in operation for 10 years and requires medical malpractice payment reports for all health care practitioners, and reports of discipline and clinical privilege/society actions regarding physicians and dentists. Mandatory reporting of licensure actions regarding other health care practitioners, including nurses, is required by section 1921 of the Social Security Act (originally enacted in P.L.100-93, section 5). Proposed rules to implement section 1921 were published in March 2006 and final rules were published in January 2010.

National Provider Identifier (NPI)

Planned to be a new, unique eight-character alpha-numeric identifier. Created in response to the posting of rules in the Federal Register on May 7, 1998, which proposed a standard for a national health care provider identifier and requirements for its use by health plans, health care clearinghouses and health care providers.

National Student Nurses Association (NSNA)

With a membership of approximately 50,000 nationwide, NSNA mentors the professional development of future nurses and facilitates their entrance into the profession by providing educational resources, leadership opportunities and career guidance.³⁷

NCLEX® Administration Website

Allows Member Boards to process and manage NCLEX candidate records. Member Boards use the site to perform tasks such as setting candidate eligibility status, entering candidate accommodations requests and viewing candidate results.

Please note: A user name and password is needed to enter this site.



NCLEX® Candidate Bulletin

Document that serves as a guideline for candidates preparing to take the NCLEX®. Candidate Bulletins contain information regarding registration, scheduling, information on the testing experience and other useful information for candidates.

NCLEX® Candidate Services

Pearson VUE's facility for processing registrations, scheduling candidates and responding to inquiries for the NCLEX examinations.

NCLEX® Examination Committee (NEC)

A standing committee of NCSBN that provides general oversight of the NCLEX examination process, including item development, examination security, psychometrics, examination administration and quality assurance to ensure consistency with the Member Boards' need for examinations. This committee also approves item development panels and recommends test plans to the Delegate Assembly.

NCLEX® Examination Department Informational Call

In order to ensure the NCSBN membership is apprised regarding the NCLEX program, the NCSBN NCLEX® Examinations Department hosts two annual informational calls for Member Boards.

NCLEX® Facts Sheets

Documents available to the general public via the NCSBN website that provide a brief summary, NCLEX volume and pass rates. It includes the volume of candidates broken out by a few subpopulations of interest, the pass rates for those subpopulations and the volume of candidates coming from other countries (top 5 only).

NCLEX® Invitational

An annual, one-day educational conference that familiarizes attendees with the components of the NCLEX exams and enlightens them about the development and administration of the NCLEX-RN® and NCLEX-PN® Examinations. The intended audience is nursing regulators, nursing educators and other stakeholders.

NCLEX® Item Review Subcommittee

An NCSBN committee that assists the NCLEX® Examination Committee with item review.

NCLEX® Member Board Manual

Provides all the information Member Board staff need to know regarding the NCLEX exam and the NCLEX process. The manual is intended for use by Member Board staff and is located on the members-only side of the NCSBN website. It is updated as changes occur to the NCLEX program.

NCLEX® Program Reports

Published twice a year for subscribing schools of nursing, reports provide administrators and faculty in nursing education programs with information about the performance of their graduates on the NCLEX exam. Included in the reports: information about a given program's performance by the NCLEX test plan dimensions and content areas, and data regarding the program's rank at both national and state levels.

NCLEX® Quarterly Reports

Reports that summarize the performance of all first-time candidates educated in a given jurisdiction and tested in a given quarter, and the national group of candidates. They also provide a summary of the preceding three quarters' passing rates.

NCLEX® Quick Results Service

Candidates in select jurisdictions may access their "unofficial" results via the NCLEX® Candidate Web site or through the NCLEX® Quick Results Line. "Unofficial" results are available two business days after taking the test. There is a charge for the service.

NCLEX® Regional Workshop

A one-day conference for nurse educators held at the request and in conjunction with a board of nursing. This conference is intended to give the educators information regarding the preparation of students to take the NCLEX exam, including such topics as the test plan, alternate items, psychometrics, program reports and writing questions in the NCLEX style. The NCLEX® Regional is offered in any one of the four areas where the NCLEX® Invitational is not being held that year.

NCLEX® Registration Methods

Method(s) by which NCLEX candidates register for the NCLEX through the test service. NCLEX registrations are processed one of three ways: scan form, Internet or phone. The NCLEX registration fee of \$200 is due at time of processing.

NCSBN Board of Directors (BOD)

Administrative body of NCSBN, consisting of 11 elected officers whose authority is to transact the business and bylaws of the affairs of NCSBN. The BOD is composed of the president, vice president, treasurer, four area directors and four directors-at-large.

NCSBN Interactive

Brand name for the online portal for e-learning offerings for Member Board members and staff and NCSBN staff located at www.ncsbninteractive.org. Types of e-learning offerings include wikis, online courses, streaming videos, podcasts, recorded webinars and live webinars.

NCSBN Learning Extension

The campus for online continuing education (CE) courses for nurses, NCLEX prep for students, and test development and item writing courses for faculty. The purpose of these courses is to promote safe, effective nursing practice and build regulatory awareness. Visit www.learningext.com for the catalog and detailed descriptions of courses. The following are the courses currently being offered:

- Acclimation of International Nurses into U.S. Nursing Practice
- Assessment of Critical Thinking
- Confronting Colleague Chemical Dependency
- Delegating Effectively
- Disciplinary Actions: What Every Nurse Should Know
- Diversity: Building Cultural Competence
- Documentation: A Critical Aspect of Client Care
- End-of-Life Care and Pain Management
- Ethics of Nursing Practice

- Medication Errors: Detection and Prevention
- NCSBN 101
- NCSBN's Review for the NCLEX-PN® Examination
- NCSBN's Review for the NCLEX-RN® Examination
- Nurse Practice Acts CE Courses (Participants: AR, IA, ID, KY, MA, MN, MO, NC, ND, NM, NV, OH, VA, WV-PN/RN)
- Patient Privacy
- Professional Accountability and Legal Liability for Nurses
- Sharpening Critical Thinking Skills
- Test Development and Item Writing

NCSBN Learning Extension Member Board Editorial Advisory Pool

NCSBN develops several new online continuing education (CE) courses each year on topics that are important to the nursing community. These topics are selected based on feedback from surveys of Member Board executive officers. To simplify the feedback process and to increase Member Board participation, NCSBN retains a pool of volunteers that provide editorial feedback on these courses as they are developed.

NCSBN Member's Only Website

The private side of NCSBN's website, which provides access to nonpublic NCSBN documents, meeting minutes and works in progress. Accessible only by a preassigned password.

NCSBN Public Website

NCSBN's public website (www.ncsbn.org) that anyone can access without a password.

NCSBN Strategic Plan

The strategic initiatives, objectives and performance measures covering a three-year period of time. Provides the direction of the organization.

NCSBN Vice President

NCSBN Board of Directors leader who assists the president as needed, performs the president's duties in the president's

absence, fills any vacancy in the office of the president until the next annual meeting and is responsible for continuing BOD development.

Nonlicensure Participating Board of Nursing

A board of nursing that is not supplying license information on a regular basis. However, nonparticipating boards of nursing do supply information to Nursys® for disciplined nurse licenses and have access to all Nursys information.

North American Free Trade Agreement (NAFTA)

An agreement between Canada, Mexico and the U.S. that addresses trade in services and contains requirements and encouragement related to harmonization of qualifications for professional practice in the three countries.

Nurse Licensure Compact (NLC)

An agreement establishing mutual recognition and reciprocal licensing arrangements between party states for LPN/VNs and RNs. In August 2002, NCSBN delegates voted to expand the compact to include APRNs.

Nurse Licensure Compact Administrators (NLCA)

Organized body of nurse licensing boards that have implemented and administer the Nurse Licensure Compact.

Nurse Practitioner (NP)

An RN with advanced academic and clinical experience, which enables him or her to diagnose and manage most common and many chronic illnesses, either independently or as part of a health care team. An NP provides some care previously offered only by physicians and in most states, has the ability to prescribe medications. NPs focus largely on health maintenance, disease prevention, counseling and patient education in a wide variety of settings. NPs are educated through programs that grant either a certificate or a master's degree. The scope of an NP's practice varies depending upon each state's regulations.

See *Advanced Practice Registered Nurse entry*.

Nursing Assistive Personnel (NAP)

Any unlicensed person, regardless of title, who performs tasks delegated by a nurse. Also known as unlicensed assistive personnel (UAP).

Nursing Practice Act (NPA)

Statutes governing the regulation of nursing practice in a jurisdiction, typically empowering a board of nursing to license individuals who meet specified requirements.

Nursing Practice and Education Committee (NP&E)

The former name of a standing committee of NCSBN, now called the PR&E Committee.

Nursing Program

The authorized state entity with the legal authority to regulate nursing. Legislatures enact the Nurse Practice Act for each state. Boards of nursing have the legal authority to license nurses and to discipline nurses for unsafe practice.

Nursing School Accrediting Agency

An organization that establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

Nursing Shortage

A nursing shortage occurs when the demand for nurses exceeds the supply available.

Nursys®

A database developed by NCSBN to contain demographic information on all licensed nurses (in the U.S.) and an unduplicated count of licensees. Nursys serves as a foundation for a variety of services, including the disciplinary tracking system, licensure verification, interstate compact functions and research on nurses.

Nursys® Licensure QuickConfirm

Provides online nurse license verification reports to employers and others.

Nursys® Training

Web conferences that are offered to Member Board users, and by special request, for licensure, discipline and other board staff, for the purpose of learning how to use Nursys.

O

Omnibus Budget Reconciliation Act of 1987 (OBRA 1987)

Contains requirements for nurse aide training and competency evaluation.

Online Nursys® Verification Request Application

The electronic application that a nurse completes to request verification of existing licenses from participating boards of nursing in Nursys.

P

Panel of Judges

A panel of experts used for the standard setting process; an NCSBN panel composed of nurses who participate in the NCLEX standard setting process.

Parliamentarian

Assists the president in presiding, ensures proper parliamentary procedure is followed and prepares a written record of the proceedings.

Participating Board of Nursing

A board of nursing that is supplying personal, education, license and discipline information to Nursys on a regular basis.

Passing Standard

The minimum level of knowledge, skill and ability required for safe and effective entry-level nursing practice. The NCSBN Board of Directors reevaluates the passing standard once every three years, based upon the results of a standard-setting exercise performed by a panel of experts with the assistance of professional psychometricians; the historical record of the passing standard with summaries of the candidate performance associated with those standards; the results of a standard-setting survey sent to educators and employers; and information describing the educational readiness of high school graduates who express an interest in nursing.

Once the passing standard is set, it is imposed uniformly on every test record according to the procedures laid out. To pass

an NCLEX exam, a candidate must exceed the passing standard. There is no fixed percentage of candidates that pass or fail each examination.

PDF

A file format developed by Adobe Systems used to display documents. Adobe Acrobat Reader is a free program that is required to open, view and print PDF documents.

Pearson Professional Centers (PPCs)

Pearson Professional Centers are testing locations where candidates take the NCLEX exams.

See Pearson Professional Testing entry.

Pearson Professional Testing Network

Network of Pearson Professional Centers (PPCs) where candidates take the NCLEX examinations. There are more than 200 domestic and 18 international PPCs that administer the NCLEX.

See also Pearson VUE entry.

Pearson VUE

Contracted test service provider for NCSBN for the administration of the NCLEX, NNAAP and MACE exams.

Pediatric Nursing Certification Board (PNCB)

Provides certification services to nurses and APRNs in pediatric practice through the provision of certification exams and certification maintenance programs. The PNCB is the largest certification organization for pediatric nursing.

Personal Information

Information pertaining to an individual's identity such as name, date of birth and gender.

Plurality Vote

Voting process which each voter votes for one candidate, and the candidate with the plurality (most votes) wins, regardless of whether that candidate gets a majority or not.

PN/VN Knowledge Network

Provides an opportunity at Delegate Assembly for members interested in the practice and regulation of practical or vocational nurses to network and share information regarding current and emerging regulatory issues.



Podcasts

Audio programs or content delivered over the Web using streaming media or syndication formats for playback on mobile devices and/or personal computers.

Policy Conference Call

Bimonthly calls intended for executive officers (and/or their designated policy contact on staff) and Member Board presidents to focus on policy and government relations issues facing boards of nursing. Additionally, standing agenda items focus on providing members with Nurse Licensure Compact information and other externally related news that could impact nursing regulation.

Policy Perspectives

An internal newsletter intended exclusively for NCSBN membership use and insight. The publication reports on international, national and regional developments bearing on nursing regulation, including key groups and individuals influencing the direction of NCSBN policy and action.

Practice (Job) Analysis

Research study conducted by the NCLEX®, and NNAAP® & MACE® Examinations departments that examines the practice of newly licensed job incumbents (RNs, LPN/VNs) or new nursing assistants. The results are used to evaluate the validity of the test plans/blueprints that guide content distribution of the licensure examinations or the nurse aide competency evaluation.

Practice and Professional Issues Survey (PPI)

A survey conducted twice each year to collect information from entry-level nurses on practice activities.

Practice Consultant Conference Call

Monthly calls for boards of nursing practice consultants to discuss practice issues.

Practice Knowledge Network at Delegate Assembly

Provides an opportunity at Delegate Assembly for members interested in practice to network and share information regarding current and emerging regulatory issues.

Practitioner Remediation and Enhancement Partnership (PreP)

A partnership of licensing boards and health care organizations whose goal is to jointly

identify, remediate and monitor practitioners whose practice is not up to standard, but whose actions do not require discipline. This project is sponsored by the Citizen's Advocacy Center (CAC). NCSBN is a member of the national advisory board.

President

NCSBN Board of Directors leader that guides the BOD in the enforcement of all policies and regulations relating to NCSBN and performs all other duties normally incumbent upon the BOD president.

President's Governance Role on a Board of Nursing

An online course for Member Board presidents and members that facilitates an understanding of the leadership role of the president in the state regulatory environment. Learners earn 6.7 contact hours for completing the course.

Presidents Networking Session at Delegate Assembly

Held every August at Delegate Assembly. It provides an opportunity for presidents to network and share best practices and may include an educational program.

Presidents Networking Sessions at Midyear Meeting

Held annually at the Midyear Meeting. It provides an opportunity for presidents to network and share best practices and may include an educational program.

Pretest Items

Newly written test questions placed within the NCLEX, NNAAP and MACE exams for gathering statistics. Pretest items are not used in determining the pass/fail result.

Privilege to Practice

This refers to the multistate licensure privilege, which is the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.

See also Nurse Licensure Compact entry.

Professional Accountability and Legal Liability for Nurses

Online course offered through NCSBN Learning Extension for practicing nurses. Learners earn 5.4 contact hours for completing the course.

Professional Boundaries

The space between the nurse's power and the client's vulnerability—the power of the nurse comes from the professional position and access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs. Complimentary professional boundaries materials are available from NCSBN.

Psychometrics

The scientific field concerned with all aspects of educational and psychological measurement (or testing), specifically achievement, aptitude and mastery as measured by testing instruments.

Public Policy

Policy formed by governmental bodies. These include all decisions, rules, actions and procedures established in the public interest.

Q

Quick Results Service

A service provided to candidates where they can access their "unofficial" results within two business days of taking their examination via the phone or Internet for a fee. This is only available to candidates whose licensure board participates in the service.

R

Rasch Measurement Model

A logistic latent trait model of probabilities, which analyzes items and people independently, and then expresses both item difficulty and person ability on a single continuum. These models are derived not from data but from the structure necessary for measurement. The dichotomous Rasch model is the item response theory (IRT) model used to develop the NCLEX examination measurement scale.

Recorded Webinar

A seminar conducted over the Web for recorded, on-demand playback of audio, video and/or presentation materials.

Registered Nurse (RN)

A nurse who has graduated from a state-approved school of nursing, has passed the professional nursing state board examination and has been granted a license to practice within a given state.

Reliability

A test statistic that indicates the expected consistency of test scores across different administrations or test forms. For adaptively administered examinations, such as the NCLEX exam, the "decision consistency statistic" is the preferred statistic for assessing reliability. NCSBN uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of the National Nurse Aide Assessment Program (NNAAP).

Resolutions Committee

Comprised of at least four members generally representing each of the four NCSBN geographical areas and includes one member of the Finance Committee. Reviews, evaluates and reports to the Delegate Assembly all resolutions and motions submitted by Member Boards. The committee is governed by the operational policies and procedures, the standing rules and the by-laws.

Resource Manual for International Nurses

User-friendly resource on the members-only NCSBN website, which includes information on the education, English proficiency and immigration of international nurses.

Respecting Professional Boundaries

Online continuing education course offered through NCSBN Learning Extension; based on NCSBN's video and facilitation package, "Crossing the Line: When Professional Boundaries are Violated." Learners earn 3.9 contact hours for completing the course.

S

Scope of Practice

Practicing within the limits of the issued health care provider license.

Standard Setting

The process by which the Board of Directors determines the passing standard for an examination, at or above which examinees



pass the examination and below which they fail. This standard denotes the minimum level of knowledge, skill and ability required for safe and effective entry-level nursing practice. NCSBN uses multiple data sources to set the standard, including a criterion-referenced statistical procedure and a Survey of Professionals. Standard setting is conducted every three years for each NCLEX exam.

Standard Setting Panel of Judges

A group of individuals that contributes to the recommendation of potential NCLEX passing standards to the NCSBN Board of Directors.

Standing Committee

A permanent committee established by the NCSBN Bylaws.

Statistical Criteria

Guidelines that all proposed NCLEX items must meet in order to be operational.

Strategic Initiative

A goal or generalized statement of where an organization wants to be at some future time; the end toward which effort is directed.

Strategic Objective

Desired result; a translation of the strategic initiative into tangible results; a statement of what the strategy must achieve and the elements that are critical to its success.

Streaming Video

Video programs or content delivered over the Web using streaming technology. After a short period of initial buffering, the browser will play the media file and continue to play it while the rest of the file downloads.

T

Taxonomy of Error, Root Cause Analysis and Practice-responsibility (TERCAP®)

A data collection instrument designed to collect information for the purpose of identifying the root cause(s) of nursing practice breakdown. The instrument allows for standardized, comprehensive and consistent data collection concerning matters reported to boards of nursing. The aggregate data collected from participating Member Boards will be used by NCSBN for ongoing research,

allowing for identification of categories of practice breakdown to better enable Member Boards to proactively protect the public health, safety and welfare of its citizens.

Temporary License

Temporary authorization to practice nursing.

TERCAP® Committee

An NCSBN committee charged with the implementation of the TERCAP project.

TERCAP® Users' Conference Calls

Held every two months at 1:00 pm (CST) on the second Tuesday of odd months. Participants include executive officers, investigators, attorneys and board staff who work with discipline cases that are submitted to NCSBN through the online TERCAP data collection instrument. The purpose is to assist participants with any TERCAP related questions, share strategies on successful implementation, and have an opportunity for dialogue with new and experienced TERCAP users.

Test Administrator (TA)

Test service staff person who is responsible for day-to-day operation of the center and for proctoring of examinations.

Test Development

Process by which items for examinations are created, reviewed and validated in order to become operational.

Test Plan

The organizing framework for the NCLEX-RN, NCLEX-PN, NNAAP and MACE exams that includes the percentage of items allocated to various categories.

Test Service

The vendor that provides services to NCSBN, including examination delivery, examination scoring and reporting. Pearson VUE is the contracted test service for the NCLEX, NNAAP and MACE examinations.

Treasurer

NCSBN Board of Directors position that serves as the chairperson of the Finance Committee and manages the Board's review of and action related to the Board's financial responsibilities.

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39. U.S. Department of Health & Human Services website. *HHS: what we do*. Retrieved 2 March 2009, from <http://www.hhs.gov/about/whatwedo.html/>

40. Homeland Security Web site. *Department subcomponents and agencies*. Retrieved 2 March 2009, from <http://www.dhs.gov/xabout/structure/>

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U

U.S. Department of Education (DOE)

The agency of the federal government that establishes policy for, administers and coordinates most federal assistance to education.³⁸

U.S. Department of Health & Human Services (HHS)

The U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.³⁹

U.S. Department of Homeland Security (DHS)

Leverages resources within federal, state and local governments, coordinating the transition of multiple agencies and programs into a single, integrated agency focused on protecting the American people and their homeland. More than 87,000 different governmental jurisdictions at the federal, state, and local level have homeland security responsibilities. The comprehensive national strategy seeks to develop a complementary system connecting all levels of government without duplicating effort. Homeland Security is truly a "national mission."⁴⁰

U.S. Drug Enforcement Administration (DEA)

Federal agency charged to enforce the controlled substances laws and regulations of the U.S. and bring to the criminal and civil justice system of the U.S., or any other competent jurisdiction, those organizations and principal members of organizations involved in growing, manufacturing or distributing controlled substances appearing in or destined for illicit traffic in the U.S.; recommend and support nonenforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.⁴¹

Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements

Developed by NCSBN with APRN stakeholders in 2000; uniform requirements that established the foundation for the APRN Compact.

Uniform Core Licensure Requirements for Registered Nurse/Licensed Practical/Vocational Nurse

Developed in 1999, the requirements promote consistency in licensure requirements for initial entry into the nursing profession.

Unlicensed Assistive Personnel (UAP)

Any unlicensed personnel, regardless of title, to whom nursing tasks are delegated.

V

Validity

The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. NCSBN assures the content validity of its examinations by basing each test strictly on the appropriate test plan (NCLEX-RN or NCLEX-PN examination) or blueprint (NNAAP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.

Verification Department

NCSBN employees who process nurse license verifications in Nursys.

Verification Fee

The monetary payment required from an applicant for license verification via Nursys.

VisaScreen®

A screening program that certain health care professionals must successfully complete before receiving an occupational visa, including the H-1B, H-2B, TN status and permanent (green card) visas, as required by Section 343 of the Illegal Immigration Reform and Immigration Responsibility Act of 1996 (IIRIRA). This service is provided by CGFNS; however, the NCLEX exams may be used to fulfill one component of the VisaScreen process. The VisaScreen itself is a trademarked product of CGFNS and currently is the only federally accepted organization to perform screening on nurses immigrating to the U.S. See also *Commission on Graduates of Foreign Nursing Schools (CGFNS) entry*.



W

Webcast

A seminar conducted or a program broadcasted over the Web for live, realtime delivery of audio, video and/or presentation materials.

White Paper

A detailed document issued by NCSBN, disseminated to external groups used to educate audiences about a particular topic, discuss issues or encourage dialogue about a particular regulatory subject.

Wiki

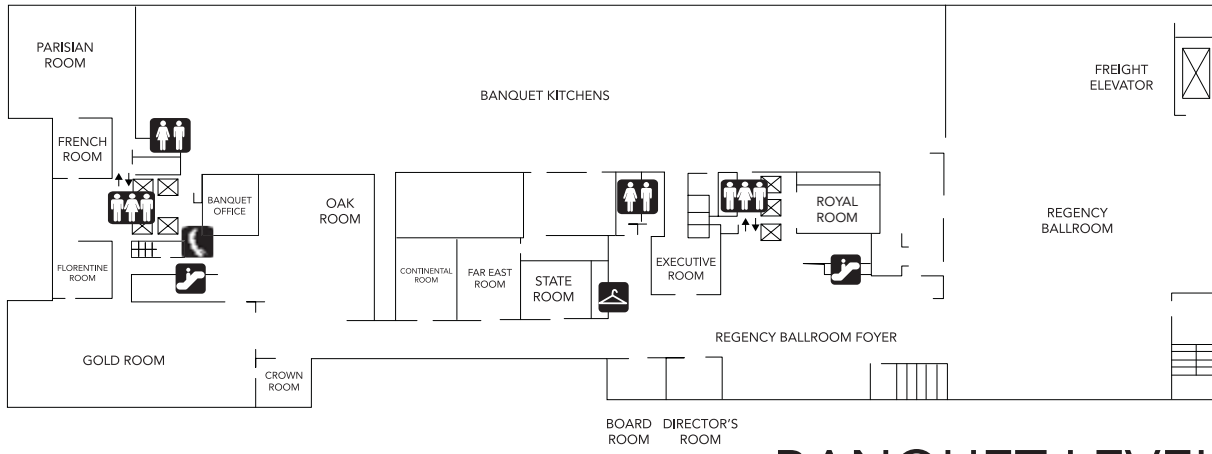
A wiki is a Web application that allows users to collaborate on content. Wikis can be permissions-enabled and monitored. Wiki users can set up e-mail notifications, conduct discussions and view/revert to past versions of pages.

Workshop on the Regulation of the Nursing Assistant and Medication Aide

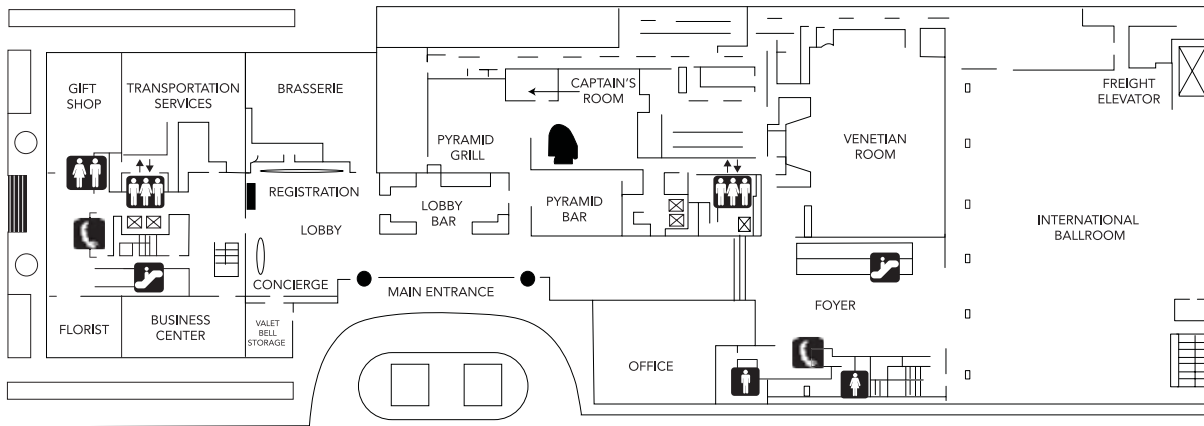
Workshop presented by NCSBN each year to provide current information on regulatory issues with unlicensed nursing personnel and to provide a forum for boards of nursing and other interested stakeholders to discuss emerging issues and to network.



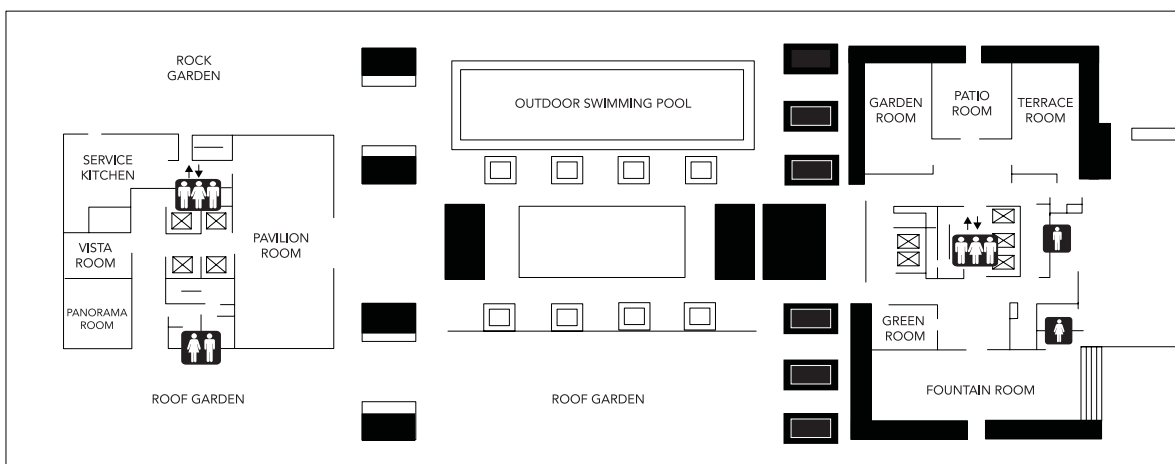
The Fairmont Dallas Map



BANQUET LEVEL



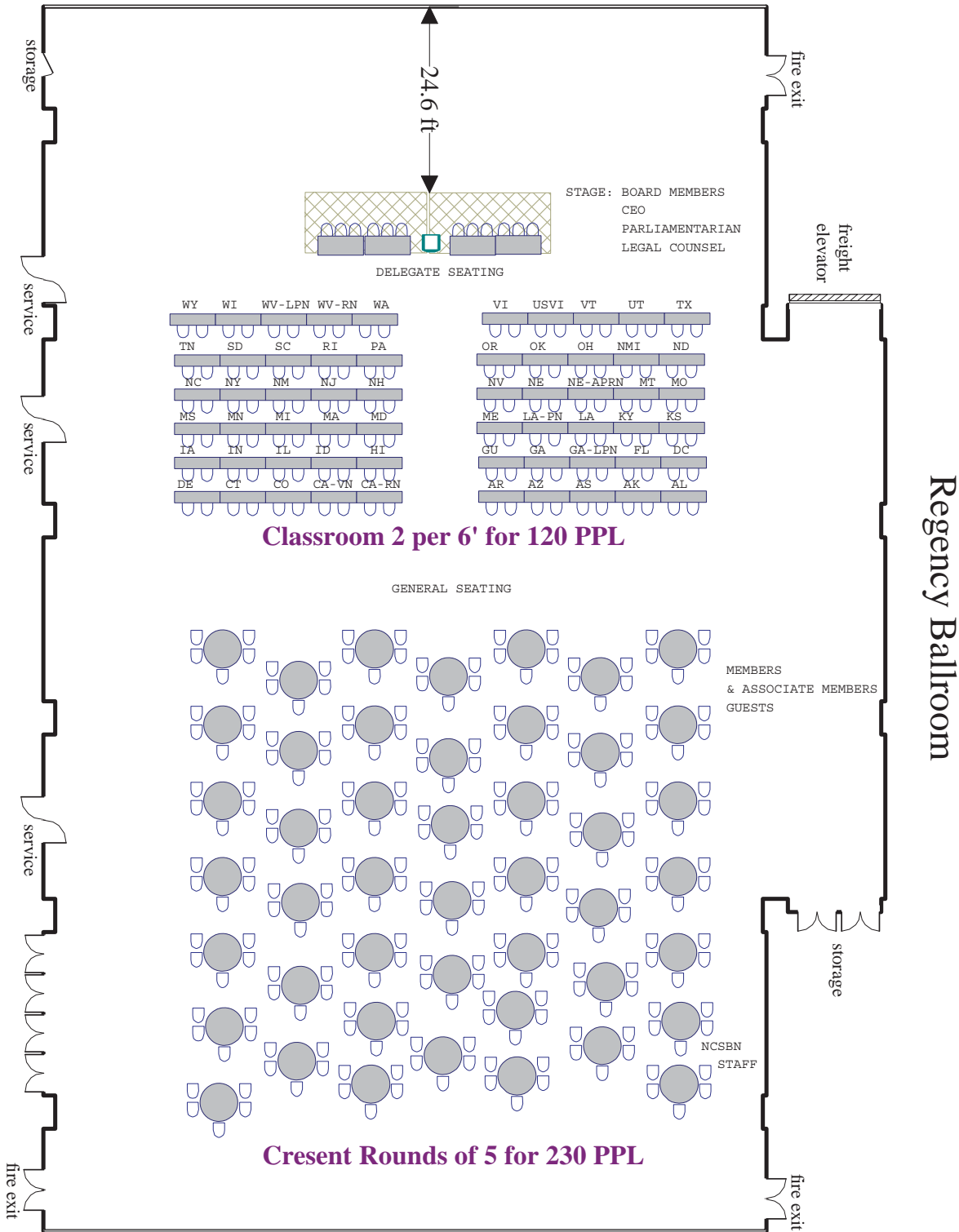
LOBBY LEVEL



TERRACE LEVEL



2012 NCSBN Annual Meeting Seating Diagram



SAN JOSE WELCOMES

2013 NCSBN MIDYEAR MEETING

MARCH 11 - 13, 2013

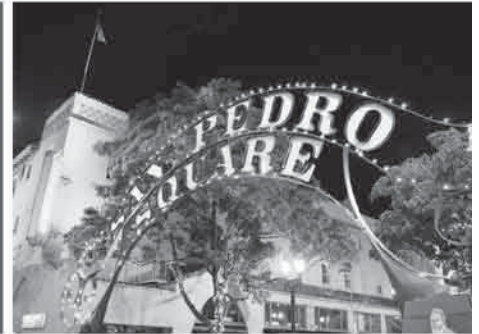
300 DAYS OF
SUNSHINE
PER YEAR



WALKABLE
DOWNTOWN TO
HOTELS
CONVENTION CENTER
DINING AND MUSEUMS



ATTRACTIONS
FAMILY FUN
THEME PARKS
AND FESTIVALS



ENJOY A
SHOPPING
AND SPA DAY
OR TOUR A
LOCAL WINERY



100+
CASUAL AND RELAXED
TO TRENDY
EXCLUSIVE DINING OPTIONS



RECREATION
EXPLORE BEAUTIFUL
PARKS & TRAILS
ON FOOT OR BIKE



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