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**NATIONAL COUNCIL
OF STATE BOARDS
OF NURSING, INC.**

**fourth
annual
delegate
assembly**

**JUNE 22-25, 1982
THE COPLEY PLAZA
BOSTON, MASSACHUSETTES**

FOURTH ANNUAL DELEGATE ASSEMBLY
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

JUNE 22, 1982 - JUNE 25, 1982
THE COPLEY PLAZA - BOSTON, MASSACHUSETTS

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NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
ANNUAL CONVENTION OF THE DELEGATE ASSEMBLY
The Copley Plaza
Boston, Massachusetts
June 22-25, 1982

CONVENTION PROGRAM

Tuesday, June 22, 1982

| | | |
|---|----------------------|-----------------|
| Registration | 12:00 Noon - 5:00 PM | Hotel Lobby |
| New Staff Orientation | 1:00 PM - 2:30 PM | Forum Room |
| New Board Member Orientation | 1:00 PM - 2:30 PM | Directors' Room |
| Report of the Task Force on Credentialing in Nursing | 3:00 PM - 4:30 PM | Forum Room |
| Reception | 6:00 PM - 7:00 PM | Venetian Room |

Wednesday, June 23, 1982

| | | |
|---|----------------------|----------------|
| Registration | 8:00 AM - 9:00 AM | Hotel Lobby |
| Delegate Assembly Business Meeting | 9:00 AM - 11:45 AM | Oval Room |
| Nursing Diagnosis and Nursing Standards (Luncheon Served) | 12:00 Noon - 1:30 PM | Ballroom Foyer |
| Forum: Model Nursing Practice Act | 2:00 PM - 4:00 PM | Venetian Room |
| Mandatory Continuing Education: The State of the Art and Future Direction | 4:15 PM - 5:45 PM | Venetian Room |

Thursday, June 24, 1982

| | | |
|---|---------------------|-----------------|
| Registration | 8:00 AM - 9:00 AM | Hotel Lobby |
| Election | 8:00 AM - 9:00 AM | Venetian Room |
| Area Meetings | 9:00 AM - 10:30 AM | |
| I | | Venetian Room |
| II | | Back Bay Room |
| III | | Forum Room |
| IV | | Directors' Room |
| Centralized Examination Application System | 11:00 AM - 12:30 PM | Ballroom Foyer |
| Delegate Assembly Business Meeting | 2:00 PM - 4:00 PM | Oval Room |
| New England Clambake | 4:30 PM | Hotel Lobby |

Friday, June 25, 1982

| | | |
|---|-------------------|---------------|
| Certification of Advanced Practitioners (Breakfast Served) | 7:15 AM - 8:30 AM | State Suite A |
| Registration | 8:00 AM - 9:00 AM | Hotel Lobby |
| Delegate Assembly Business Meeting | 9:00 AM - 1:00 PM | Oval Room |

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
 ANNUAL CONVENTION OF THE DELEGATE ASSEMBLY
JUNE 23, 1982 - JUNE 25, 1982

The Copley Plaza
 Copley Square
 Boston, Massachusetts

BUSINESS AGENDA

- I. Call to Order
- II. Report of Registration Committee
- III. Report of Rules Committee
- IV. Adoption of Agenda
- V. Announcement of Appointments
 - Election Committee
 - Resolutions Committee
 - Committee to Approve Minutes
 - Time Keepers
 - Pages
- VI. Report of Committee to Approve Minutes -
 1981 Annual Convention of the Delegate Assembly
- VII. Nominations
 - Report of Committee on Nominations
 - Nominations from Floor for Officers
 - Nominations for 1982-1983 Committee on Nominations
- VIII. Reports of Officers
 - President
 - Vice President
 - Secretary
 - Treasurer - with audit
 - Area Directors
 - Director at Large

- IX. Report of Board of Directors
- NCSBN/ANA Liaison Committee
 - NCSBN/NFLPN/NAPNES Liaison Committee
 - Continuing Education Committee
 - Test Service
 - Proposed Budget
- X. Report of Executive Director
- XI. Reports of Standing Committees
- Bylaws Committee
 - Finance Committee
 - Examination Committee
 - Administration of Examination Committee
 - Nursing Practice and Standards Committee
(Thursday, June 24, 1982 - 2:00 p.m.)
- XII. Reports of Other Agencies
- XIII. Reports of Area Meetings
- XIV. Election of Officers and Committee on Nominations
(Thursday, June 24, 1982 - 8:00 a.m. - 9:00 a.m.)
- XV. Report of Election Committee
- XVI. New Business
- Contracts
 - Other New Business
- XVII. Report of Resolutions Committee
- XVIII. Adjournment

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
DELEGATE LIST - JUNE 1982

| <u>Jurisdiction</u> | <u>Delegate</u> | <u>Alternate</u> |
|---------------------|--|---------------------------------|
| ALABAMA | Betty Tomlin Shirley Dykes | Dan Copeland Mildred Shepard |
| ALASKA | Gail M. McGuill Sammye Rink | Jennifer A. Gleason |
| ARIZONA | Virginia Knoki-June Shirley M. Rennicke | |
| ARKANSAS | Mildred Armour Maxine Otey | Doris Ferguson Elwanda White |
| CALIFORNIA-RN | Patricia Majcher | Barbara Brusstar |
| COLORADO | Lois Johnson Alma E. Smith | Willie Enstrom |
| CONNECTICUT | | |
| DELAWARE | Lois N. O'Shea Amy Hecht | Amy Hecht Lois N. O'Shea |
| D.C.-LPN | Beverly Freeman Owen | Geraldine Muldrow |
| D.C.-RN | Ivy Nelson | Barbara Hatcher |
| FLORIDA | Helene F. Denny Sandra S. Bauman | Mary F. Henry Ruth R. Stiehl |
| GEORGIA-LPN | Claudia Welch | Martha Chesser |
| GEORGIA-RN | Nancy R. Dean | Marlene P. Mitchell |
| GUAM | Julie Ann S. Blaz | Laurent Duenas |
| HAWAII | | |
| IDAHO | Phyllis T. Sheridan | |
| ILLINOIS | M. Lee Christie | Judy Otto |
| INDIANA | | |
| IOWA | | |

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
DELEGATE LIST - JUNE 1982

| <u>Jurisdiction</u> | <u>Delegate</u> | <u>Alternate</u> |
|---------------------|---|--|
| KANSAS | Lois Rich Scibetta | |
| KENTUCKY | Sharon M. Weisenbeck Annette Castle | Lucille Wright Sandra Thornton |
| LOUISIANA-LPN | Helen W. Sheehan | |
| LOUISIANA-RN | | |
| MAINE | Richard L. Sheehan Jean C. Caron | |
| MARYLAND | Donna M. Dorsey Gertrude Hodges | |
| MASSACHUSETTS | Helen Barrett Eleanor Burke | Phyllis Migliozi Genevieve Monaghan |
| MICHIGAN | | |
| MINNESOTA | Joyce M. Schowalter Dean Urdahl | |
| MISSISSIPPI | Eileen D. Callahan Wanda Pate | Peggy Keheley Senie Fortenberry |
| MISSOURI | | |
| MONTANA | Phyllis M. McDonald Mary Ritchie | Therese Sullivan Donna Small |
| NEBRASKA | Sheila M. Ciciulla Leota Rolls | |
| NEVADA | Jean T. Peavy Georgann Green | Ruth J. Taber |
| NEW HAMPSHIRE | Martha A. Ginty | |
| NEW JERSEY | Anne B. Kellett Dorothy DeMaio | Sr. Teresa Louise Harris |
| NEW MEXICO | Maureen L. Boshier Nancy Lou Cross | Moise Medina Bonnie L. Hill |
| NEW YORK | Margaret D. Sovie Mildred S. Schmidt | |

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
DELEGATE LIST - JUNE 1982

| <u>Jurisdiction</u> | <u>Delegate</u> | <u>Alternate</u> |
|---------------------|---------------------------------------|------------------------------------|
| NORTH CAROLINA | Anna Kuba R. Eugene Tranbarger | |
| NORTH DAKOTA | Agnes M. Will Dorothy Rydell | Glenice Hansen |
| OHIO | Ann Stroth Rosa Lee Weinert | Suzanne Morrissey Leona M. Neff |
| OKLAHOMA | | |
| OREGON | | |
| PENNSYLVANIA | Janette Packer Geraldine M. Wenger | |
| RHODE ISLAND | Kathleen Dwyer Bertha Mugurdichian | |
| SOUTH CAROLINA | Ruth Q. Seigler | Cathy W. Ragsdale |
| SOUTH DAKOTA | Jo Ellen Koerner Laura Westby | |
| TENNESSEE | Ruth Elliott Margaret Heins | |
| TEXAS-LVN | Waldeen D. Wilson | Ben McKibbens |
| TEXAS-RN | Margaret L. Rowland | Louise Sanders |
| UTAH | Ann G. Petersen | Arlene Stein |
| VERMONT | | |
| VIRGINIA | Patricia TenHoeve Corinne Dorsey | Rose Marie Chioni |
| VIRGIN ISLANDS | | |
| WASHINGTON-LPN | Ruth A. Jacobson | |
| WASHINGTON-RN | Thelma Cleveland | Margaret M. Sullivan |
| WEST VIRGINIA-LPN | Nancy R. Wilson | Clarence Burdette |
| WEST VIRGINIA-RN | Freda Engle | Giovanna Morton |

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
DELEGATE LIST - JUNE 1982

| <u>Jurisdiction</u> | <u>Delegate</u> | <u>Alternate</u> |
|---------------------|----------------------------------|--------------------|
| WISCONSIN | Vivien DeBack Paula R. Possin | Marjorie Lundquist |
| WYOMING | Joan Bouchard | Marcia L. Dale |

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

RULES FOR CONDUCT OF DELEGATE ASSEMBLY SESSION

JUNE 23, 1982 - JUNE 25, 1982

General Procedures

1. All meetings will be called to order on time. Delegates are requested to be in their seats five minutes before the opening of each meeting.
2. Badges will be provided for delegates and alternates upon registering and must be worn at all meetings.
3. No delegate, alternate or other person in attendance shall be entitled to the floor unless he/she rises, addresses the chair and gives name and jurisdiction.
4. A time keeper will signal when allotted time has expired.
5. The order of business may be changed by a majority vote.
6. Smoking shall not be permitted in meeting rooms.

Elections

1. Election for officers and members of the Nominating Committee shall be held Thursday, June 24, 1982 at 8:00 a.m.
2. If nominations are made from the floor, there shall be no seconding speeches.

Motions

All main motions and amendments shall be written, signed by the maker and presented to the Chair immediately after proposal.

Debate

1. No delegate shall speak more than three minutes to a motion without consent of the Delegate Assembly, granted by a majority vote.
2. No delegate shall speak more than once to the same question until all who wish to speak have done so.

Debate (continued)

3. A non-delegate may speak once to an issue for three minutes after all interested delegates have spoken. Such non-delegate may speak again, only at the Chair's invitation.

Committee

Joan Nuttall, Chair, Wisconsin, Area II
Nancy Dean, Georgia, Area III

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF
NOMINATING COMMITTEE
July 1, 1981 - June 30, 1982Changes in Committee Membership

During the course of the year since the election of the Nominating Committee at the June 1981 Delegate Assembly, Dorothy G. Randell, Chairperson, (Wyoming, Area I) found it necessary to resign from the committee due to hospitalization. In addition, Lois Scibetta (Kansas, Area II) tendered her resignation to the committee. Rebecca Eden (Ohio, Area II) was appointed by the president, Helen P. Keefe, to fill the Area II vacancy. At the direction of President Keefe, the Area I representative, Joan Bouchard (Wyoming, Area I), was elected during the Area I meeting to fill the vacancy of Dorothy Randell. Ruth Elliott (Tennessee, Area III) was requested to serve as Chairperson of the Nominating Committee in accordance with the Standing Rules and Bylaws of the Council.

Committee Meeting

The Nominating Committee met at the office of the National Council of State Boards of Nursing, 303 East Ohio Street, Chicago, Illinois on December 7, 1981.

The Bylaws and Standing Rules of the Council regarding the Nominating Committee and the nominating process were reviewed.

On July 6, 1981, all Member Boards were requested to submit names of qualified individuals to the NCSBN office by November 13, 1981. Nominations were received from twenty (20) Member Boards. The twenty-seven (27) nominees represented each of the NCSBN Council areas as follows: Area I, 6; Area II, 7; Area III, 8; and Area IV, 6.

Nominations postmarked on or before the November 13, 1981 deadline were reviewed by the committee. The curriculum vitae and consent to serve form for each individual was considered in accordance with the Standing Rules and Bylaws of the National Council of State Boards of Nursing. The committee wishes to express concern regarding the limited number of nominations to meet the area representation requirements in the NCSBN Bylaws. The following slate was compiled and unanimously adopted:

President:

Joyce M. Schowalter, Minnesota, Area II
 Executive Secretary, Minnesota Board of Nursing (1973)
 NCSBN Vice-President 1980-82
 Area II Director 1978-80
 Bylaws Committee 1978-79
 Committee to Monitor Investigation into Alleged
 Security Breaks 1979-80, and
 Limited License Committee 1979
 Diploma in Nursing, B.S.N., M.N., and M.Ed.
 Background in Clinical Nursing, Nursing Education,
 In-service Education and Research.

Vice-President:

Thelma L. Cleveland, Washington, Area I
 Associate Professor and Assistant Dean, Continuing
 Education Program, Intercollegiate Center for
 Nursing Education, Washington State University
 (1980) and
 Washington Board of Nursing, Member (1975-present)
 and Chairperson (1978-1981)
 NCSBN Nursing Practice and Standards Committee,
 Chairperson (1979-present)
 Diploma in Nursing, B.S.N., M.N., Ph.D. Higher
 Education
 Background in Staff Nursing, Nursing Education,
 Administration, Continuing Education, Research,
 and Publications.

Kathleen F. Dwyer, Rhode Island, Area IV
 Dean of Nursing and Allied Health, Community
 College of Rhode Island (1981) and
 Rhode Island Board of Nurse Registration and
 Nursing Education, Member (1976-present),
 Vice-President (1976-1978) and President
 (1979-present)
 NCSBN Area IV Director 1980-82
 Search Committee for Executive Director 1978-79
 Diploma in Nursing, B.S.N., M.A., M.Ed.
 Background in Staff Nursing, Nursing Education,
 Public Relations, Administration and Continuing
 Education.

Secretary:

Anne B. Kellett, New Jersey, Area IV
 Assistant Professor, Columbia University School
 of Nursing (1973) and
 New Jersey Board of Nursing, Member (1978-present),
 and Secretary-Treasurer (1978-present)
 NCSBN Nursing Practice and Standards Committee 1979-81
 Speaker NCSBN Convention Forum 1980
 B.S., M.S., Ph.D. Candidate in Nursing
 Background in Staff Nursing, Nursing Education,
 Legislation and Publications.

Sharon M. Weisenbeck, Kentucky, Area III
 Executive Director, Kentucky Board of Nursing (1980)
 NCSBN Examination Committee (1978-present),
 Vice-Chairperson (1980)
 B.S., M.S.
 Background in Staff Nursing, Nursing Education,
 Administration and Research.

Treasurer:

Nancy R. Dean, Georgia, Area III
 Executive Director, Georgia Board of Nursing (1977)
 NCSBN Treasurer 1981-82
 Finance Committee 1978-82
 Diploma in Nursing, B.S.N., M.S.H., M.Ed., and Ed.D.
 Background in Staff Nursing, Continuing Education
 and Nursing Education.

Jenell D. Hubbard, Oklahoma, Area III
 Executive Director, Oklahoma State Board of Nursing
 (1977)
 NCSBN Test Specifications Committee 1979-80
 B.S.N. and M.P.H.
 Background in Staff Nursing, Nursing Supervision,
 Nursing Education, Nursing Service Administration,
 and Health Planning.

Nancy R. Wilson, West Virginia, Area II
 Executive Secretary, West Virginia State Board of
 Examiners for Licensed Practical Nurses (1975)
 NCSBN Examination Committee 1978-82, and
 Nominating Committee 1978-79
 B.S.N.
 Background in Staff Nursing, Nursing Supervision,
 and Nursing Administration.

Area II Director:

Kate M. Fenner, Illinois, Area II
 Dean, College of Nursing, Lewis University,
 Romeoville, Illinois (1979) and
 State of Illinois Department of Registration
 and Education, Committee of Nurse Examiners,
 Member (1980-present)
 B.S., M.S., Ph.D.
 Background in Staff Nursing, Nursing Administration,
 Nursing Education, Nursing Education Administration,
 Research and Publications.

Lois Rich Scibetta, Kansas, Area II
 Executive Administrator, Kansas State Board of Nursing
 (1980)
 NCSBN Examination Committee 1981-82
 Diploma in Nursing, B.S., M.A., Ph.D.
 Background in Staff Nursing, Nursing Education,
 Nursing Administration, Research, Continuing
 Education and Publications.

Area IV Director:

Lois N. O'Shea, Delaware, Area IV
 Executive Director, Delaware Board of Nursing (1978)
 NCSBN Administration of Examination Committee 1979-81
 Finance Committee 1981-82
 Diploma in Nursing, B.S., and M.A.
 Background in Staff Nursing, Nursing Education,
 and Nursing Education Administration.

Director - At - Large:

Margaret M. Sullivan, Washington, Area I
 Executive Secretary, Washington State Board of
 Nursing (1968)
 NCSBN Director - at - Large 1980-82, and
 Nominating Committee, Chairperson 1979-80
 Diploma in Nursing, B.S.N., M.N.
 Background in Staff Nursing, Supervision, Nursing
 Education and Administration.

The NCSBN experience listed for the nominees represents activities since the inception of the present organization in 1978.

During the June 1982 Delegate Assembly, the Chairperson of the Nominating Committee will make available the nominees' complete curriculum vitae upon request.

Suggestions were made for possible revision of the NCSBN Bylaws, consent to serve form and the request for nominations from Member Boards.

The Committee approved letters of notification and established January 8, 1982 as the deadline for positive responses from nominees.

The Committee was composed of the following individuals:

Ruth Elliott, Chairperson, Tennessee, Area III
 Joan Bouchard, Wyoming, Area I
 Rebecca Eden, Ohio, Area II
 Dorothy DeMaio, New Jersey, Area IV

PRESIDENT'S REPORT

Each year of the Council's existence has been marked by increased achievement and activity. This year has been no exception. The final report of the Kellogg project has been prepared, the nursing practice act is ready for presentation for adoption by the delegate assembly, the system for direct application for the examination is in place and is ready to be instituted, the cut score for the criterion referenced scoring system has been determined, the plans for the practical nurse validity study are nearly complete, the transfer to the new testing service has been accomplished, and a publishing agreement with the Chicago Review Press for the companion book for candidates for practical nurse licensure has been signed.

In lieu of all these activities, it is not surprising to note that the year has had its dramatic moments. We are pleased to know that the New Hampshire Board of Nursing has been reinstated. The National Council Board has monitored closely the activities in California with regard to licensing. As the result of the Goodfellow Report questioning the validity of the State Board Test Pool Licensing Examination, the staff and our counsel again reviewed procedures for developing and administering the examination and have determined that they all meet or exceed any Federal requirements and current approved psychometric procedures.

The contract for the direct application system with the Oakbrook Data Center had been signed but only days after signing we were notified that certain key personnel had left the organization. After careful review of the situation it was decided to withdraw from the contract with that group and negotiate a contract with CTB/McGraw-Hill in order to avoid further delay in getting the system started and to insure that it would be properly carried out.

The Board was notified at their March meeting of the loss of test booklets from the 282 series. Because this affected the equator items to be used in the July exam, it was necessary to take action to see that those items were changed. Members constituting a quorum of the Examination Committee were authorized to do this. An investigative team consisting of Joyce Schowalter, Vice President of the Council, and Sandra MacKenzie, Chairperson of the Administration of the Exam Committee, were appointed to conduct an investigation regarding the missing booklets.

A panel of judges was appointed to establish the passing score on the NCLEX examination using appropriate procedures for criterion referenced standard setting. That panel met in March and established the raw score to be used.

On December 9th I had the pleasure of representing the National Council at the retirement dinner given by the Board of Directors of the American Nurses Association for Myrtle Aydelotte, retiring Executive Director. I have also been asked to represent the National Council at the May Annual Convention of the National Association for Practical Nurse Education and Service in Orlando, Florida. An invitation to send representatives to a coalition meeting being held by the Task Force on Credentialing in Nursing on April 24, 1982 has been received. I plan to attend the meeting as the National Council's representative and will report the outcome to the Delegate Assembly in June.

Again this year the committees of the National Council have been extremely active and have carried out a great deal of work. A special vote of thanks is due the Examination Committee for their work with the National League for Nursing and CTB/McGraw-Hill in effecting a smooth transition from one test service to another. The excellent work of the Nursing Practice & Standards Committee is evident in the copies you have received of the Model Nurse Practice Act and the Rules. The Administration of the Exam Committee has done a fine piece of work in preparing a draft of policies and procedures for that Committee. We are all grateful to the Finance Committee for the excellent work they have done in preparation of the budget and monitoring the fiscal condition of the National Council.

Special mention must be given to the members of the Board of Directors, each of whom has served on at least two Board Committees during the year to assist in expediting the work of the Council.

I also wish to acknowledge the fine cooperation and assistance given by the personnel of the Division of Measurement of the National League for Nursing in assisting with the examination this year and with the smooth transition to the new testing service. We also have greatly appreciated the support and assistance of the personnel from CTB/McGraw-Hill in setting up the direct application system and planning for the validity study for the practical nursing examination.

Finally, I wish to thank Dr. Dvorak and the fine staff of the Council for coordinating all of our efforts and for providing us with assistance that was needed to implement everyone else's work.

It has been a pleasure and a privilege to serve as your President and I thank you for your confidence in me. I look forward to seeing all of you at the Annual Meeting in Boston.

Helen P. Keefe, Florida, Area III

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
the Vice-President
July 1, 1981 - June 30, 1982

As Vice-President I attended all scheduled Board meetings and participated in those held via telephone conference call. During the past year I served in the following ways:

Represented the Council on the NCSBN-ANA Liaison Committee which met in Kansas City, Missouri, November 18, 1981 and Chicago, May 1982.

Accepted an honorary award in the name of the Council from the Midwest Alliance in Nursing (MAIN) in Milwaukee, Wisconsin, April 1, 1982.

Participated on two Board subcommittees.

Participated in an investigation into the loss of test booklets following the administration of SBTPE Series 282.

The Council is fortunate to have extremely competent staff. Their work and assistance have been most helpful in facilitating the functioning of the Board of Directors and committees. It has been a privilege to serve as Vice-President during the past year.

Submitted by:

Joyce M. Schowalter, Minnesota, Area II
Vice-President

Annual Report of the Secretary

I attended all meetings of the Board of Directors during the past year and transcribed the minutes of regular meetings and a conference call. I also attended the Area IV meeting which was held in Baltimore, Maryland on September 24-25, 1981.

It has been my pleasure to serve as Secretary to the Council since June, 1980. I am most thankful to the members and staff of the Council and to the Board of Directors for allowing me this privilege.

Marianna Bacigalupo, New Jersey, Area IV
Secretary

3/1/82

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
TREASURER'S REPORT TO 1982 DELEGATE ASSEMBLY
1 July 1981 - 30 June 1982

I have participated in all Board of Director meetings and conference calls. A financial report has been presented at each meeting.

Again, this year's expenditures are within the approved FY 1982 budget. Unexpected postal, legal, and rental costs and the need to adopt a relatively stringent FY 82 budget in conjunction with the need to implement several projects of major importance to organizational objectives have required prudent fiducial control. Fortunately, NCSBN management obtains an abundant yield for every dollar spent.

Attached is a copy of the Audited Report for Fiscal Year 1981.

I appreciate the opportunity given me by the Delegate Assembly to serve as Treasurer. Thank you very much.

I recommend approval of the Auditor's Report for Fiscal Year 1981.

Submitted by:

Nancy R. Dean, Treasurer, Georgia, Area III

**FINANCIAL STATEMENTS AND AUDITORS' REPORT
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.**

June 30, 1981

Alexander Grant
& COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER FIRM
GRANT THORNTON INTERNATIONAL

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

We have examined the balance sheet of the National Council of State Boards of Nursing, Inc. (a not for profit, Wisconsin corporation) as of June 30, 1981, and the related statements of revenues and expenses and changes in fund equity for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of the National Council of State Boards of Nursing, Inc. at June 30, 1981, and the results of its operations and changes in fund equity for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Alexander Grant & Company

July 17, 1981
Chicago, Illinois

National Council of State Boards of Nursing, Inc.

BALANCE SHEET

June 30, 1981

ASSETS

| | | |
|---|----------------|---------------|
| Cash and short-term investments | | |
| Continental Bank - checking | \$ 20,090 | |
| Money market investment | <u>251,965</u> | \$272,055 |
| Accounts receivable | | |
| Contract fees (dues) | 500 | |
| Other | <u>1,466</u> | 1,966 |
| Inventories (note A4) | | 2,703 |
| Equipment and leasehold improvements - at cost (note A2) | 26,774 | |
| Less accumulated depreciation | <u>5,056</u> | <u>21,718</u> |
| | | \$298,442 |
| | | ===== |

LIABILITIES AND FUND EQUITY

| | | |
|--|--------------|----------------|
| Accounts payable | | \$ 2,700 |
| Accrued expenses and withheld taxes | | <u>11,283</u> |
| | | 13,983 |
| Deferred revenue - contract fees collected in advance | | 13,000 |
| Fund equity | | |
| Unrestricted (note C) | 266,459 | |
| Board designated - test security fund | <u>5,000</u> | <u>271,459</u> |
| | | \$298,442 |
| | | ===== |

The accompanying notes are an integral part of this statement.

National Council of State Boards of Nursing, Inc.

STATEMENT OF REVENUES AND EXPENSES

Year ended June 30, 1981

| | <u>Actual</u> | <u>Annual Budget</u> |
|--|---------------|--------------------------|
| Revenue | | |
| Grant from Kellogg Foundation | \$152,425 | \$ 84,606 |
| Contract fees (dues) | 61,000 | 60,000 |
| Test royalties | 303,394 | 304,100 |
| Publication royalties | 5,108 | 23,000 |
| Interest | 29,367 | 18,000 |
| Convention fees | 18,650 | 15,000 |
| Honorariums and other | <u>3,929</u> | <u>2,000</u> |
| | 573,873 | 506,706 |
| Expenses | | |
| Test development | | |
| Examination committee travel and meeting expenses | 27,204 | 40,000 |
| Test security and administration | | |
| Security and administrative com- mittee - travel and expenses | 5,304 | 7,100 |
| Maintenance of security committee | - | 5,000 |
| Test standards and practice | | |
| Standards committee - travel and expenses | 20,782 | 25,000 |
| Research | 6,819 | 10,000 |
| Other | | |
| Ad hoc committee - travel and expenses | <u>4,728</u> | <u>5,000</u> |
| Total program expenses | 64,837 | 92,100 |
| Administrative | | |
| Salaries and benefits - staff | 136,664 | 138,500 |
| Travel and expenses | | |
| Staff - general | 6,950 | 7,000 |
| Board of Directors | 18,039 | 23,000 |
| Organizational committees | 4,392 | 5,000 |
| Insurance | 2,422 | 2,000 |
| Printing and supplies | 7,598 | 4,500 |
| Professional services | | |
| Accounting | 5,875 | 8,000 |
| Legal | 28,795 | 20,000 |
| Consulting (inclusive of employment fees) | 10,090 | 5,000 |
| Convention costs (inclusive of Board travel and legal) | 23,107 | 15,000 |
| Publication | 7,353 | 25,500 |
| Bad debt expense | 197 | - |
| Library subscriptions, memberships | 531 | 1,500 |
| Other | <u>164</u> | <u>-</u> |
| | \$252,177 | \$255,000 |

National Council of State Boards of Nursing, Inc.

STATEMENT OF REVENUES AND EXPENSES - CONTINUED

Year ended June 30, 1981

| | <u>Actual</u> | <u>Annual Budget</u> |
|--|------------------------|--------------------------|
| Expenses - continued | | |
| Occupancy | | |
| Rent and utilities | \$ 38,634 | \$ 40,000 |
| Telephone | 7,746 | 8,500 |
| Postage | 5,180 | 3,500 |
| Equipment costs | | |
| Lease and maintenance | 6,712 | 5,000 |
| Depreciation | 2,805 | 3,500 |
| | <u>61,077</u> | <u>60,500</u> |
| Total expenses | <u>378,091</u> | <u>407,600</u> |
| EXCESS OF REVENUE OVER EXPENSES | \$195,782 ===== | \$ 99,106 ===== |

The accompanying notes are an integral part of this statement.

National Council of State Boards of Nursing, Inc.

STATEMENT OF CHANGES IN FUND EQUITY

Year ended June 30, 1981

| | <u>Unrestricted</u> | <u>Board designated - test security fund</u> | <u>Total</u> |
|---|---------------------------|--|---------------------------|
| Fund equity at July 1, 1980 | \$ 75,677 | \$ - | \$ 75,677 |
| Excess of revenue over expenses for the year ended | 195,782 | - | 195,782 |
| Board designated - transfer to test security fund | <u>(5,000)</u> | <u>5,000</u> | <u>-</u> |
| Fund equity at June 30, 1981 | <u>\$266,459</u> ===== | <u>\$5,000</u> ===== | <u>\$271,459</u> ===== |

The accompanying notes are an integral part of this statement.

National Council of State Boards of Nursing, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 1981

NOTE A - SUMMARY OF ACCOUNTING POLICIES

A summary of the Council's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Accounting Method

The Council prepares its financial statements on the accrual basis of accounting.

2. Depreciation

Depreciation is provided for in amounts sufficient to relate the cost of depreciable equipment and leasehold improvements to operations over their estimated service lives on the straight-line method.

3. Services of Volunteers

Officers, committee members, the Board of Directors, and various other non-staff associates assist the Council in various program and administrative functions without remuneration. No value has been ascribed for such volunteer services because of the impracticality of their measurement.

4. Inventories

Inventories, primarily publications, are stated at the lower of actual cost or market. Cost is determined principally by specific identification.

NOTE B - PURPOSE AND TAX STATUS

The Council is a nonprofit corporation organized under Chapter 180 of the Wisconsin Statutes. Its purpose is to serve as a charitable and educational organization through which Boards of Nursing act on matters of common interest and concern affecting the public health, safety and welfare including the development of licensing examinations and standards in nursing. It is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code as indicated in a letter dated July 24, 1980. Therefore, the accompanying financial statements reflect no provision for income taxes.

National Council of State Boards of Nursing, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 1981

NOTE C - W. K. KELLOGG FOUNDATION GRANT

The Council has been granted a \$444,035 appropriation from the W. K. Kellogg Foundation to support program development during the fiscal period from March 1, 1979 through February 28, 1982. Some of the terms to which this grant is subject are as follows:

1. Funds provided by the Foundation are to be accounted for separately and are to be used only for purposes specified in the budget for this project.
2. The Council is to provide the Foundation an annual report at the end of each project year. This report is to include a narrative progress report of the program and a statement of disbursements for that year, reflecting any unexpended cash funds, and certified correct by the chief financial officer of the Council.
3. Any unexpended cash funds at the end of the commitment are to be returned to the Foundation.
4. The Foundation's approval is required in advance for disbursements deviating from the approved budget for this project.

On May 4, 1981 grant funds of \$84,606 were received from the W. K. Kellogg Foundation to be used as specified for the period from March 1, 1981 to February 28, 1982. As of June 30, 1981 these and all previous grant funds had been expended.

NOTE D - LEASE COMMITMENT

The Council has entered into a lease agreement for office facilities in Chicago, Illinois. The lease expires on August 30, 1984 and calls for monthly payments of \$2,689, adjusted annually based on the change in the Consumer Price Index. In addition to the basic rental, the Council is required to pay for electricity. This amount may also be adjusted annually to account for changes in usage and/or increased rates.

The Council's future minimum rental payments (including the electricity charge) required under this long-term lease are as follows:

| | |
|---------------------------------|--------------|
| Period ending June 30, | |
| 1982 | 33,708 |
| 1983 | 33,708 |
| 1984 | 33,708 |
| July and August 1984 | <u>5,618</u> |
| Total minimum payments required | \$106,742 |
| | ===== |

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Area I Director
July 1, 1981 - June 30, 1982

One meeting of Area I has been held since the 1981 Delegate Assembly meeting. Thirteen people attended the meeting, representing ten Area I jurisdictions. Also present were the Executive Director and Attorney for the National Council of State Boards of Nursing, and representatives from CTB-McGraw-Hill and the Oakbrook Data Center.

The proposed system for direct application to the National Council of State Boards of Nursing by licensure examination candidates was presented and discussed. Flow charts were used to depict the three options available to member Boards for implementing the system.

Joan Bouchard, Wyoming, was elected as Area I member of the Nominating Committee replacing Dorothy Randell who is recuperating from a back injury.

Rules of Procedure for the conduct of Area I meetings were adopted.

After considering several types of verification forms, the Area I members decided to recommend to the National Council of State Boards of Nursing committee that a form similar to Illinois' computerized form be developed with minimum data set to which further information could be added as needed.

As Area I Director, I have attended two regular meetings of the Board of Directors, and participated in scheduled telephone conference calls. During the summer, I served on a Task Force that met twice at CTB-McGraw-Hill's offices in Monterey, California to review the codings of all test items in the pool, and to reclassify items in the registered nurse pool according to the revised Test Plan. I have also served as a member of the Board of Directors' Committee on Committees and the Committee on Application Systems, and participated in telephone conference calls associated with Committee business.

Submitted by:

Phyllis Sheridan, Idaho
Area I Director

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
Area II Director
July 1, 1981 - June 30, 1982

One meeting of Area II was held November 3-4, 1981 in Detroit, Michigan. Twelve member states were represented by sixteen people. Additionally, five guests represented NCSBN, legal advisor, Oak Brook Data Center and CTV/McGraw-Hill.

The subjects discussed included NCSBN contract language changes, an update on both the exam process and direct application system, sunset activities, the Goodfellow report and California action, the resignation of Jo Franklin as Area II Director, and the establishment of future meeting dates.

Joan Nuttall (Wisconsin Board Member) was appointed to fill the remainder of Jo Franklin's term of office.

The 1982 Annual Meeting for Area II will be held November 4-5, 1982 in Topeka, Kansas. All scheduled meetings will be, or have been, attended by myself or Jo Franklin.

I take this opportunity to thank the members for allowing me to participate in this extremely interesting and exciting national process.

Respectfully Submitted,

Joan Nuttall, Wisconsin
Area II Director

Report of
Area III Director
July 1, 1981 - June 30, 1982

As Area III Director, I have attended the meetings of the Board of Directors, and the two meetings of the ANA/NCSBN Liaison Committee.

Area III held its regular meeting on November 5-6, 1981, in New Orleans, La. Forty-four (44) persons were present and all of Area III Boards of Nursing were represented. The agenda included:

1. A presentation by Dr. Eileen McQuaid Dvorak, Executive Director, National Council of State Boards of Nursing and Jarvis Alexander, Oak Brook Data Center on the historical development, the process and rationale for the Direct Application System for Examination. On a straw vote for acceptance of the three (3) plans for implementation of the system, eight (8) states choose Plan I; five (5) states choose Plan II; and none choose Plan III.
2. A report from Bruce Kramer, Program Manager, and other representatives from CBT/McGraw Hill on the transition to their services.
3. A review of the proposed contract between NCSBN and Boards of Nursing by Tim O'Brien, Attorney, NCSBN.
4. Brief reports from the President, Treasurer and Area III Director.
5. A proposed "verification of license" form was circulated. No one in Area III verbalized any problems with the form.
6. Items presented for general information and discussion included:
 - a. Roles and functions of R.N.'s and L.P.N.'s;
 - b. Regents' External Degree Program;
 - c. Model Practice Act - N.C.S.B.N.;
 - d. Nurse-Patient Relationship;
 - e. Credentialing Center for Nursing;
 - f. First assistants in the O.R.;
 - g. Rules regarding number of times and sequences of taking the examination;
 - h. Memorandum from the California Board of Registered Nurses regarding "Current Board Issues and Activities" sent to California licensees.

In reaction to h. above, there was consensus that Area III should recommend that the new contract contain definitions of the words "use" and "examination"; that the action taken by the California Board of Registered Nurses is compromising the integrity and acceptance of the R.N. licensing examination and further; that the rescored California R.N. examination is not acceptable because it does not meet the NCSBN Test Plan.

Submitted by:

Merlyn M. Maillian
Area III Director

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF

AREA IV DIRECTOR

JULY 1, 1981 - JUNE 30, 1982Board of Directors

I attended all the Board meetings and served on the following committees:

- .Approval of Minutes
- .Program
- .Item Writer Selection
- .Verification of License Form

I made presentations about the NCSBN as follows:

- .November 6, 1981 - New England Council of Higher Education in Nursing - Annual Meeting. I spoke on the history of NCSBN, the new test plan for NCLEX-RN and the process that was used in selecting a test service.
- .December 15, 1981 - at the request of the Connecticut Board of Nursing, I spoke to Connecticut Nursing educators on the new test plan for NCLEX-RN and how the examination is developed.
- .March 29, 1982 - at the request of a Massachusetts Nursing educator, I spoke on the new RN test plan and how an examination is developed to a group of students and nursing educators from several Boston nursing programs.
- .May 5-6, 1982 - I spoke on the history of the NCSBN, the purpose of licensure and the development of NCLEX-RN to students and faculty of nursing programs in Rhode Island.
- .March 31, 1982 - I represented the NCSBN at the Diamond Jubilee celebration of the New Hampshire Board of Nursing in Concord, N.H.

Area Meeting

The Area IV meeting was held in Baltimore, Maryland on September 24-25, 1981. Registration included 15 Board staff, 22 Board members and eight visitors. All jurisdictions but the Virgin Islands were represented.

Agenda items included agreements between Member Boards and NCSBN, the Test Service and the new application processing service. Ray Showalter, Tom O'Brien and Jarvis Alexander made presentations and lead the discussions.

In addition, the Model Nurse Practice Act draft was discussed and representatives were encouraged to forward reactions to the Nursing Practice and Standards Committee.

Area IV requested that NCSBN appoint a committee of representatives of the four area charged with the responsibility of development of a common verification of license form.

I have enjoyed my term as Area IV Director and particularly the opportunities to speak about the activities of the NCSBN.

Kathleen F. Dwyer, Rhode Island
Area IV Director

REPORT OF THE DIRECTOR AT LARGE

As the Director at Large I attended the Board of Directors meetings June 9, 1981, September 28-30, 1981 and March 8-10, 1982. I participated in the conference call November 23, 1981 and attended the Area I meeting November 13, 1981.

Margaret M. Sullivan, RN, MSN, Washington, Area I
Director at Large

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF
BOARD OF DIRECTORS
1981-1982

The Board of Directors of the National Council of State Boards of Nursing met on June 12, 1981, September 28-30, 1981, November 23, 1981 (conference call), and March 8-10, 1982. A summary of the actions of the Board of Directors was distributed to member boards after each meeting.

The major activity of the Board of Directors was concerned with the test service transition. Negotiating a contract with CTB/McGraw Hill for direct application system; implementing a criterion referenced scoring system starting with the July examination; changing the name of the future examination to National Council Licensing Examination (NCLEX); and approving standard contracts for use by the National Council of State Boards of Nursing and member boards.

Other actions of the Board of Directors included the approval of the following:

Authorization for a practical nurse validity study;

Appointment of a Committee on Committees;

Selection of Chicago as the site for the Delegate Assembly on August 21, 1983-August 26, 1983;

An annual meeting of the NCSBN/NFLPN/NAPNES liaison committee;

Policies, procedures and standards for security measures developed by the Administration of Examination Committee;

The request from Virginia to use concepts from the model nurse practice act;

Jurisdictions providing an alternate examination for practical nurse candidates who could not take the examination on October 20, 1981 for religious reasons;

The appointment of Joan Nuttal, Wisconsin Board Member to fill the remainder of Jo Franklin's term on the Board of Directors;

The development of a position paper stating the NCSBN's response to the California Goodfellow report;

On the advice of psychometricians and legal counsel, approved the deletion of the "correction for guessing" from the SBTPE at the earliest possible date and the notification of member boards;

The budget for fiscal year 1983;

The exploration of the possibility of administering NCLEX outside jurisdictional boundaries;

The establishment of an award to honor an individual or organization who has made a contribution to the purposes of NCSBN;

The distribution of working draft #5 of the Model Nursing Practice Act to Member Boards for action at the Delegate Assembly in June, 1982;

Changes in contract language to be recommended to the Delegate Assembly for adoption in June, 1982.

In addition to customary Board activities, Board members served on the following committees:

Liaison with the American Nurses' Association

Vice President - Joyce Schowalter
Treasurer - Nancy Dean
Area III Director - Merlyn Maillian

Liaison with NFLPN and NAPNES

Secretary - Marianna Bacigalupo
District of Columbia PN Board Member - John H. Word

Selection of Item Writers

Secretary - Marianna Bacigalupo
Area II Director - Jo Franklin

Convention Program - 1982

Area IV Director - Kathleen Dwyer
Area III Director - Merlyn Maillian

Personnel Policies

Area III Director - Merlyn Maillian
Director at Large - Margaret Sullivan

Submitted by,

Marianna Bacigalupo, NJ, Area IV
Executive Secretary

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Report of
NCSBN-ANA Liaison Committee
July 1, 1981 - June 30, 1982

Members of the Liaison Committee:

NCSBN

Joyce M. Schowalter, Vice-President (Minnesota), Area II
Nancy R. Dean, Ed. D., Treasurer (Georgia RN), Area III
Merlyn M. Maillian, Area III Rep. (Louisiana RN), Area III

ANA

Lucie Young Kelly, Ph.D., Board of Directors (New Jersey)
Delight M. Tillotson, Commission on Nursing Education (Texas)
Karen Macdonald, Congress for Nursing Practice (North Dakota)

The Liaison Committee met November 18, 1981 at ANA headquarters in Kansas City. ANA President Barbara Nichols presided in place of Dr. Kelly who was unable to attend. The staff present were Eileen McQuaid Dvorak, NCSBN, and Frances Waddle, ANA.

The film "Nursing: a Social Policy Statement" was shown. Discussion followed which focused on the definition of nursing presented in the ANA booklet of the same name and the potential relationship of that definition to the nurse practice acts of all jurisdictions. Constituent groups of both NCSBN and ANA were encouraged to study Chapter II of the booklet from the perspective of the legal-professional relationship.

The draft of the NCSBN Proposed Model Nursing Practice Act was discussed. ANA expressed concern about the NCSBN proposal and indicated a desire to articulate standards from a single viewpoint. The need for both a professional and a legal definition of nursing was questioned.

Collection from boards of nursing of data on licensees by ANA and NCSBN continues to be a topic on which the Liaison Committee is seeking ways to cooperate and coordinate.

ANA presented information about activities by state nurses' associations regarding assistance to "impaired nurses." The Liaison Committee is exploring the roles of boards of nursing and state nurses' associations and will consider proposing a joint statement.

NCSBN presented an update on the licensure examinations: development, validation, use and titling.

A variety of miscellaneous topics such as the basic entry issue, the Task Force on Credentialing in Nursing and Liaison Committee protocol were discussed.

Submitted by the
NCSBN half of the
Liaison Committee

national league for nursing · ten columbus circle · new york, new york 10019 · 212 · 582-1022

TO: Delegate Assembly, National Council of State Boards of Nursing
 FROM: NLN Test Service
 RE: Report
 DATE: April 1982

During the course of the year, the Division has provided information periodically to your board of directors, as well as an annual report to boards of nursing. This presentation is intended to complement those reports.

Your move to a new testing service has made this a year of transition. One might have assumed that division activities related to nurse licensure examinations would, therefore, also have diminished; this has not been true. As a matter of fact, in some ways activities have increased, primarily because of the need to deal not only directly with the National Council but also with your new service. We have worked diligently with that testing service to assure a smooth transition with no interruption in the examination program.

Scoring was another area which required considerable attention. As you know, in December 1981, a decision was made to move to a different procedure with the February 1982 examination (namely scoring rights only and discontinuing the use of a correction formula). As a result of the timing of the decision, the implementation was not uniform throughout the states at the administration of the examination and resulted in the need for modification in the scoring procedure. Our recommendation that scoring be done in two ways was adopted. Because of diligent staff efforts and the allocation of additional personnel, reports were issued as scheduled.

You are aware that questions were raised in one jurisdiction about the validity of the nurse licensure examination and those concerns were addressed by staff. Considerable effort was expended to assure a fair assessment of the allegations and to comply with resulting substantive requests from that jurisdiction.

As our formal relationship comes to a close, we extend to you our best wishes for success. We have found our personal contacts as gratifying as our professional association. We want you to know that we shall continue to share your interest in maintaining the best possible licensure examination service for the nursing community.

LPS



NATIONAL COUNCIL LICENSURE EXAMINATIONS
ANNUAL REPORT OF THE TEST SERVICE
JULY 1, 1981 - MARCH 1, 1982

Introduction

This annual report will give an overview of CTB/McGraw-Hill's progress to date on the National Council Licensure Examination project, including the acquisition of examination materials from the National League for Nursing (NLN) and the characteristics of the new NCLEX examinations.

Acquisition Phase

The transfer of NCLEX items and testing materials from NLN occurred in a series of shipments from August 19, 1981 to February 8, 1982. CTB/McGraw-Hill received two files of NCLEX-PN items, an active file of 3930 tried-out and approved items, and a working file of 2627 items in need of revision. The items in the active file were reviewed by an Examination Committee task force and found to be accurately coded to the PN test plan. A previous NCLEX-PN examination consisting of 243 items was requested by the National Council staff for publication and thus removed from the bank.

CTB/McGraw-Hill received two files of NCLEX-RN items, an active file of 4333 items from NCLEX-RN 778 through 782, including tryout items, and a working file of 4300 items that have poor analysis data or incomplete cases, and are in need of major revision. A task force of the NCSBN Examination Committee met in July and August, 1981 for ten days to classify the NCLEX-RN items according to the test plan and review the items for content appropriateness and job relatedness.

Those items in the NCLEX-RN active bank needing minor revision to meet the current test plan were withdrawn from the bank to be revised and reanalyzed, leaving a total of 4237. Items were assigned a document number and a classification code by content and test plan; they are being entered into a databased system for storage. Item characteristics, including four separate classification keys and all statistical data, are stored in a second database and referenced to the item text by code. The two systems allow CTB's content editors to optimize psychometric quality while adhering to the strict limits of the test plans. The following charts illustrate the current status of both the NCLEX item banks.

Summary of NCLEX-PN
Item Pool by Classification
to Test Plan

| <u>Test Plan Category</u> | <u>Number of Items in Pool</u> | <u>Percentage of Total Pool</u> | <u>Percentage Specified by Test Plan</u> |
|-------------------------------|------------------------------------|-------------------------------------|--|
| I | 119 | 4.0 | 5 - 8 |
| II | 102 | 3.4 | 8 - 10 |
| III | 94 | 3.2 | 6 - 8 |
| IV | 25 | 0.8 | 1 - 3 |
| V | 99 | 3.3 | 4 - 7 |
| VI | 289 | 9.7 | 9 - 10 |
| VII | 120 | 4.0 | 5 - 7 |
| VIII | 386 | 13.0 | 6 - 10 |
| IX | 639 | 21.6 | 18 - 20 |
| X | <u>1085</u> | 36.6 | 22 - 32 |
| Total | 2958* | | |

*This total of 2958 items does not reflect the 243 items that were pulled from the bank for publication or the 720 items that appeared in 081 as real and tryout items.

Summary of NCLEX-RN Item Pool
by Classification to Test Plan
Nursing Behaviors

| <u>Test Plan Category*</u> | <u>Number of Items in Pool</u> | <u>Percentage of Total Pool</u> | <u>Percentage Specified by Test Plan</u> |
|--------------------------------|------------------------------------|-------------------------------------|--|
| I Assessing | 626 | 14.8 | 20 |
| II Analyzing | 680 | 16.0 | 20 |
| III Planning | 611 | 14.4 | 20 |
| IV Implementing | 1979 | 46.7 | 20 |
| V Evaluating | <u>341</u> | 8.0 | 20 |
| Total** | 4237 | | |

*The locus of decision making has not been coded for all items in the bank. This will be accomplished as items are selected for each examination.

**Approximately 540 items from NCLEX-RN 282 and 75 tryout items from 282C have been removed from the RN pool of 4237 items due to the loss of test booklets containing these items on return shipment from the 282 administration to NLN.

Item-Writing Sessions

The summary of the content of the NCLEX item banks served as a basis for analyzing the needs of the item banks and developing confidential directions for the two item-writing sessions that were held in Monterey. The practical nurse item-writing session held in November, 1981, involved 12 item writers nominated by specific boards according to a set schedule, 2 content specialists recommended by the National Council Board of Directors, 2 CTB staff content specialists, and 3 CTB staff editors. The five-day item writing session included one and one-half days of training in item authorship and three and one-half days in which 517 items were written. The newly written items were reviewed by the content specialists and CTB's editors, revised by the writers, and verified according to various reference sources.

At the registered nurse item-writing session held in February, 1982, 17 item writers, 3 content specialists, and 3 CTB editors participated in one day of training and three days of item writing during which 702 items were written. The RN session focused directly on the new test plan, and in casting all items in job-related terms. Item-writing training is critical for development of essential skills, and by allowing the item writer to actually create the item, the original intent of the writer is preserved. A registered nurse item-writing session is planned for July, 1982 and a practical nurse session for October, 1982. Two RN writing sessions are being held in 1982 to compensate for the lack of a session during the transition year, 1981.

Review Drafts

CTB has sent three sets of newly written draft items to the state boards for their review.

| | | | |
|-----------|-----------|------------------------------|-----------------------------|
| NCLEX-PN | 567 items | November 1-December 15, 1981 | (Mailed by CTB for NLN) |
| *NCLEX-PN | 450 items | February 15-April 1, 1982 | Written November 81, CTB |
| *NCLEX-RN | 450 items | April 15-June 1, 1982 | Written February 82, CTB |

During the November and December review period, 37 boards reviewed the NCLEX-PN draft items, 4 boards chose not to review, and 11 returned their items too late for summary. In the February and March NCLEX-PN review cycle, 48 boards participated. Forty-five boards have requested review draft items for the April and May NCLEX-RN review cycle. Another

*This does not reflect the total number of items written. Some items were deleted and some held for future review drafts.

NCLEX-RN review cycle has been set for September 1-October 15, 1982 to review those items to be written in the July RN item-writing session. Beginning in 1983, the boards can expect two review draft cycles a year with 350-450 PN items during January and February, and 400-500 RN items during April and May.

CTB compiled each state board's comments on each item, tallied the ratings, and revised the item based on the board's comments and ratings. The Examination Committee then approved or omitted each item. In response to general comments concerning the quality of both NLN and CTB draft items reviewed prior to April 1, the editorial sequence is being revised to place the major editorial effort prior to the boards' review.

Characteristics of NCLEX Examinations

CTB and NLN share responsibility for the NCLEX-RN 782 examination, with NLN developing Books I through IV, the actual examination, and CTB developing Book V, the tryout booklet. Nine hundred seventy-five items in need of new data were selected for inclusion in NCLEX-RN 782 and constituted 13 tryout booklets, each containing 75 items. CTB will score and analyze the item statistics from the 782 tryout booklets, including in the bank those items with acceptable data.

CTB/McGraw-Hill's first NCLEX examination will be prepared for administration to practical nurse candidates on October 19, 1982. It will differ from prior examinations in that candidates will write their answers to the test questions directly in the test booklets. The examination will consist of two parts, each containing 120 multiple-choice test questions for a total of 240 items, of which fewer than 30 are for tryout purposes. The tryout items will not affect candidates' scores.

The examination will consist of 16 different forms, A through P, packaged consecutively, so that each set of 35 test booklets will contain a sample of each of the different forms. This will ensure that every form of the examination will be administered at each testing site.

A manual describing the administration procedures will be sent to the jurisdictions by August, 1982 and will contain information regarding the handling and inventorying of testing materials, requirements for proctoring, schedule and directions for administering the examination, and procedures for the return of examination booklets to CTB/McGraw-Hill. All candidate identification data will be collected through the direct application process, eliminating the need for recording more than a 9-digit candidate number and minimal identification at the examination administrations.

Item Selection

Items for NCLEX-PN 082 and NCLEX-RN 283 have been selected from the bank of items acquired from NLN and were previously tried out and approved by the NCSBN Examination Committee. They have been selected in accordance with confidential directions drafted by the Examination Committee, and constitute examinations that adhere to present test plans. Every effort has been made to assure that examination content is cast in job-related terms and reflects entry-level performance.

Passing scores for all future NCLEX examinations will be set with criterion-referenced procedures and transferred from one examination to the next by precise equating techniques. A panel of expert judges was convened in March to establish the NCLEX-RN 782 standard, and a similar conference will be held in September for NCLEX-PN 082. The technical addendum to this report discusses the procedure used.

Candidate Information Brochures for the practical nurse candidates interested in taking the NCLEX-PN examination were printed and sent to the state boards of nursing in April, 1982 for distribution. An information brochure for the RN candidates will be available by October, 1982.

Diagnostic Profile

At the January meeting of the Examination Committee, Team I, CTB/McGraw-Hill presented three outlines of possible diagnostic profiles for reporting information to candidates who do not pass the examination. The purpose of the profile is to direct candidates to areas of remedial study in preparation for a future examination. The Examination Committee appointed a task force to study possible designs of such a diagnostic profile and to report their findings at the May 1982 meeting.

NATIONAL COUNCIL LICENSURE EXAMINATION
ANNUAL REPORT
TECHNICAL ADDENDUM

The purpose of the Technical Addendum to the Annual Report is to outline some of the psychometric concerns of the NCLEX program, to describe the proposed solutions to these concerns and to relate the present status of these solutions with respect to implementation. The technical issues to be addressed here include the following: determining a reasonable and defensible standard of acceptable candidate performance for both the RN and PN examinations, maintaining equivalent test forms and passing scores across test administrations, and insuring the content validity of the PN examination. The proposed solutions include the use of criterion-referenced standard setting techniques, item response theory (IRT), and a PN validation study.

Criterion-Referenced Standard Setting

The purpose of the National Council Licensure Examination program (NCLEX) is to ensure that nurses about to enter practice are at least minimally competent and safe in the delivery of care to patients. This is determined in part by performance on a licensure examination designed to reflect nursing practice. Prior to July 1982, the passing score for each examination was determined using a norm-referenced approach that involved relying on normative comparisons. Such an approach can, however, result in different standards of acceptable performance from one administration to another if the population of nursing candidates sitting for the examination changes significantly.

In an attempt to develop a standard of acceptable performance based on what a candidate actually knows rather than his/her relative standing within a group, a criterion-referenced approach to standard setting was adopted by the Board. A content-based method for determining examination passing scores, a modification of the Angoff technique (1971), was selected from the various procedures available. Application of this technique involves convening a panel of judges. In this case the panel would consist of content experts in the field of nursing who have experience with entry-level nursing practice. After conceptualizing the performance level of the minimally competent entry-level nursing candidate, judges independently estimate the percent of such candidates that will respond correctly to each item on the examination for which a passing score is desired. The passing score is then determined by summing the percents after converting them to probabilities.

The first Modified Angoff Passing Score Workshop was conducted in Chicago March 24-26. A panel of eight judges reviewed the items included in the July 1982 registered nurse licensure examination. The results of this process will be used in conjunction with the previously established standard of acceptable performance to determine the final passing score for the July examination. A similar workshop will be conducted in September for the PN examination.

Item Response Theory (IRT)

The second technical concern that will be addressed here is that of maintaining equivalent test forms and passing scores across different test administrations. While a criterion-referenced approach to standard setting can be used to determine an acceptable level of performance on a particular examination, that standard must then be applied to subsequent forms of the examination. The proposed solution to the problem of equivalent test forms and passing scores involves the application of item response theory (IRT). A brief description of this technology follows.

IRT was introduced by Frederick Lord (1952, 1953) about 30 years ago. It supposes that test performance can be explained by candidate attributes, called "traits," which are not directly observable. A trait is defined to be that "thing" which causes a candidate to respond consistently on different tests measuring the same attribute.

A variety of IRT models have been studied. Each model is identified by the number of item characteristics used to describe a test item. One model is the simple logistic, or Rasch, model (Rasch, 1960, 1966). Its primary advantage is simplicity. The Rasch model requires only one item characteristic (parameter) to describe a test item - item difficulty - and it is therefore referred to as a "one-parameter" model.

The advantage of an IRT approach over that of classical (traditional) test theory lies in the mathematical properties of its models. When properly applied, these models yield item difficulty estimates which are independent of the ability level of the candidates from which those estimates were developed. Unlike traditional item statistics which are dependent on the ability level of the candidates taking the examination, IRT item difficulty estimates are invariant (within errors of measurement). Once estimated, these values can be used to construct equivalent test forms as well as to transfer an established passing score from one test to the next. The process of estimating these difficulty values is called "calibration."

At the present time, CTB is in the process of developing RN and PN item banks using IRT methodology. All real and item analysis items will be included in these banks beginning with the July 1982 administration. Items from previous administrations will also be included wherever data are available to perform the required analyses.

In order to facilitate the item bank development process, a computerized item characteristic storage and retrieval system (CSAR) was designed. This rather sophisticated series of computer programs allows easy access to all kinds of statistical information about items in the bank, both traditional and IRT. CSAR was designed to facilitate the selection of test items for inclusion in future examinations. It can be used not only

to select items but also to produce summary information about the set selected. Traditional item information such as the average difficulty of the set and its discrimination power will be routinely generated. Using IRT technology, the standard error curve for the set selected will also be produced and then compared to that of the previous examination to insure measurement precision.

CSAR is in its final stage of development. Portions of the system will be operational in May with completion set for August.

Content Validity

The last technical issue of interest is that of the validity of the PN examination. Validity is an attribute of a test, and it is defined to be the extent to which the test of interest actually measures what it is purported to measure. Validity is a critical consideration for licensing examinations.

In order to insure that the NCLEX-PN examination is valid, a research study will be conducted beginning May 1, 1982. The purpose of the study is to substantiate the current work tasks that are essential for the safe and effective performance of practical nursing. A task inventory technique will be used to establish the relationship between reported practical nurse tasks and actual job performance, and to test the validity of the current NCLEX-PN test plan. The estimated completion date for this study is April 30, 1983.

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NATIONAL COUNCIL OF STATE BOARDS OF NURSING
REPORT OF EXECUTIVE DIRECTOR
JULY 1, 1981 - JUNE 30, 1982

This annual report outlines major activities of the staff of the National Council in working toward the priorities identified for the year.

Staff again wish to affirm that any services rendered could not have been performed without the support, guidance and direction of the Board of Directors and without the continued support and effort of Committee members and Member Boards.

Priorities identified for the year and related activities were:

Priority 1: To implement directives of the Delegate Assembly in working with the selected test service on development of licensure examinations.

- Activities:
1. Coordinated transfer of test items and information on examinations between National League for Nursing (NLN) and CTB/McGraw-Hill (CTB).
 2. Coordinated joint meetings of NLN and CTB to resolve handling Series 782 experimental tests.
 3. Maintained communication with staff of CTB to clarify, coordinate or discuss testing issues.
 4. Met with CTB editor-in-chief and/or project director and/or psychometricians 10 times on transition questions or development plans.
 5. Arranged for attendance of CTB staff at Area Meetings of the National Council to communicate with Member Boards.
 6. At direction of the Board, set up procedure for instituting criterion-referenced scoring system.
 7. With CTB staff, assisted during the meeting of the panel of judges to establish the passing score.

8. Provided staff assistance for special meeting of Examination Committee team working on candidate diagnostic profile.

Priority 2: To work with committees for completion of final project year with W.K. Kellogg Foundation.

Activities: 1. Provided professional staff assistance to the Nursing Practice and Standards Committee in their work to develop the Model Nurse Practice Act and Model Administrative Rules and Regulations. Meetings were held:

August 31 - September 2

December 8 - 10

February 15 - 17

April 5- 7

2. Distributed draft #4 of Model Nurse Practice Act to Member Boards and interested parties for review and comment by October 1.
3. Distributed draft #5 of Model Nurse Practice Act to Member Boards prior to publication in Delegate Assembly book of reports for extended review by Boards before convention.
4. Prepared and submitted final report to W.K. Kellogg Foundation April 1982, with President's approval.

Priority 3. To implement approved system as designed to enable Council to process applicants for the licensure examination.

Activities: 1. Designed details of direct application system with modifications for board processing.

2. Disseminated information and met with representatives from the four areas of the National Council to discuss system.

3. Following direction of the Board of Directors, negotiated a contract with CTB/McGraw-Hill to serve as National Council data center.

4. Secured new staff person to assume responsibility for implementing direct application system.
5. Worked with data center staff on design of application forms, rosters, admission cards.
6. Polled Member Boards for input on system design.
7. Arranged to pilot test the system with the Texas State Board of Nursing.

Priority 4: To write book for PN/VN candidates for licensure.

- Activities:
1. Selected Chicago Review Press to publish book for PN/VN candidates as a companion book to the one for RN candidates.
 2. Wrote and supervised editing of book for publication.
 3. Notified Member Boards of book's availability February 1982.
 4. Royalties from publication accrue to National Council.

Priority 5: To continue to develop reference book on states' practice acts and rules and regulations.

- Activities:
1. Reviewed computer printouts of all nurse practice acts secured from Council of State Governments.
 2. Through efforts of a doctoral candidate from the University of Illinois, compiled comparisons of nurse practice acts according to autonomy and role expansion.
 3. Designed and piloted a questionnaire to collect comparative data from state boards of nursing on specific sections of statutory or administrative law.

Priority 6: To investigate and report on the impact of administering the licensure examinations outside state boundaries.

- Activities:
1. Collected information concerning administration of NCLEX in centers outside the United States and its territories.
 2. Prepared report on preliminary findings for the Board of Directors' March 1982 meeting.
 3. Contacted and met with Immigration Service to discuss policy questions regarding applications for third-preference classifications.
 4. Prepared a follow-up report for Board of Directors' pre-convention meeting and for Board's use in discussing feasibility with delegates.

Ongoing Objectives of the Organization are:

Objective 1: To maintain the organization's operations.

- Activities:
1. Monitored professional services provided by legal firm, accounting firm, book-keeper, and other consultants.
 2. Staffed organizational committee meetings:
 - a. Finance Committee meeting -
February 10-12, 1982
 - b. Nominating Committee meeting -
December 7, 1981
 - c. Bylaws Committee meeting -
Conference Call - March 29, 1982
 3. Arranged for June 1982 convention of delegates in Boston; prepared and distributed all materials.
 4. Reviewed proposals and presented site for August 23-25, 1983 Convention in Chicago to Board of Directors.
 5. Recommended selected changes in personnel policies to Personnel Committee of the Board.

Objective 2: To communicate with and provide educational and informational services for member boards.

- Activities:
1. With Sharon Weisenbeck, conducted educational conferences on the purposes of the National Council and the revised test plan for the joint boards in West Virginia. (April 23.)
 2. Met with staff of the boards of nursing in Kansas (September 23), Kentucky (October 2), and California (February 8.)
 3. Met with staff at National Council headquarters:
 - a. Illinois Department of Registration and Education - December 17
January 19
March 11
April 14
 - b. Michigan Department of Licensing and Regulation - November 16
 - c. Wisconsin Bureau of Nursing and Department of Regulation and Licensing - November 16
 4. Prepared supportive testimony for legislative hearing for Wyoming State Board of Nursing - September 10
 5. Rewrote and supervised editing of candidate information book on the RN examination; second edition available April 1982.
 6. Attended meetings of the four Areas of the National Council:

| | | |
|----------|---------------|-------------------------|
| Area I | - Las Vegas | - November 13, 1981 |
| Area II | - Detroit | - November 3-4, 1981 |
| Area III | - New Orleans | - November 5-6, 1981 |
| Area IV | - Baltimore | - September 24-25, 1981 |
 7. Published 3 ISSUES - National Council's quarterly periodical.
 8. Prepared and distributed to member boards monthly summaries of disciplinary action on licensees in nursing.

9. Surveyed member boards on use of disciplinary data bank.
10. Responded to verbal and written requests for information.

Objective 3: To communicate with national and regional professional organizations concerning role and purpose of the National Council.

- Activities:**
1. Presented paper at a meeting of the National Commission on Nursing
- November 20, 1981.
 2. Attended meetings of the following:
 - a. Federation of Associations of Health Regulatory Boards Executive Committee
- July 18-19
- October 19
- November 22
 - b. Council of State Governments
- September 10-11, 1981
 - c. Midwest Alliance in Nursing
(with Vice-President)
- April 1, 1982
 3. Held individual conferences
 - a. with staff of Institute of Medicine
- November 20, 1981
 - b. with President of American Nurses' Association - October 16, 1981
 4. Functioned as Vice-President of Federation of Associations of Health Regulatory Boards

Objective 4: To maintain ongoing functions of the Council including development and regulation of the use of the licensure examination.

- Activities:**
1. Provided professional staff assistance to the Board of Directors meetings:
 - June 12, 1981
 - September 28-30, 1981
 - November 23, 1981 (Conference Call)
 - March 8-10, 1982
 - June 20-22, 1982

2. Provided professional staff assistance to the subcommittees of the Board of Directors:
 - a. Committee on Committees-
Conference Calls
 - b. Item Writers Selection Committee -
Conference Call
 - c. Program Convention Committee
 - d. Rules Committee
 - e. Committee on Application System
3. Provided professional staff assistance to the ANA-NCSBN Liaison Committee Meetings:
 - November 18, 1981
 - May 20, 1982
4. Provided professional staff assistance to the NAPNES-NCSBN-NFLPNS Liaison Committee meeting - June 22, 1982
5. Provided professional staff assistance to the program committees of the National Council:
 - a. Administration of Examination Committee meetings:
 - September 21-22, 1981
 - January 26-27, 1982
 - b. Examination Committee meetings:
 - September 14-18, 1981
 - October 26-30, 1981
 - January 12-14, 1982
 - January 17-22, 1982
 - March 16, 1982
 - May 3-7, 1982
 - c. Nursing Practice and Standards Committee meetings as listed under Priority 2.
6. Supervised preparation and distribution of contracts as approved by Delegate Assembly for execution between National Council and Member Boards.

7. Provided for Member Boards requesting substantive changes in contracts to present requests to Delegate Assembly under New Business.
8. Provided staff assistance to team appointed by Board of Directors to investigate loss of 13 booklets from Series 282.

Objective 5. To plan and implement educational programs and workshops for Board members and other persons who can aid member boards in matters concerning public health, safety and welfare.

- Activities:**
1. Planned and prepared for educational conferences at 1982 Delegate Assembly meeting:
 - a. Classification system by nursing diagnosis.
 - b. Task Force on Credentialing in Nursing report.
 - c. Orientation for new Board members of Member Boards.
 - d. Orientation for new staff of Member Boards.
 2. Provided for special meetings of Delegate Assembly meeting - June 1982
 - a. on Model Nurse Practice Act.
 - b. on mandatory continuing education.
 - c. for states with special concerns on licensing "advanced Practitioners."
 3. Participated in workshop for Clearinghouse unit of Council of State Governments - September 10, 1981

Objective 6: To interpret programs of the National Council to interested parties.

- Activities:**
1. Conducted educational conferences on the purposes of the National Council and on the test plan in meetings sponsored by the following organizations:

| | |
|---|--------------------|
| Hospital Association of Western Pennsylvania | September 18, 1981 |
| Schools of Des Moines, Iowa | October 14, 1981 |
| Texas League for Nursing | |
| Houston | October 22, 1981 |
| Dallas | October 23, 1981 |
| Sinclair Community College | October 26, 1981 |
| Rush-Presbyterian St. Luke's | January 8, 1982 |
| DePaul University | January 29, 1982 |
| Michigan Nurses' Association | March 23, 1982 |
| Medical College of Pennsylvania | April 21, 1982 |
| Evangelical Schools | April 30, 1982 |
| Phillipine Nurses' Association | May 22, 1981 |

2. Met with representatives of Massachusetts baccalaureate nursing programs - October 28, 1982

The staff will implement the directives of the Delegate Assembly for fiscal year 1983 under the continued direction of the Board of Directors and with the assistance of Member Boards and Committee members. In addition to the ongoing objectives of the organization, staff propose the following additional objectives:

1. To develop services for Member Boards that facilitate and expedite intercommunication between boards on all candidates for licensure and on disciplinary actions.
2. To develop a system to share comparative data on Member Boards' operations and on statutory and administrative changes.
3. To explore ways to serve Member Boards in additional functional areas.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF
BYLAWS COMMITTEE
July 1, 1981 - June 30, 1982

In November 1981 a memorandum was sent to the Member Boards, the Board of Directors, and the Committee Chairpersons soliciting suggested amendments to the Bylaws and Standing Rules. The Bylaws Committee held one Telephone Conference Meeting on March 29, 1982, and reviewed and edited all of the suggested amendments which were received, and took action to recommend, or not recommend, each proposal for adoption.

The proposals with the Bylaws Committee's recommendation are attached.

The Committee expects that its 1982-1983 activities will continue at about the same level as the activities for this year. One (1) Telephone Conference Meeting is planned.

Submitted by the Committee:

Marjorie P. Doyle, Chair, NY, Area IV
Darlene Meservy, UT, Area I
Dorothy Rydell, ND, Area II

ARTICLE IV - AREAS

The Board of Directors shall divide the membership of the Council into a number of geographical areas. The purpose of this division is to facilitate communication, encourage regional dialogue on Council issues, and provide diversity of representation on the Board of Directors and on committees. At no time, shall the number of areas be less than three nor more than six.

Area Directors shall be elected by majority vote of the delegates from their respective areas.

Proposed by: California Board of Registered Nursing

Recommendation: The Bylaws Committee does not recommend for adoption.

ARTICLE V - OFFICERS

Section 1. Enumeration

The officers of the Council shall be a president, a vice-president, a secretary, a treasurer, and ~~the-directors~~ a director representing each area and one director at large.

Proposed by:

New Jersey Board of Nursing

Recommendation:

The Bylaws Committee recommends
for adoption.

ARTICLE V - OFFICERS

Section 5. Duties of Officers

All officers shall perform duties as usually pertain to their offices and prescribed in the bylaws and standing rules.

a. President

The president shall:

- (1) preside at all meetings of the Delegate Assembly and Board of Directors;
- (2) appoint, subject to ratification by the Board of Directors,
 - (a) a professional parliamentarian;
 - (b) all committees not otherwise provided for in the bylaws;
- (3) fill all vacancies not otherwise provided for;
- (4) sign, all contracts as authorized by the Board of Directors, except those contracts between the Member Boards and the ~~test-service-agency~~ Council which contracts shall be signed by the Executive Director;
- (5) retain the right to vote on all matters before the Delegate Assembly, if a delegate, or on all matters before the Board of Directors, casting that vote at the same time all voters cast their votes;
- (6) serve or delegate a qualified representative of a Member Board or staff of the Council to serve as the official representative of the Council in its contracts with governmental, civic, business and other organizations.

b. Vice-President

The vice-president shall:

- (1) preside in the absence of the president;
- (2) succeed to the office of president for the unexpired term in the event of a vacancy in the office of president;
- (3) assume all such functions or responsibilities as may be delegated by the president or the Board.

c. Secretary

The secretary shall:

- (1) record the minutes of all meetings of the Delegate Assembly and the Board of Directors;
- (2) maintain the master copy of the articles of incorporation, bylaws and standing rules and the transcript of any meeting of the Delegate Assembly and the Board of Directors;
- (3) have authority to authorize payment in the absence or inability of the treasurer to do so;
- (4) countersign all contracts in the event there is a vacancy in the Executive Director position.

d. Treasurer

The treasurer shall:

- (1) be custodian of all funds;
- (2) serve as chairperson of the finance committee;
- (3) present quarterly reports to Board of Directors and annual report to the Delegate Assembly.

e. Directors

The directors, except the director-at-large, shall call at least one meeting per year of the Member Boards of their respective areas.

Proposed by: Board of Directors

Recommendation: The Bylaws Committee recommends for adoption.

ARTICLE VI - NOMINATIONS AND ELECTIONS

Section 1. Committee on Nominations

a. Composition and Term

The committee on nominations shall be comprised of one person from each area. Committee members shall be either members of Member Boards or nurses employed by or for Member Boards.

The term of office shall be one year. No member shall serve more than two consecutive terms on the committee.

b. Election of Committee Nominations

The committee shall be elected by ballot at the annual session of the Delegate Assembly. Nominations shall be made from the floor, and election shall be held at the same time as election of officers. A plurality vote shall elect. The member receiving the highest number of votes shall serve as chairperson. If more than one person from an area receives sufficient votes to be elected, the one receiving the most votes shall serve. In the event there is but one nominee from each area, election may be by voice vote.

c. Vacancy

Vacancies occurring in the committee shall be filled by the Board of Directors. If possible, the Board of Directors shall fill said vacancies from the remaining nominees in the order of the number of votes received.

d. Duties

The committee on nominations shall consider qualifications of all candidates proposed by Member Boards or by members of the committee on nominations. Candidates for director representing an area may be proposed only from the area involved. Names submitted for the consideration of the committee shall be accompanied by a statement of qualifications.

e. Report

The committee on nominations shall submit at least one name for each office to be filled. The report shall be read on the first day of the meeting 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.

Proposed by: New Jersey Board of Nursing

Recommendation: The Bylaws Committee does not recommend for adoption.

ARTICLE VI - NOMINATIONS AND ELECTIONS

Section 1. Committee on Nominations

a. Composition and Term

The committee on nominations shall be comprised of one person from each area. Committee members shall be either members of Member Boards or nurses employed by or for Member Boards.

The term of office shall be one year. No member shall serve more than two consecutive terms on the committee.

b. Election of Committee Nominations

The committee shall be elected by ballot at the annual session of the Delegate Assembly. Nominations shall be made from the floor, and election shall be held at the same time as election of officers. A plurality vote shall elect. The member receiving the highest number of votes shall serve as chairperson. If more than one person from an area receives sufficient votes to be elected, the one receiving the most votes shall serve. In the event there is but one nominee from each area, election may be by voice vote.

c. A member of the committee who consents to be nominated to a position on the Board of Directors, shall be required to resign from the committee or withdraw his or her consent to nomination.

~~e-~~ d. Vacancy

Vacancies occurring in the committee shall be filled by the Board of Directors. If possible, the Board of Directors shall fill said vacancies from the remaining nominees in the order of the number of votes received.

~~d-~~ e. Duties

The committee on nominations shall consider qualifications of all candidates proposed by Member Boards or by members of the committee on nominations. Names submitted for the consideration of the committee shall be accompanied by a statement of qualifications.

e- f. Report

The committee on nominations shall submit at least one name for each office to be filled. The report shall be read on the first day of the meeting 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.

Proposed by:

Nominating Committee

Recommendation:

The Bylaws Committee recommends for adoption.

ARTICLE VIII - DELEGATE ASSEMBLY

Section 1. Composition, Term and Voting

a. Composition

The Delegate Assembly ~~is~~ is the voting body of the Council. ~~It shall be composed of delegates designated by Member Boards. Board(s) from each State Jurisdiction, Territory or Political Subdivision.~~

~~Each State is entitled to two votes and Member-Board may designate two delegates if desired. the-Member Board-is-entitled-to-two-votes-or-one-delegate-if entitled-to-one-vote.~~ An alternate may be duly appointed ~~by a Member-Board may to~~ replace a delegate and assume all privileges of a the delegate.

b. Term

Delegates and alternates serve from the first day of the Delegate Assembly to which they have been designated until the Member Board makes a replacement.

c. Voting

Each ~~Member-Board State Jurisdiction~~ State Jurisdiction using Council examinations for ~~licensing registered-nurses-and practical nurses~~ shall be entitled to two votes. The votes may be cast by either one or two delegates.

~~Each-Member-Board-using-one-Council-examination-for licensing-either-registered-nurses-or-practical-nurses shall-be-entitled-to-one-vote.~~

There shall be no proxy or absentee voting.

Proposed by: California Board of Registered Nursing

Recommendation: The Bylaws Committee does not recommend for adoption.

ARTICLE VIII - DELEGATE ASSEMBLY

Section 2. Duties of the Delegate Assembly

The Delegate Assembly shall be the legislative, policy making body of the Council and shall:

- a. elect officers and members of the committee on nominations;
- b. receive reports of officers and committees and take action as appropriate;
- ~~c. adopt an annual budget for the Council;~~
- c. ~~d.~~ approve any examination fees to be charged by the Council;
- d. ~~e.~~ approve the auditor's report;
- e. ~~f.~~ approve the provisions of all contracts between the Council and jurisdictions, and the test service and national nursing organizations;
- f. ~~g.~~ establish the criteria for and select the test service to be utilized by the Council unless the Council provides such services itself;
- g. ~~h.~~ adopt test plans to be used for the development of licensing examinations in nursing;
- h. ~~i.~~ adopt criteria and procedures for maintaining the security of licensing examinations within jurisdictions;
- i. ~~j.~~ establish dates for the administration of licensing examinations in nursing;
- j. ~~k.~~ transact any other business as may properly come before it.

Proposed by: Finance Committee

Recommendation: The Bylaws Committee recommends for adoption.

ARTICLE IX - BOARD OF DIRECTORS

Section 2. Duties of the Board of Directors

The Board of Directors shall be the administrative body of the Council and shall:

- a. conduct the business of the Council between sessions of the Delegate Assembly;
- b. authorize the signing of contracts between the Council and Member Boards and the Council and the test service and other major contracts;
- c. review and act on the membership status of Member Boards who are not in compliance with a contract, the bylaws or the standing rules;
- d. set the time and place for each convention and session of the Delegate Assembly;
- e. engage the services of legal counsel;
- f. present an evaluation of the test service to Member Boards annually;
- g. authorize dissemination of written information about the licensing examinations;
- h. set the amount of registration fees;
- i. ~~recommend~~ adopt an annual budget ~~to-the-Delegate Assembly~~;
- j. provide for all accounts of the Council to be audited annually by a certified public accountant;
- k. cause to be bonded any officer or employee of the Council who is entrusted with Council funds or property;
- l. appoint the Council's representatives to serve on Council committees or task forces of other organizations;
- m. appoint persons to write test items for the licensing examinations;
- n. appoint committee members and chairpersons unless otherwise specified in these bylaws;
- o. monitor the progress of committee activities;

- p. ~~e~~ appoint and define the responsibilities of an executive director and delegate the authority necessary for the administration of the Council's policies and activities;
- q. ~~p~~ provide for the establishment, supervision and maintenance of the administrative office;
- ~~q. -- obtain liability, fire and extended coverage insurance.~~

Proposed by: Finance Committee

Recommendation: The Bylaws Committee recommends for adoption.

ARTICLE X - COMMITTEES

Section 7. Examination Committee

a. Function

The function of the examination committee shall be to direct all processes and procedures for the development of the licensing examinations in nursing.

b. a. Composition

The examination committee shall consist of at least 6 members. One of the members shall represent Member Boards licensing only practical nurses. The remaining members shall be selected to represent the areas as evenly as possible.

The chairperson shall have served as a member of the committee prior to being appointed as chairperson.

c. b. Duties

The committee shall:

- (1) review and evaluate procedures for producing licensing examinations in nursing;
- (2) review and adopt licensing examinations in nursing;
- (3) evaluate licensing examinations which have been administered;
- (4) assist with evaluation of the test service in accordance with responsibilities of the Board of Directors;
- (5) make recommendations to the Board of Directors and provide direction for investigation, study and research concerning development of the licensing examinations in nursing;
- (6) recommend to the Delegate Assembly test plans to be used for the development of licensing examinations in nursing;
- (7) prepare written information about the licensing examinations for dissemination to Member Boards and other interested parties; and
- (8) conduct educational conferences as authorized by the Board of Directors or Delegate Assembly.

Proposed by:

Examination Committee

Recommendation:

The Bylaws Committee does not recommend for adoption.

ARTICLE X - COMMITTEES

Section 8. Administration of Examinations Committee

a. Composition

The administration of examinations committee shall be composed of at least six members who shall be selected to represent the areas as evenly as possible.

b. Duties

- (1) recommend to the Delegate Assembly criteria and procedures to be used by Member Boards for maintaining the security of the licensing examinations;
- (2) evaluate Member Boards' proposed and actual compliance with established criteria and procedures for maintaining the security of licensing examinations;
- (3) conduct an investigation of each alleged failure to maintain the security of the licensing examinations and/or loss of a test booklet or answer sheet and submit a written report to the president and executive director within 10 days following notification of the incident;
- (4) report to the Board of Directors possible violations of the contract between a Member Board and the test service or between the Member Board and the Council;
- (5) conduct education conferences as authorized by the Board of Directors or Delegate Assembly; and
- (6) recommend to the Delegate Assembly dates for the administration of the examinations.

Proposed by:

Administration of Examinations
Committee

Recommendation:

The Bylaws Committee recommends
for adoption.

ARTICLE XI - FEES AND FINANCE

Section 1. Fees

Each ~~fiscal year~~ each Member Board shall pay a fee ~~each-fiscal-year~~ as set forth in the Standing Rules. ~~Each-Member-Board-using-only-one-Council-examination-for-licensing-either-registered-nurses-or-licensed-practical-nurses,-shall-pay-one-half-of-the-fee-plus-15%-which-has-been-established-for-Member-Boards-using-both-the-licensing-examinations-for-registered-nurses-and-practical-nurses.~~

If the fee has not been received within ninety (90) days of the beginning of the Council's fiscal year, the Member Boards shall be subject to termination in accordance with the provisions of these bylaws.

Proposed by: Finance Committee

Recommendation: The Bylaws Committee recommends for adoption.

III. Officers

B. Secretary

The secretary shall:

1. keep the minutes of sessions of the Delegate Assembly and Board of Directors in separate books;
2. keep a list of all Board of Directors standing rules;
3. have on hand at all sessions of the Delegate Assembly and Board of Directors the minutes of at least two previous sessions of the respective body, a current copy of the articles of incorporation, bylaws, standing rules, a copy of the contracts between the Council and the test service, ~~the-contracts~~ and a typical contract between the Council and each Member Board ~~and-a typical-contract-between-the-test-service-and-a Member-Board, if-such-contracts-exist;~~
4. conduct mail votes of the Delegate Assembly and Board of Directors.

Proposed by:

Board of Directors

Recommendation:

The Bylaws Committee recommends for adoption.

VI. Annual Convention and Delegate Assembly

C. At least 45 days prior to the annual convention the following materials shall be mailed at no charge to Member Boards who in turn shall distribute copies to delegates and alternates:

- 1. agenda
- 2. proposed rules for conduct of Delegate Assembly session
- 3. list of anticipated delegates and alternates
- 4. proposed current operating budget for-next-year
- 5. annual reports of
 - a. Board of Directors
 - b. each officer
 - c. each standing committee
 - d. each special committee, except those serving the Delegate Assembly
 - e. executive director

Proposed by: Finance Committee

Recommendation: The Bylaws Committee recommends for adoption.

VI. Annual Convention and Delegate Assembly

C. At least 45 days prior to the annual convention the following materials shall be mailed at no charge to Member Boards who in turn shall distribute copies to delegates and alternates:

1. agenda
2. proposed rules for conduct of Delegate Assembly session
- ~~3. list-of-anticipated-delegates-and-alternates~~
3. ~~4.~~ proposed budget for next year
4. ~~5.~~ annual reports of
 - a. Board of Directors
 - b. each officer
 - c. each standing committee
 - d. each special committee, except those serving the Delegate Assembly
 - e. executive director

Proposed by: Convention Committee

Recommendation: The Bylaws Committee recommends for adoption.

IX. Fees and Finance

B. Expense Reimbursement Schedule

Members of the Board of Directors and Council committees, staff, and authorized representatives of the Council shall be reimbursed according to the following schedule:

1. travel: cost of least expensive commercial air travel or personal automobile at 17-cents-per-mile, the mileage rate designated by the Internal Revenue Service, receipt for air, train, bus and rented car required;
2. lodging: cost of a moderately priced single room or one-half the rate of a twin-bedded room, receipt required;
3. meals: no designated allowance, receipt required for each meal, including gratuity, which is over \$15.00;
4. other expenses: cost of expense, receipts required for emergency secretarial services or other unusual items or amounts.

Proposed by: Finance Committee

Recommendation: The Bylaws Committee recommends for adoption.

IX. Fees and Finance

C. Budget Control

The Executive Director, under the direction of the Board of Directors, shall manage the budget, shifting between categories as necessary; however, the total expenditure level authorized by the Delegate-Assembly Board of Directors shall not be exceeded except for emergency situations for which designated expenditures are authorized by the Board of Directors.

Proposed by: Finance Committee

Recommendation: The Bylaws Committee recommends for adoption.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
REPORT OF FINANCE COMMITTEE TO 1982 DELEGATE ASSEMBLY

The Finance Committee met on 10-11 February 1982.

A copy of the proposed budget for Fiscal Year 1983 is attached. The Board of Directors has approved this budget. In addressing the budget, the committee has recommended to the By-Laws Committee several revisions to both by-laws and rules.

As directed by the 1981 General Assembly, the committee compared NCSBN service costs to member boards using only one Council licensing test rather than two tests. A five-month staff time study revealed the following findings:

1. Eighty-three percent of all staff time is spent on service that benefits equally all Members regardless of the number of tests used.
2. During the study period the thirteen Member Boards, who use only one licensing examination, averaged 258.46 minutes of staff time for service benefiting the individual Member only.
3. During the study period, the forty-six Member Boards, who use two Council licensing examinations, averaged 207.41 minutes of staff time for services benefiting the individual Member only.

The committee noted that when staff time for individual services is calculated on a state, district, or territorial basis, that jurisdictions with two member boards required 516.92 minutes of staff time while jurisdictions with one member board required 207.41 minutes of staff time during this period.

In addition to these costs, the Council bears additional costs in duplication of materials, postage, etc. when a jurisdiction has two members.

The committee reviewed NCSBN objectives in terms of the operating budget. Many objectives seem to be identified and covered by current items. A few objectives are not reflected directly in the budget now in use. These objectives are numbers 3, 4, and possibly 5, to the extent envisioned by the Board and Delegate Assembly. The committee felt that the Board and Delegate Assembly may wish to establish a mechanism for proposing programs to meet these objectives more fully and identify program activities. Program and activity identification would help the Finance Committee estimate future costs and improve long-range financial plans.

Further, the identification of program activities to meet the long-range goals of all committees will help the Finance Committee improve long-range financial plans.

The committee reviewed its purpose and functions and determined the following goals for FY 83:

1. Monitor implementation of FY 83 Budget.
2. Propose a FY 84 Budget.
3. Develop an Investment Advisory Committee.
4. Develop long-range financial plans, based on the directives of the Delegate Assembly and Board of Directors.

The committee believes that its FY 83 Budget needs are \$3,000.

MEMBERS

Nancy R. Dean, Chairman, Georgia, Area III
Gertrude Hodges, Maryland, Area IV
Lois N. O'Shea, Delaware, Area IV

PROPOSED FISCAL YEAR 1983 BUDGET FOR
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

R E V E N U E

| | |
|-------------------------------|---------------|
| Exam Royalties | \$ 183,000 |
| Exam Income | 1,711,979 |
| Publications | 20,000 |
| Contracts | 160,425 |
| Interest (investment account) | 184,407 |
| Consultation/Honorariums | 2,000 |
| Convention/Workshop | <u>10,000</u> |
| TOTAL REVENUE | \$2,271,811 |

E X P E N S E S

PROGRAM:

| | |
|--|-------------|
| Test Development (including Test Service) | \$1,003,136 |
| Test Application | 235,301 |
| Computer Services capitalized | |
| Software | 11,502 |
| Hardware | 6,000 |
| Test Security & Administration | 5,000 |
| Board designated | |
| Security Fund | 5,000 |
| Standards & Practice | 22,707 |
| Research | 56,184 |
| Publications | 14,000 |
| Disciplinary Data Bank | 4,000 |
| Computer Services capitalized | |
| Software | 2,000 |
| Hardware | 6,000 |

| | |
|------------------------|--------------|
| Ad Hoc Committees | 5,000 |
| Convention/Workshop | 10,000 |
| Area Meetings | <u>2,000</u> |
| TOTAL PROGRAM EXPENSES | \$1,387,830 |

ORGANIZATIONAL:

Administration:

| | |
|--|-----------|
| Salary & Benefits | \$218,124 |
| Travel | 10,000 |
| Board of Directors (incl. Board Committees) | 25,000 |
| Committees (Finance, Bylaws, Nominating) | 6,000 |

Professional Services:

| | |
|--|--------|
| Legal | 35,000 |
| Accounting | 9,000 |
| Other (Parliamentarian, Editor, etc.) | 10,000 |
| Insurance (incl. Unemployment) | 3,500 |
| Printing | 5,000 |
| Supplies | 5,000 |
| Library/Memberships | 1,500 |
| Rent/Utilities | 47,400 |
| Telephone | 10,000 |
| Postage | 19,396 |

Equipment:

| | |
|-----------------------|---------------|
| Lease and Maintenance | 13,000 |
| Depreciation | <u>10,500</u> |

| | |
|-------------------------------|-----------|
| TOTAL ORGANIZATIONAL EXPENSES | \$428,420 |
|-------------------------------|-----------|

SUMMARY:

| | |
|------------------------------------|-------------|
| TOTAL PROGRAM EXPENSES | \$1,387,830 |
| TOTAL ORGANIZATIONAL EXPENSES | \$ 428,420 |
| TOTAL OPERATING EXPENSES | \$1,816,250 |
| EXCESS OF REVENUE OVER EXPENSES | \$ 455,561 |
| (BUDGET FOR PURCHASE OF EQUIPMENT) | \$ (70,000) |
| CASH RESERVE | \$ 385,561 |

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
 Report of Examination Committee
 July 1, 1981 to June 30, 1982

For 1981-82, the Examination Committee was made up of two teams. Team I was involved with CTB and met in Monterey, California three times - October 1981, January 1982, and May 1982. Team II completed test activities with NLN in New York and met a total of two times - September 1981, and January 1982. An emergency meeting of Team II was held in March 1982 in Monterey.

Test Development Activities

The following newly-assembled examinations and tests were reviewed item by item and the following actions were taken:

1. Adopted Series 282 of NCLEX-RN and approved five (5) item analysis tests, 75 items each.
2. Adopted Form 482 of NCLEX-PN and approved six (6) item analysis tests, 60 items each.
3. Adopted Series 782 of NCLEX-RN. NLN was responsible for Series 782; however, item analysis tests were the responsibility of CTB. 975 items were approved for administration as try-out items with Series 782.
4. Adopted Form 082 of NCLEX-PN and approved 16 try-out forms (approximately 352 items). A small number of the try-out items will be embedded in each of the test booklets.

Other test development activities included the following:

1. Evaluated 755 items from RN Review Drafts which were written Fall 1980, and reviewed by member boards in Spring 1981.
2. Evaluated 393 items from PN Review Drafts which were written Spring 1981, and reviewed by member boards in Fall 1981.
3. Evaluated 400 items from PN Review Drafts which were written Fall 1981 and reviewed by member boards Winter 1982.
4. Developed and adopted Confidential Directions for:
 PN item writing sessions - November 1981, and October 1982.
 RN item writing sessions - February 1982, and July 1982.
 PN Exam Form 482 (April 1982), 082 (October 1982), and 043 (April 1983).
 RN Exam Series 282 (February 1982), 782 (July 1982), and 283 (February 1983).

5. Reviewed security procedures to be followed by CTB in the development of the NCLEX program.
6. The items which the California Board of Nursing omitted from Series 281 and 781, along with California's rationale for omission, were reviewed by the Examination Committee - Team II. The Committee did not concur with California's decision. A report with recommendations was submitted to the Board of Directors of the NCSBN.
7. Equating - Beginning with Series 282 (February 1982) and Form 482 (April 1982), equater items have been selected for inclusion in the examination. A block of items from a previous series or form was carried forward to the next series or form. Comparison of the data on the equater items between the two administrations gives information as to the equivalency of one series or form to the other.
8. Special meeting of Exam Committee - Because of the Security break following the February 1982, examination, a special meeting of the Examination Committee was held in March 1982, in order to select new equater items for inclusion in the July 1981, NCLEX-RN. This was necessary in order to preserve the integrity of the examination. The new equater items were drawn from Series 281 and 781.
9. Criterion Referenced Standard Setting - A panel of judges was convened in March 1982, to determine the cutting score for the July 1982, NCLEX-RN. The panel included seven current practitioners (front line supervisors of entry level nurses) and the Examination Committee Chairperson. By means of Rasch Scaling Techniques and equater items, the cut score can be carried forward to subsequent examinations.

RN Test Plan

The February 1982, examination (Series 282) was the last NCLEX-RN assembled according to the old test plan. The July 1982, (Series 782) examination was assembled according to the new test plan. The committee is pleased to report that there were sufficient items in the pool to meet the specifications of the new test plan. The examination met guidelines and category weightings as specified by the test plan.

A detailed test plan, which includes critical incident data obtained in the critical incident study, "Critical Requirements for Safe/Effective Nursing Practice," was compiled to be used by item writers. This plan includes more concrete behaviors within each of the five categories of the test plan and; therefore, should be very useful, not only to item writers, but to candidates and faculty members as well. The Examination Committee recommended to the Board of Directors that the detailed test plan be copy-righted and published. This will be accomplished following further editing.

Transition

A task force made up of Phyllis Sheridan, outgoing chairperson, Louise Sanders, newly-appointed chairperson, and Ruth Jacobson, member of committee representing PN Boards was appointed by the Board of Directors to work with CTB in evaluating, classifying, and coding items in the RN and PN pools. The task force met two times in the Summer of 1981, and processed approximately 12,000 items.

Following this task, CTB was able to identify which categories of items were needed in order that confidential directions could be developed for item writing sessions.

Revisions in policies and procedures have been made to conform with the new RN test plan, new test service, etc. The flow chart has been revised as well.

CTB has produced a style sheet which is used in the training of item writers.

Diagnostic Profile

CTB's proposal included the intent to furnish a report to failing candidates indicating areas of apparent weakness. This diagnostic profile will be based on the test plan and should be meaningful to candidates as a study guide to use in preparing for future examinations. The Examination Committee has been reviewing several options. It is anticipated that a more complete report will be available at the Delegate Assembly Meeting, June 1982.

Goals and Objectives

1. Continue monitoring the transition of test development activities.
2. Continue monitoring of the examinations according to established policies and procedures; this includes working closely with the test service to
 - (a) establish and adopt confidential directions for item writing sessions and for series and forms of the examination,
 - (b) evaluate and determine disposition of Review Draft items following review by member boards,
 - (c) adopt series and forms of the examination,
 - (d) approve items for try-out purposes,
 - (e) evaluate licensing examinations after administration.
3. Review test plans and make recommendations for changes, if any, to the Delegate Assembly.

4. Hold four to five meetings of the Examination Committee, five days each, during the year.

Budget Request

No budget request is being made because the Examination Committee expenses are paid by the test service.

Recommendations

Member boards are encouraged to include as nominees for item writers, nurses who are practitioners and responsible for direct nursing care to patients.

Examination Committee Members - TEAM I

TERM

| | |
|--|---------|
| Louise Sanders, TX, At Large, Chairperson | (79-83) |
| Ginny Cassidy-Brinn, CA, Area I | (81-83) |
| Lee Christie, IL, Area II | (80-82) |
| Sharon M. Weisenbeck, KY, Area III | (78-83) |
| Norma Woodruff, NY, Area IV | (81-82) |
| Ruth Jacobson, WA, Area I, PN Representative | (80-82) |

Examination Committee Members - TEAM II

TERM

| | |
|--|---------|
| Ruth Stiehl, FL, Area III, Vice Chairperson | (79-82) |
| Maureen L. Boshier, NM, Area I | (81-82) |
| Lois R. Scibetta, KS, Area II | (81-82) |
| Jean C. Caron, ME, Area IV | (79-82) |
| Nancy Wilson, WV, Area II, PN Representative | (78-82) |

National Council of State Boards of Nursing, Inc.

Administration of Examination Committee

Annual Report 1981-1982

The Committee met twice in 1981-1982 on September 21-22, 1981 and January 26-27, 1982. The Committee asked the jurisdictions that were scheduled for the routine review of their security measures if they would participate in a pilot study of the proposed security measures. All nineteen of the jurisdictions agreed to participate. After submission of the security measures, the jurisdictions were contacted and asked to comment on the proposal by identifying areas of concern, unclear statements and areas that are not covered adequately. In addition, the jurisdictions were asked to indicate the approximate amount of time saved in preparing the proposed security measures in comparison with the previously used format and indicate whether or not the proposed format provided for adequate assurance of security. The responding jurisdictions commented that the statements in the proposal were clear and complete and would provide for adequate security. The amount of time saved by the jurisdictions varied from several hours to three days. The Committee responded to several suggestions that were made and these changes appear in the final draft of the security measures proposal which is attached to this report.

The Committee found that it took one hour versus one day to review the submitted security measures. The uniformity and conciseness of the information contributed to this. The Committee is recommending a random audit system to validate that procedures are written and implemented which fulfill the standards in the security measures.

The Committee moves that the security measures proposal be approved.

If the security measures proposal is adopted the Committee moves that the two-thirds of the jurisdictions that were not reviewed in the pilot study be reviewed in the fall of 1982. In this way all jurisdictions would be governed by the same standards within a year. The Committee recommends a four year review cycle to commence in the fall of 1983. The jurisdictions would be reviewed according to the four geographic areas defined by the Council.

The Committee has continued to work on policies and procedures. The procedures that were developed relative to responding to the needs of handicapped candidates have been used by the Council staff. Thirteen requests have been processed involving nine jurisdictions and ten different candidates. The handicaps identified related to learning or vision disabilities and involved the extension of examination time.

Five breaks in security measures were identified based on reports submitted by jurisdictions and requested information that was received by the Committee. The jurisdictions involved were asked to take corrective action and to amend their security measures. Recommendations were made to the Board of Directors to issue reprimands.

The Committee approved the amendments in security measures for twenty-eight jurisdictions.

Some candidates had a conflict with the date of the PN examination, Form 081, because of a religious holiday. In recommending future dates, further consultation will be done to ascertain whether or not the proposed dates conflict with religious holidays. The currently approved dates were evaluated. The Committee moves that the following changes be made in the practical nurse examination dates:

October 16, 1984 to October 24, 1984
 October 21, 1986 to October 15, 1986
 October 17, 1989 to October 25, 1989
 April 17, 1990 to April 18, 1990
 October 15, 1992 to October 21, 1992

The Committee moves that the testing dates for 1993 be:

RN February 3-4, 1993 (Wednesday-Thursday)
 PN April 14, 1993 (Wednesday)
 RN July 7-8, 1993 (Wednesday-Thursday)
 PN October 13, 1993 (Wednesday)

The Committee established the following goals and objectives for 1982-1983:

1. To recommend changes or modifications in the criteria (standards) and procedures in the security measures if inadequacies and/or a need for change in procedures are identified.
2. To further develop the policies and procedures of the Administration of Examination Committee so that consistency and efficiency are promoted.
3. To review the duties established in the bylaws for the Committee and the assignments given the Committee by the Board of Directors and recommend language changes or additions in the bylaws if this is warranted.

The budget proposed by the Committee is for \$5,000.00. This amount would cover a meeting in the fall and a conference call in the spring. Mechanisms have been developed by the Committee that involve assignments between meetings. With continued use of these mechanisms, the Committee should be able to carry out their duties effectively and responsibly in one meeting and one conference call.

Submitted by the Committee:

Mildred Armour, AR, Area III
Elizabeth Cooper, TX, Area III
Leola Daniels, ID, Area I
Sandra MacKenzie, Chair, MN, Area II
Bertha Mugurdichian, RI, Area IV
Agnes Will, ND, Area II

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

SECURITY MEASURES

FOR THE

NATIONAL COUNCIL LICENSURE EXAMINATIONS

Jurisdiction _____ RN Effective Date of Security Measures _____ PN RN and PN

Standards

Board of Nursing Information

I. IMPLEMENTATION OF SECURITY MEASURES

There shall be one person designated by the Board of Nursing who is responsible for implementing the security measures.

I.

- There is one person designated by the Board of Nursing who is responsible for implementing the security measures.

Job title and agency:

II. RECEIPT, INVENTORY, STORAGE AND TRANSPORTATION OF TEST BOOKLETS

- A. There shall be no more than three persons per site who are authorized to receive the test booklets from the carrier.

II A.

- There are no more than three persons per site who are authorized to receive the test booklets from the carrier.

Job title(s) and agency:

Standards

- B. There shall be at least two persons who shall conduct an inventory of the containers of test booklets.
- C. There shall be a written record of the inventory made and maintained for 6 months.
- D. Any discrepancy in the number of containers shipped and received shall be reported to the test service immediately by telephone and a copy of the written record shall be mailed to the test service and to the Council.
- E. A written report of damaged containers shall be submitted to the test service and to the Council immediately.
- F. The written report and evidence of damage shall be retained for 6 months unless otherwise specified by the Council.
- G. There shall be security storage for test booklets into which they are placed as soon as inventoried.

Board of Nursing Information

II B.

- There are at least two persons who conduct an inventory of the containers of test booklets.

Job titles and agency:

II C.

- There is a written record of the inventory made and maintained for 6 months.

II D.

- Any discrepancy in the number of containers shipped and received is reported to the test service immediately by telephone and a copy of the written record is mailed to the test service and to the Council.

II E.

- A written report of damaged containers is submitted to the test service and to the Council immediately.

II F.

- The written report and evidence of damage is retained for 6 months unless otherwise specified by the Council.

II G.

- There is security storage for test booklets into which they are placed as soon as inventoried.
- storage is within the Board Office
- storage is at the examination center
- Other _____

Standards

Board of Nursing Information

H. There shall be no more than three persons per site supervising the placement of test booklets into the security storage.

I. While booklets are in the custody of the Board, each storage facility shall be secure in the following ways:

1. The lock on the storage facility shall be unique. It may be a key lock, a combination lock, or an electronic locking device.
2. There shall be no more than three persons with access to the unique lock.
3. Entrance into the storage facility shall be supervised by one of the individuals with access to the unique lock.
4. There shall be controlled access to the storage facility. All ducts, vents and windows are secured.

II H.

There are no more than three persons per site supervising the placement of test booklets into the security storage.

Job title(s) and agency:

II I.

While booklets are in the custody of the Board, each storage facility is secure.

II I 1.

The lock on the storage facility is unique.

II I 2.

There are no more than three persons with access to the unique lock.

Job title(s) and agency:

II I 3.

Entrance into the storage facility is supervised by one of the individuals with access to the unique lock.

II I 4.

All access to the storage facility is controlled.

Standards

- J. There shall be at least two persons conducting the inventory of the packets at least one day prior to the administration of the examination.
- K. A written record of the inventory shall be made and maintained for 6 months.
- L. Any discrepancy in the inventory of packets shall be reported immediately by telephone to the test service and to the Council, and followed by the written report to both agencies.
- M. There shall be secure transportation of test booklets to and from the examination center(s) by bonded carrier or vehicle staffed with a member of the examination team.

Board of Nursing Information

- II J.
 There are at least two persons conducting the inventory of the packets at least one day prior to the examination.
- II K.
 A written record of the inventory is made and maintained for 6 months.
- II L.
 Any discrepancy in the inventory of packets is reported immediately by telephone to the test service and to the Council, and is followed by the written report to both agencies.
- II M.
 There is secure transportation of test booklets to and from the examination center(s) by bonded carrier or vehicle staffed with a member of the examination team.

Standards

Board of Nursing Information

NOTE:

You may identify your specific seating arrangement on page 6 by marking an "x" in the box in front of the appropriate letter. The following seating standards are minimal:

- A. 10' x 30" or 10' x 18" tables - 4 candidates on one side.
- B. 10' x 30" tables - 5 candidates on multiple sides.
- C. 8' x 30" or 8' x 18" tables - 3 candidates on one side.
- D. 8' x 30" tables - 4 candidates on multiple sides.
- E. 6' x 30" or 6' x 18" tables - 2 candidates on one side.
- F. 6' x 30" tables - 3 candidates on multiple sides.
- G. 4' x 30" or 4' x 18" tables - 1 candidate on one side.
- H. 4' x 30" tables - 2 candidates on multiple sides.
- I. Tables less than 4' - 1 candidate.
- J. Round tables, 60" - 5 candidates.
- K. Stationary theater seats with tablet arms - every other seat.
- L. Moveable classroom chairs with tablet arms - 18" apart.

Standards

Board of Nursing Information

II. EXAMINATION CENTER

A. In selecting an examination center, the following requirements shall be met:

1. Sufficient floor space that permits one or a combination of seating arrangements as described on the previous page.
2. Sufficient floor space that allows a minimum of 2½ feet for aisles so that examination team can move freely for observation of candidates.
3. Restroom facilities within the examination center.
4. Access to and exit from the examination rooms shall be controlled.

B. There shall be provisions for a hard smooth writing surface for each candidate.

C. Each proctor shall have an individual table which is separate from the candidates for the use of each proctor.

D. If test booklets are kept at the examination center at times other than during the examination, there shall be secure storage with access limited to three persons.

E. Undistributed test booklets shall be maintained in a secure area during the examination with access limited to members of the examination team.

Prepare this page for each room used and label as 6A, 6B, etc.

III A.

Examination Center _____

Room _____

Address _____

III A 1. The following seating arrangement is utilized:

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> B | <input type="checkbox"/> F | <input type="checkbox"/> J |
| <input type="checkbox"/> C | <input type="checkbox"/> G | <input type="checkbox"/> K |
| <input type="checkbox"/> D | <input type="checkbox"/> H | <input type="checkbox"/> L |

III A 2.

- Aisles are at least 2½ feet wide.

III A 3.

- There are restroom facilities within the building used for the examination.

III A 4.

- Access to and exit from the examination rooms is controlled.

III B.

- A hard smooth writing surface is provided.

III C.

- Each proctor has an individual table which is separate from the candidates.

III D.

- There is secure storage with access limited to three persons.

Job title(s) and agency:

III E.

- Undistributed test booklets are maintained in a secure area during the examination with access limited to members of the examination team.

Standards

Board of Nursing Information

IV. EXAMINATION TEAM

A. In selecting members of the examination team, the following requirements shall be met:

1. The person shall not be affiliated with a nursing program unless the person is a current Board member.
2. The person shall not be a student in a nursing program.
3. The person has not been disciplined by the Board, and is not under investigation.
4. The person shall participate in an orientation.
5. If the person has worked at a previous examination, the person has demonstrated the ability to perform the assigned duties.

B. There shall be at least two members present in each examination room.

C. There shall be at least one registered nurse employee or nurse member of the Board present at each examination center, except in those jurisdictions which use a test administration agency approved by the Council.

IV A.

All criteria are utilized in selecting the examination team.

IV B.

There are at least two members present in each examination room.

IV C.

There is at least one registered nurse employee or nurse member of the Board present at each examination center.

There is a Test Administration Agency (TAA) which has been approved by the Council. (Pages 26 and 27 are required when there is an approved TAA.)

Standards

Board of Nursing Information

- D. There shall be at least one examiner per examination center. The examiner shall be knowledgeable about the requirements of these security measures and capable of conducting the examination.
- E. There shall be provisions for an alternate to the examiner who meets the same requirements as the examiner.
- F. There shall be one proctor responsible for no more than 35 candidates. The duties of each proctor shall include:
1. Participation in the inventory of test booklets.
 2. Distribution of test booklets to the assigned candidates.
 3. Collection of test booklets from the assigned candidates during rest-room breaks.
 4. Collection of test booklets from the assigned candidates upon completion of the examination.
 5. Issuance of exit clearance to the assigned candidates; e.g., pass, stamp, or signature.
- G. There shall be members of the examination team specifically responsible for each of the following duties at the time of examination administration:
1. Checking the examination center for compliance with security measures.

IV D.

- There is at least one examiner per examination center who is knowledgeable about the requirements of these security measures and is capable of conducting the examination.

IV E.

- There are provisions for an alternate to the examiner who meets the same requirements as the examiner.

IV F.

- Proctor/candidate ratio is no more than 1:35.
- All listed duties are assigned to each proctor.

IV G.

- There are members of the examination team specifically responsible for each of the listed duties.

Standards

Board of Nursing Information

IV G.

2. Reading the directions for the administration of the examination to the candidates.
3. Admitting candidates.
4. Identifying candidates.
5. Performing inventory of test booklets before and after the examination.
6. Distributing test materials other than booklets.
7. Observing candidates.
8. Supervising the unused test booklets.
9. Escorting candidates to the restroom.
10. Monitoring the exit of candidates.
11. Guarding the entrances and exits of the examination room.
12. Dealing with suspected cheating.
13. Packing test booklets.
14. Escorting authorized personnel other than examination team members, such as janitors.
15. Securing signatures for verification of security from every team member.

Standards

Board of Nursing Information

H. An orientation shall be held for all members of the examination team at least once each year and shall include the following:

1. Duties of each examination team member.
2. Review of all materials related to the examination administration.
3. Examination schedule.
4. Responsibilities for security including instructions that test booklets are not to be opened by anyone other than the candidates.
5. Responsibilities for emergency situations.

V. ADMINISTRATION OF THE EXAMINATION

A. Candidates shall be issued an admission document by the Board at least 10 days prior to the examination.

B. Identification and Admission of Candidates to Each Part of the Examination:

1. Entrance to the examination room shall be controlled by member(s) of the examination team.
2. Identification shall be by the admission document, and at least one of the following: picture, signature or finger printing.

IV H.

- An orientation is held each year for all members of the examination team.
- All indicated topics are covered in the orientation.

V A.

- An admission document is issued at least 10 days prior to the examination.

V B 1.

- Entrance to the examination room is controlled by member(s) of the examination team.

V B 2

- Identification is by the admission document and at least one of the following:
 - picture, signature or finger printing.

Standards

Board of Nursing Information

3. There shall be a procedure for identifying candidates who arrive without admission credentials. The identification shall be by verifying the scheduling of the individual against Board records and at least one of the following: random selection of another candidate from the same program, signature, or drivers license.
4. If candidates are admitted late, there shall be no additional examination time allowed. No candidate shall be admitted after a candidate has been released from an examination room.
5. Identification of late candidates shall be the same as for all other candidates.
- C. The candidate shall retain the same seat assignment for all parts of the examination except for reassignment due to health or security factors.
- D. Distribution of Testing Materials at the Examination Center:
1. Each proctor and one other member of the examination team shall conduct an inventory of all the test booklets in the packet assigned to the proctor prior to distribution to candidates.

V B 3.

- The identification of candidates without admission credentials is by verifying the scheduling of the individual against Board records and at least one of the following:

- random selection of another candidate from the same program, signature, or drivers license.

V B 4.

- No late candidates are admitted.
- When late candidates are admitted, no additional time is allowed and no candidates are admitted after a candidate has been released.

V B 5.

- Identification of late candidates is the same as for all other candidates.

V C.

- Candidates retain the same seat assignment throughout the examination except for reassignment due to health or security factors.

V D 1.

- Inventory is conducted by each proctor and one other member of the examination team.

Standards

Board of Nursing Information

2. There shall be a written record made of the inventory and maintained for 6 months.
3. Any discrepancy in the number of booklets or numbering of booklets within the packet shall be reported immediately to the Examiner.
4. Any packet in which a discrepancy has been found shall not be used unless no other packet is available.
5. A written report of the discrepancy shall be prepared by the two individuals who conducted the inventory.
6. The written report shall be sent to the Council and test service on the day following the examination.
7. A copy of the report shall be kept on file by the jurisdiction until the matter is resolved.
8. Booklets for only one part of the examination shall be given to the proctor at a time. Booklets for other parts shall be under the surveillance of a member of the examination team other than the proctor.

V D 2.

- A written record of the inventory is made and maintained for 6 months.

V D 3.

- Any discrepancy in the number of booklets or numbering of booklets within the packet is reported immediately to the Examiner.

V D 4.

- Any packet in which a discrepancy has been found is not used unless no other packet is available.

V D 5.

- A written report of the discrepancy is prepared by the two individuals who conducted the inventory.

V D 6.

- The written report is sent to the Council and test service on the day following the examination.

V D 7.

- A copy of the report is kept on file until the matter is resolved.

V D 8.

- Booklets for only one part of the examination are given to the proctor at one time. Booklets for other parts are under the surveillance of a member of the examination team other than the proctor.

Standards

Board of Nursing Information

9. Test booklets shall be distributed to the candidates at their seats. There shall be a written record made of the distribution to include the number of the candidate and the specific booklet given to that candidate. The written record shall be maintained for 6 months.

- E. Undistributed test booklets shall be attended by a member of the examination team at all times in one of the following ways:

1. Carried in a container.
2. Locked in a case not accessible to candidates.
3. Maintained in a secure area.

- F. Candidates shall be allowed to use the restroom facilities during the examination. A member of the examination team shall have the responsibility for preventing candidates from communicating with one another.

The test booklet shall be retained by the assigned proctor and no additional time shall be allowed.

V D 9.

- Test booklets are distributed to candidates at their seats.
- A written record of the distribution is made and maintained for 6 months.

V E.

- Undistributed test booklets are attended by a member of the examination team at all times in one of the following ways:
 - Carried in a container.
 - Locked in a case not accessible to candidates.
 - Maintained in a secure area.

V F.

- Candidates are prevented from communicating with one another.
- The test booklet is retained by the assigned proctor and no additional time is allowed.

Standards

G. Candidates shall be under constant surveillance that includes patrolling the aisles by member(s) of the examination team to assure that candidates are:

1. Recording responses appropriately.
2. Working independently.
3. Not using any unauthorized aids.
4. Not lifting information from the test booklets.

H. There shall be a procedure for dealing with candidates who are suspected of cheating.

I. If a candidate has been given a damaged booklet, or one with a printing error, the candidate is to be allowed to retain the booklet, and a second booklet is to be secured and given to the candidate.

1. The proctor shall make a note on the distribution record that the candidate has two booklets.
2. The proctor shall collect both test booklets prior to dismissing the candidate.
3. The proctor and the Examiner shall prepare a written report of the incident which shall be mailed to the test service and to the Council the following day.

Board of Nursing Information

V G.

Candidates are under constant surveillance by the examination team.

V H.

There is a procedure for dealing with candidates who are suspected of cheating.

V I.

The candidate is allowed to retain the booklet, and a second booklet is secured and given to the candidate.

V I 1.

The proctor makes a note on the distribution record that the candidate has two booklets.

V I 2.

The proctor collects both test booklets prior to dismissing the candidate.

V I 3.

The proctor and the Examiner prepare a written report of the incident which is mailed to the test service and to the Council the following day.

Standards

Board of Nursing Information

J. Test booklets shall be collected from the candidate by the distributing proctor. A written record shall be made of this transaction and maintained for 6 months.

K. An exit release document shall be given to the candidate by the proctor after the testing materials have been returned to the proctor.

L. Exit from the examination room shall be controlled by a member of the examination team and a candidate shall not be allowed to leave the examination room without showing the release document.

M. The test booklets shall be returned to the designated member of the examination team and inventoried by two individuals. One of the individuals performing the inventory of the packet of test booklets shall be the assigned proctor who received and inventoried the packet and who distributed the test booklets to the candidates.

1. A written record shall be made of this transaction and maintained for 6 months

2. Any discrepancy in the number of booklets distributed and collected shall be reported to the Examiner.

V J.

Test booklets are collected by the distributing proctor.

A written record is made of this transaction and maintained for 6 months.

V K.

An exit release document is given to the candidate by the proctor after the testing materials have been returned to the proctor.

V L.

Exit from the examination room is controlled by a member of the examination team and a candidate is not allowed to leave the examination room without showing the release document.

V M.

Test booklets are returned to the designated member.

Test booklets are inventoried by the designated member and the assigned proctor.

V M 1.

A written record is made of this transaction and maintained for 6 months.

V M 2.

Any discrepancy in the number of booklets distributed and collected is reported to the Examiner.

Standards

Board of Nursing Information

3. If the discrepancy is not corrected immediately, it shall be reported by telephone to the Council and test service immediately.
4. A written report shall be prepared by the Proctor and the Examiner.
5. The written report shall be sent to the Council and test service on the day following the examination.
6. A copy of the report shall be kept on file by the jurisdiction until the matter is resolved.

N. The returned test booklets shall be under the surveillance of a member of the examination team until they are returned to secure storage or are shipped.

O. The test booklets shall be checked and prepared for shipment. All test booklets shall be placed in the appropriate containers.

P. An inventory of the containers of test booklets shall be conducted by two individuals prior to returning them to storage or are shipped.

1. A written record shall be made of this transaction and maintained for 6 months.

V M 3.

- If the discrepancy is not corrected immediately, it is reported by telephone to the Council and test service immediately.

V M 4.

- A written report is prepared by the Proctor and the Examiner.

V M 5.

- The written report is sent to the Council and test service on the day following the examination.

V M 6.

- A copy of the report is kept on file until the matter is resolved.

V N.

- The returned test booklets are under the surveillance of a member of the examination team until they are returned to secure storage or are shipped.

V O.

- Test booklets are checked and prepared for shipment and placed in the appropriate container.

V P.

- An inventory of the containers is conducted by two persons prior to returning them to storage or are shipped.

V P 1.

- A written record is made of this transaction and maintained for 6 months.

Standards

Board of Nursing Information

2. Any discrepancy in the number of containers shall be reported to the Examiner.
3. If the discrepancy is not corrected, it shall be reported by telephone to the Council and test service immediately.
4. A written report shall be prepared by the two individuals conducting the inventory.
5. The written report shall be sent to the Council and test service on the day following the examination.
6. A copy of the report shall be kept on file by the jurisdiction until the matter is resolved.
- Q. The test booklets shall be shipped by the method designated by the test service.
- R. Only authorized individuals shall be present during the administration of the examination. Authorized individuals shall be restricted to:
1. members of the examination team
 2. identified candidates
 3. personnel of the examination center who are discharging their duties, such as janitors

V P 2.

- Any discrepancy in the number of containers is reported to the Examiner.

V P 3.

- If the discrepancy is not corrected, it is reported by telephone to the Council and test service immediately.

V P 4.

- A written report is prepared by the two individuals conducting the inventory.

V P 5.

- The written report is sent to the Council and test service on the day following the examination.

V P 6.

- A copy of the report is kept on file until the matter is resolved.

V Q.

- Test booklets are shipped by the method designated.

V R.

- Only authorized individuals are present during the administration of the examination.

Standards

Board of Nursing Information

VI. EMERGENCY SITUATIONS DURING EXAMINATION ADMINISTRATION

There shall be a written procedure for handling emergencies that provides for:

- A. Safety of the candidates.
- B. Security of the test booklets.
- C. Safety of the examination team.

VII. VERIFICATION OF SECURITY COMPLIANCE

Following the administration of each examination the person responsible for implementing the security measures shall provide a written compliance report to the Council.

VIII. REVIEW OF POTENTIAL TEST ITEMS

- A. There shall be no more than three persons who are authorized to receive the shipment of "review drafts" from the carrier.
- B. There shall be at least two persons who shall conduct an inventory of the number of review drafts received.
- C. A written record of this inventory shall be made and maintained for 6 months.

VI.

There is a written procedure for handling emergencies that provides for:

- safety of the candidates.
- security of the test booklets.
- safety of the examination team.

VII.

A written compliance report is sent to the Council by the person responsible for implementing the security measures.

VIII A.

There are no more than three persons who are authorized to receive the shipment.

Job title(s) and agency:

VIII B.

There are at least two persons who conduct the inventory.

Job title(s) and agency:

VIII C.

A written record of the inventory is made and maintained for 6 months.

Standards

Board of Nursing Information

D. Any discrepancy in the inventory of review drafts shall be reported immediately by telephone to the test service and to the Council, and followed by the written report to both agencies.

E. There shall be security storage for the review drafts into which the drafts are placed as soon as they are inventoried.

F. There shall be no more than three persons supervising the placement of the items into secure storage.

G. While review drafts are in the custody of the Board, the storage facility shall be secure in the following ways:

1. The lock on the storage facility shall be unique. It may be a key lock, a combination lock, or an electronic locking device.

2. There shall be no more than three persons with access to the unique lock.

VIII D.

Any discrepancy in the inventory of review drafts is reported immediately by telephone to the test service and to the Council, and followed by the written report to both agencies.

VIII E.

There is secure storage for the review drafts into which drafts are placed as soon as they are inventoried.

VIII F.

There are no more than three persons supervising the placement of the items into secure storage.

Job title(s) and agency:

VIII G.

While review drafts are in the custody of the Board, the storage facility is secure.

VIII G 1.

The lock on the storage facility is unique.

VIII G 2.

There are no more than three persons with access to the unique lock.

Job title(s) and agency:

Standards

Board of Nursing Information

- | Standards | Board of Nursing Information |
|---|---|
| <p>3. Entrance into the storage facility shall be supervised by one of the individuals with access to the unique lock.</p> | <p>VIII G 3. <input type="checkbox"/> Entrance into the storage facility is supervised by one of the individuals with access to the unique lock.</p> |
| <p>4. There shall be controlled access to the storage facility. All ducts, vents and windows are secured.</p> | <p>VIII G 4. <input type="checkbox"/> All access to the storage facility is controlled.</p> |
| <p>H. There shall be a secure method of taking the review drafts to and from the executive session of the Board.</p> | <p>VIII H. <input type="checkbox"/> There is a secure method of taking the review drafts to and from the meeting.</p> |
| <p>I. Only Board members and authorized nurse employees shall be present for the review.</p> | <p>VIII I. <input type="checkbox"/> Only the specified authorized persons attend and participate in the review.</p> |
| <p>J. No notes shall be taken or information removed by participants.</p> | <p>VIII J. <input type="checkbox"/> No notes are taken or information removed by participants.</p> |
| <p>K. Reviewers shall be instructed on measures to maintain security.</p> | <p>VIII K. <input type="checkbox"/> Reviewers are instructed.</p> |
| <p>L. Following the review, the person responsible for implementing the security measures shall provide the Council with a written compliance report.</p> | <p>VIII L. <input type="checkbox"/> The responsible person provides the Council with a written compliance report.</p> |

Standards

Board of Nursing Information

- M. An inventory shall be conducted by two individuals after the session.
- N. A written record of this inventory shall be made and maintained for 6 months.
- O. Any discrepancy in the inventory of review drafts shall be reported immediately by telephone to the test service and to the Council and followed by the written reports to both agencies.
- P. The drafts shall be returned to secure storage until shipped.
- Q. The drafts shall be shipped via the route specified by the test service.

IX. REVIEW OF TEST BOOKLETS FOLLOWING ADMINISTRATION

- A. Permission shall be obtained from the Council for the review of test booklets following administration of the examination.
- B. There shall be no more than three persons who are authorized to receive the shipment of test booklets from the carrier.

VIII M.

- An inventory is conducted by two individuals.

VIII N.

- A written record is made and maintained for 6 months.

VIII O.

- Any discrepancy in the inventory of review drafts is reported immediately by telephone to the test service and to the Council and followed by the written reports to both agencies.

VIII P.

- The drafts are returned to secure storage.

VIII Q.

- The drafts are shipped according to procedures established by the test service.

IX A.

- Permission is obtained for the review of test booklets following the administration of the examination.

IX B.

- There are no more than three persons who are authorized to receive the shipment.

Job title(s) and agency:

Standards

Board of Nursing Information

C. There shall be at least two persons who shall conduct an inventory of the number of test booklets received.

D. A written record of this inventory shall be made and maintained for 6 months.

E. Any discrepancy in the inventory of booklets shall be reported immediately by telephone to the test service and to the Council, and followed by the written report to both agencies.

F. There shall be security storage for the test booklets into which they are placed as soon as inventoried.

G. There shall be no more than three persons supervising the placement of test booklets into secure storage.

H. While test booklets are in the custody of the Board, the storage facility shall be secure in the following ways:

IX C.

There are at least two persons who conduct the inventory.

Job title(s) and agency:

IX D.

A written record of the inventory is made and maintained for 6 months.

IX E.

Any discrepancy in the inventory of booklets is reported immediately by telephone to the test service and to the Council, and followed by the written report to both agencies.

IX F.

There is secure storage.

IX G.

There are no more than three persons supervising the placement of test booklets into secure storage.

Job title(s) and agency:

IX H.

While test booklets are in the custody of the Board, the storage facility is secure.

Standards

1. The lock on the storage facility shall be unique. It may be a key lock, a combination lock, or an electronic locking device.
 2. There shall be no more than three persons with access to the unique lock.
 3. Entrance into the storage facility shall be supervised by one of the individuals with access to the unique lock.
 4. There shall be controlled access to the storage facility. All ducts, vents and windows are secured.
- I. There shall be a secure method of taking the test booklets to and from the executive session of the Board.
 - J. Only Board members and authorized nurse employees shall be present for the review.
 - K. No notes shall be taken or information removed by participants.

Board of Nursing Information

IX H 1.

- The lock on the storage facility is unique.

IX H 2.

- There are no more than three persons with access to the unique lock.

Job Title(s) and agency:

IX H 3.

- Entrance into the storage facility is supervised by one of the individuals with access to the unique lock.

IX H 4.

- All access to the storage facility is controlled.

IX I.

- There is a secure method of taking the test booklets to and from the meeting.

IX J.

- Only the specified authorized persons attend and participate in the review.

IX K.

- No notes are taken or information removed by participants.

Standards

Board of Nursing Information

L. Reviewers shall be instructed on measures to maintain security.

M. Following the review, the person responsible for implementing the security measures shall provide the Council with a written compliance report.

N. An inventory shall be conducted by two individuals after the session.

O. A written record of this inventory shall be made and maintained for 6 months.

P. Any discrepancy in the inventory of booklets shall be reported immediately by telephone to the test service and to the Council and followed by the written report to both agencies.

Q. The booklets shall be returned to secure storage until shipped.

R. The booklets shall be shipped via the route specified by the test service.

X. DETAILED PROCEDURE

A written procedure shall be maintained detailing the current plan for implementing the security measures.

IX L.

Reviewers are instructed.

IX M.

The responsible person provides the Council with a written compliance report.

IX N.

An inventory is conducted by two individuals.

IX O.

A written record is made and maintained for 6 months.

IX P.

Any discrepancy in the inventory of booklets is reported immediately by telephone to the test service and to the Council and followed by the written report to both agencies.

IX Q.

The booklets are returned to secure storage.

IX R.

The booklets are shipped according to procedures established by the test service.

X.

A written procedure is maintained detailing the current plan for implementing the security measures.

Standards

Board of Nursing Information

Signature _____

Person responsible for implementing
the security measures.

Title _____

Date _____

040182

Standards

Board of Nursing Information

Addendum:

STANDARDS FOR A TEST ADMINISTRATION AGENCY (TAA) TO ADMINISTER THE EXAMINATION FOR A MEMBER BOARD

- A. The Test Administration Agency (TAA) utilized shall be approved by the Council.
- B. The registered nurse designated by the Board shall have administrative responsibility on behalf of the Board for contract compliance.
- C. The Board or another appropriate state agency shall determine the eligibility of persons to write the licensure examination for registered nurses or for practical nurses.
- D. The TAA shall allow the Board the privilege of observing the administration of the examination at any time.
- E. The TAA shall be familiar with the contents of the following and must adhere explicitly to the requirements specified in the:

- A.
 The TAA has been approved by the Council.

Name TAA _____

Address _____

- B.
 The registered nurse designee has administrative responsibility on behalf of the Board for contract compliance.
- C.
 The Board or another appropriate state agency determines eligibility for writing the licensure examinations.
- D.
 The Board has the privilege of observing the administration of the examination at any time.
- E.
 There is a system of orienting and familiarizing the TAA with the contents of the contract, the security measures and the manual for administration of the examination.

Standards

1. Contract for the examinations negotiated between the Council and the Board.
 2. Security measures for the examinations.
 3. Manuals for the administration of the examinations.
- F. The TAA shall immediately after each administration of the examination, verify to the Board that all security provisions have been observed.
- G. The TAA shall, in the event of any situation which may be regarded as a security problem, immediately report by telephone, and promptly thereafter submit a detailed written report, to the designated registered nurse, and cooperate in taking appropriate action with respect to the situation.

Board of Nursing Information

- Contract for the examinations.
 - Security measures for the examinations.
 - Manuals for the administration of the examinations.
- F.
- The TAA, through an established procedure, verifies to the Board that all security provisions have been observed.
- G.
- The TAA reports by telephone and follows up with a written report to the registered nurse designated by the Board, any situation which may be regarded as a security problem and cooperates in taking appropriate action with respect to the situation.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

NURSING PRACTICE AND STANDARDS COMMITTEE

ANNUAL REPORT 1981-1982

The Nursing Practice and Standards Committee met four times during the past year. Two new members, Therese Sullivan from Montana and John Word from Washington, D.C., joined the four continuing members on the Committee.

Working Draft #4 of a Model Nursing Practice Act, developed by the Committee, was discussed at a forum held during the Council's 1981 annual meeting and subsequently was presented to the Delegate Assembly for consideration. The delegates adopted the organizational structure of the Act and authorized the Committee to continue its work on the Model Act along with development of Model Administrative Rules and Regulations. The Committee was directed to present a revised Model Act to the 1982 Delegate Assembly for possible adoption.

Member Boards were requested to submit written suggestions for revisions of the Model Act to the Committee by October 1, 1981. Other interested parties also were encouraged to submit written comments. The Committee received extensive input and used it in making revisions that are reflected in Working Draft #5 of the Model Nursing Practice Act. This draft was presented to Toni Massaro, Attorney, for review which resulted in some additional minor revisions. The Committee subsequently recommended to the Board of Directors that Working Draft #5 be distributed to the Member Boards in March so as to permit as much time as possible for thorough review and study before the 1982 Delegate Assembly.

The remainder of the year was spent developing Model Administrative Rules and Regulations consistent with the Model Practice Act. Drafts of the following rules and regulations have been prepared for discussion at the 1982 Delegate Assembly:

1. Standards of Nursing Practice for Registered Nurses
2. Standards of Nursing Practice for Licensed Practical Nurses
3. Standards for Nursing Education
4. Licensure by Examination
5. Licensure by Endorsement
6. Announcement of Specialty Practice
7. Limited Licensure
8. Renewal of License
9. Reinstatement of Lapsed License
10. Standards for Continued Competency
11. Assessment of Fees

Several State Boards requested permission to use draft copies of the proposed Model Act during preparation of statute revisions. The Committee recommended to the Board of Directors that permission be granted.

The Committee has projected the following objectives for 1982-1983:

1. Edit and publish the Model Nursing Practice Act
2. Promote understanding and implementation of the Model Act through workshop(s) and articles published in Issues.
3. Revise the Model Administrative Rules and Regulations initially presented at the 1982 Delegate Assembly for further consideration at the 1983 Delegate Assembly.
4. Draft additional Model Administrative Rules and Regulations as indicated.
5. Develop a research proposal to study the effects of the Model Practice Act on changes in state nursing statutes.

Three meetings of three days each are proposed to accomplish the above objectives in addition to input from consultants. A budget of \$22,707 has been requested to support the work of the Committee during the coming year.

The Committee wishes to express appreciation for all of the assistance that it has received from Council staff; Toni Massaro, Attorney; Member Boards; and other interested parties. Their input has been invaluable.

The following recommendations will be submitted to the 1982 Delegate Assembly for its consideration:

1. The Nursing Practice and Standards Committee recommends adoption of the Model Nursing Practice Act with the following changes:
 - (a) Article II, Section 3, page 6: The Licensed Practical Nurse functions at the direction of the Registered Nurse, licensed physician, or other licensed health care professional in the performance of activities delegated by that health care professional.
 - (b) Article V, Section 1(b), page 24, new (vi): Meet continued competency requirements as stated in Article V, Section 3, Renewal of Licenses.
 - (c) Article V, Section 2(c), Page 25: An applicant who fails the licensure examination may retake the examination for a period of () years after

the initial examination. An applicant who has been unsuccessful in passing the examination during () years shall thereafter be ineligible to take any further examination until such time as such person shall submit satisfactory evidence to the Board of further formal study. Further formal study shall include evidence of study in a nursing program approved by the Board.

- (d) Article XII, (d), page 43: Caring for the sick in accordance with the tenets or practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing.
2. The Nursing Practice and Standards Committee recommends that the proposed Model Administrative Rules and Regulations be accepted for study by The Delegate Assembly and that written suggestions for revisions be submitted to the Committee by October 1, 1982.

Respectfully submitted,

Thelma Cleveland, Chairperson,
Washington, Area I
Ruth Elliott, Tennessee, Area III
Margaret Pavelka, Nebraska, Area II
Mary Shilling, South Carolina, Area III
Therese Sullivan, Montana, Area I
John Word, Washington, D.C., Area IV

WORKING DRAFT #5

December 10, 1981

M O D E L N U R S I N G P R A C T I C E A C T

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Chicago, Illinois 60611

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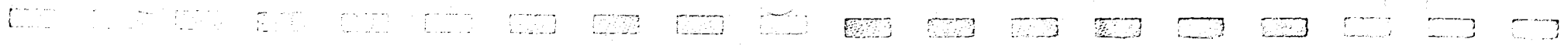


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INTRODUCTION

The Model Nursing Practice Act was developed by the Nursing Practice and Standards Committee of the National Council of State Boards of Nursing. It is intended to serve as a standard by which the comprehensiveness and effectiveness of individual state nursing practice laws may be assessed. It also is intended to serve as a guide to assist states in formulating desired improvements in their nursing statutes.

The proposed statute presented here is a model act which the Council of State Governments has defined as:

A piece of legislation which seeks to address, in comprehensive fashion, a determined need. Model bills are often reform legislation intended to provide order in an area where existing legislation is out of date, internally inconsistent, too broad or too narrow, or for some reason inadequate to implement current state policy. (1)

The need for such a model act was expressed by the Member Boards of the National Council of State Boards of Nursing in the duties outlined by the By-Laws of the Council for the Nursing Practice and Standards Committee. These included: (1) proposing and periodically reviewing model statutory definitions of professional and practical nursing, and (2)

Council of State Governments. STATE REGULATORY POLICIES: DENTISTRY AND THE HEALTH PROFESSIONS. Lexington, KY: The Council of State Governments, 1979.

proposing and periodically reviewing model laws pertaining to nursing practice and standards, to licensure, license renewal, disciplinary action, approval of nursing education programs, and any other matter which comes under the legal purview of Member Boards. Financial support for proposing such model legislation was provided through the W. K. Kellogg Foundation grant obtained by the National Council in its initial years.

As the various states and territories have attempted to respond to the many changes in nursing practice that have evolved over the years, significant differences have resulted in the manner in which the same subject matter has come to be statutorily regulated. Some nursing practice acts are more comprehensive than others, some are out of date, some omit essential provisions, and some are internally inconsistent.

The Committee believes that states should retain the right to enact nursing practice legislation which will best protect the health, safety and welfare of the citizens within their jurisdictions. As a result of this process, the Committee recognizes that there will be some variation in the resulting nursing statutes. However, the Committee also believes that there is a national need to have some degree of uniformity among the nursing practice statutes of the several states so as to ensure a common understanding throughout the country of what constitutes the legally recognized profession of nursing and its practice. Such uniformity also

further the concept of nurses and nursing as a valuable national resource by facilitating the geographic mobility of nurses to meet needs and interests.

Suggested or model nursing practice legislation may be developed by professional associations as well as by organizations composed of regulatory boards, such as the National Council of State Boards of Nursing. Each organization brings a different perspective to its proposed legislation and such varying perspectives can be useful to those contemplating needed changes in state statutes. A model act developed by the National Council of State Boards of Nursing may be especially helpful since it reflects the combined experiences of persons closely associated with the regulation of nursing practice; i.e., members and executive staff of Boards of Nursing.

In developing this Model Act, the Nursing Practice and Standards Committee first distinguished between statutory and professional definitions of nursing practice since it is from the definition of practice that all other parts of a regulatory act evolve. A paper outlining this difference, as well as proposed definitions of the practice of nursing and the licensed practitioners, were discussed at a forum held during the 1980 Convention of the National Council of State Boards of Nursing. Using feedback from this forum, input from the Council's Board of Directors and other committees, legal consultation, information gleaned from the literature and current state nursing practice acts, and the extensive experiences of the Committee's members, an initial draft of a Model Nursing Practice Act was developed and circulated to Member Boards

and other interested parties in the Spring of 1981.

Following this, a forum was held during the Council's 1981 annual meeting which facilitated discussion of the Model Act during the subsequent Delegate Assembly. The delegates adopted the organizational structure of the Act and authorized the Committee to continue its work on the Model Act, along with development of model administrative regulations. The Committee was directed to present a revised Act to the 1982 Delegate Assembly for possible adoption. Member Boards were requested to submit written suggestions for revisions to the Committee by October, 1981. Other interested parties also were encouraged to submit written comments.

This current draft of the Model Act reflects the extensive input received during and after the 1981 Delegate Assembly. The traditional licensee titles, Registered Nurse and Licensed Practical Nurse, have been reinstated and the definitions for these two categories of practitioners have been revised. The Committee, however, retained the comprehensive nature of the Act. Potential users of this Model are urged to study it thoroughly in relation to the law in their particular jurisdiction and seek legal analysis and opinion since one or more of the provisions of this Model Act may conflict with existing state statutory or constitutional law. This Model covers matters often not touched upon by state nursing acts. Some of its provisions are broad in nature to allow for flexibility in implementation through the promulgation of Board rules and regulations. Certain states may require

more specificity in their statutory provisions in order to avoid unconstitutional delegation of authority.

The Nursing Practice and Standards Committee presents this latest draft of a Model Nursing Practice Act to the 1982 Delegate Assembly of the National Council of State Boards of Nursing for its consideration and decisions. Past and present Committee members who have contributed to the development of this Model Act are listed below:

Current Members of the Committee

Ruth Elliott, Tennessee, 1980 - present
Margaret Pavelka, Nebraska, 1978 - present
Mary Shilling, South Carolina, 1978 - present
Therese Sullivan, Montana, 1981 - present
John Word, Washington, D.C., 1981 - present
Thelma Cleveland, Washington, 1978 - present

Past Members of the Committee

Arleen Sergeant, Oregon, 1980 - 1981
Anne Kellett, New Jersey, 1979 - 1981
Rebecca Eden, Ohio, 1979 - 1980
Ruth McMahan, Alaska, 1978 - 1980
Albert Kelm, Wisconsin, 1978 - 1980

ARTICLE I. TITLE, DESCRIPTION AND PURPOSE

Comments

Section 1. Title of Act. This Act shall be known and may be cited as "The (state) Nursing Practice Act."

Section 2. Description of Act. An Act to provide for the regulation of the practice of nursing, a practice affecting the public health, safety and welfare; to provide for a state board of nursing; and to define the powers and duties of that board, including licensure of practitioners of nursing, establishment of standards for nursing practice and educational programs, and prescription of penalties for violation of the provisions of this Act.

Section 3. Purpose. The legislature finds that the practice of nursing by competent persons is necessary for the protection of the public health, safety and welfare and further finds that two levels of practice within the profession of nursing should be regulated and controlled in the public interest. Therefore, it is the legislative purpose of this Act to promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the practice of nursing and of the educational preparation for this practice, and to ensure that any person practicing or offering to practice nursing, as defined in this Act, or using the title of Registered Nurse or Licensed Practical Nurse after the effective date of this Act within this state shall, before entering upon such practice, be licensed as hereinafter provided.

This section describes the general scope of the Nursing Practice Act. It summarizes and clarifies the main elements of the Act and serves as a useful reference.

This section answers questions about what the legislature intended to accomplish through passage of the statute. Such a section assists the Board of Nursing in implementing the Act and responding to questions about provisions of the Act. This section also assists the courts, the attorney general, or other legal counsel in interpretation of the Act.

In this section, nursing is established as a profession, thereby affording its professional members, Registered Nurses, the rights and responsibilities that attend professional status. In addition, this section acknowledges the practice of Licensed Practical Nurses, the nature of whose practice also affects directly the public health, safety and welfare and, consequently should be regulated and controlled. Other persons to whom certain tasks may be delegated by Registered Nurses or Licensed Practical Nurses should not be licensed

Comments

or controlled by statute because the tasks involved are limited and performed under supervision and can be controlled and regulated by other means.

Alternative titles for Registered Nurse and Licensed Practical Nurse, which better reflect the method of control and regulation and the relationship between the two levels of licensed practitioners, should be considered. The titles, Licensed Nurse and Licensed Affiliate Nurse are suggested as possible substitutions for the Registered Nurse and Licensed Practical Nurse titles, respectively. The method of control and regulation specified in the Practice Act is licensure rather than registration. Licensure is the process by which an agency of state government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the essential degree of competency necessary to ensure that the public health, safety and welfare will be reasonably well protected.⁽¹⁾ In granting an individual permission to practice through licensure, the state holds the individual responsible and accountable for that practice. The state also maintains records of past and present licensees.

In the history of American nursing, the process of registration preceded that of licensure. Nongovernmental registries listed nurses who

¹Public Health Service, CREDENTIALING HEALTH MANPOWER, Department of Health, Education and Welfare, Washington, D.C., 1977, DHEW Publication No. (OS) 77-50057, page 4

Comments

met certain qualifications and thus served to protect the public against incompetent practitioners. When licensure was instituted in the various states, the term "registered nurse" and the abbreviation "R.N." were protected for use by only qualified nurses. Registration, however, differs from licensure in that it is a process by which qualified individuals are listed on an official roster.

Because licensure affords greater protection for the public than registration, the Nursing Practice Act should refer only to this process. Current references to registration that are embodied in the legally recognized Registered Nurse title but not in the legally recognized Licensed Practical Nurse title can confuse the public and the nursing practitioners. Alternate titles that would reflect the licensed status of both levels of nurses should be considered in revisions of the Act.

ARTICLE II. DEFINITIONS

Section 1. Practice of Nursing. The "Practice of Nursing" means assisting individuals or groups to maintain or attain optimal health throughout the life process by assessing their health status, establishing a diagnosis, planning and implementing a strategy of care to accomplish defined goals, and evaluating responses to care and treatment.

Comments

The most important part of a practice act is the definition of the practice that it seeks to regulate. The definition should distinguish nursing practice from the practice of other health professions, yet should be stated in terms sufficiently broad to include all levels of practice, including that of the Registered Nurse, Licensed Practical Nurse, and all extended and expanded nursing roles. A broad definition will enable the Board of Nursing to adopt implementing rules and regulations to meet changing practice. This definition is based on information found in the report, "Critical Requirements for Safe/Effective Nursing Practice", 1978, a research project conducted for the National Council of State Boards of Nursing by Angeline M. Jacobs and others. It does not include references to educational preparation or responsibilities that are common to all health professions, such as knowledge of biological, physical, behavioral, psychological and sociological sciences; supervision, administration, delegation and teaching; and performing interdependently with other health professionals. It is believed that execution of the medical regimen does not describe the essence or unique elements of nursing that distinguish it from other health professions and for which regulation is required in order to safeguard the public health, safety and welfare. Others also execute aspects of the medical regimen, such as pharmacists, medical social workers, and physical therapists, but this Act does not describe their particular practices. However, the process of implementing a strategy of care may encompass

Section 2. Registered Nurse. "Registered Nurse" means a person who practices professional nursing by:

- (a) Assessing the health care status of individuals and groups;
- (b) Establishing a nursing diagnosis;
- (c) Establishing goals to meet identified health care needs;
- (d) Planning strategies of care;
- (e) Prescribing nursing interventions to implement the strategy of care;
- (f) Implementing the strategy of care;
- (g) Authorizing nursing interventions that may be performed by others and that do not conflict with this Act;
- (h) Maintaining safe and effective nursing care rendered directly or indirectly;
- (i) Evaluating responses to interventions;

Comments

collaborating with the profession of medicine in carrying out certain aspects of the medical regimen. In many instances, the welfare of the recipients of health care necessitates medical and nursing care synergism. Assisting other health professionals in the provision of care should be a legally recognized component of practice, not only for nurses, but for all health professionals.

This definition describes the responsibilities and scope of practice of professional nurses and entrusts them with overall responsibility for nursing care. It outlines certain essential responsibilities which professional nurses have the educational preparation to undertake and for which they are held accountable. In addition, it enables the Registered Nurse to authorize nursing measures that may be performed by others under appropriate supervision. Such a definition clearly distinguishes the differences between a Registered Nurse's practice and the practice of others within the field of nursing; e.g. Licensed Practical Nurses and auxiliaries.

Comments

- (j) Teaching the theory and practice of nursing;
- (k) Managing the practice of nursing; and;
- (l) Collaborating with other health professionals in the management of health care.

Section 3. Licensed Practical Nurse. "Licensed Practical Nurse" means a person who practices nursing by:

- (a) Contributing to the assessment of health care status of individuals and groups;
- (b) Participating in the development and modification of the strategy of care;
- (c) Implementing the appropriate aspects of the strategy of care as defined by the Board;
- (d) Participating in the evaluation of responses to interventions, and;
- (e) Delegating nursing interventions that may be performed by others and that do not conflict with this Act.

The Licensed Practical Nurse functions under the direction of the Registered Nurse, licensed physician, or other licensed health care professional in the performance of activities delegated by that health care professional.

Section 4. Board. "Board" means the (state) Board of Nursing.

This definition describes the responsibilities and scope of practice for which Licensed Practical Nurses will be held accountable and clearly distinguishes their responsibilities and practice from that of the Registered Nurse. The responsibility for directing nursing care belongs to the Registered Nurse. However, because many Licensed Practical Nurses work under the direction of physicians and dentists, the law should accommodate to this practice.

Some jurisdictions may use the term Licensed Vocational Nurse instead of Licensed Practical Nurse.

Section 5. Accreditation. "Accreditation" is the process by which the Board evaluates and grants official recognition to nursing educational programs which meet established uniform and reasonable standards.

Section 6. Competence. "Competence" in nursing means performing skillfully and proficiently the functions within the role of the licensee, and demonstrating the interrelationship of essential knowledge, judgment and skills.

Section 7. Diagnosis. "Diagnosis" means "the judgment or conclusion that occurs as a result of nursing assessment."⁽¹⁾

Section 8. License. "License" means a current document permitting the practice of nursing as a Registered Nurse or Licensed Practical Nurse.

Comments

The term accreditation more accurately describes the process by which the Board evaluates and recognizes nursing education programs that meet certain predetermined standards than does the term approval. While the terms can be defined differently to distinguish evaluative and recognition processes, they may also be used as synonyms for one another. Since Boards of Nursing education commonly establish standards for nursing education programs, the term that more precisely describes the process of determining whether or not the standards have been met is accreditation rather than approval.

A license is a current document issued to a qualified individual for the purpose of permitting that individual to practice as a Registered Nurse or Licensed Practical Nurse for a specific length of time. A license is renewable provided existing qualifications have been met. Because the only purpose of a license is to grant legal permission to a qualified person to do something, no inactive license should be provided.

¹Christine Gebbie and Mary Lavin, CLASSIFICATION OF NURSING DIAGNOSIS, The C. V. Mosby Co., 1975, page 70.

Comments

Section 9. Limited License. "Limited License" means a license to practice nursing in a restricted capacity.

Section 10. Managing. "Managing" means planning, organizing, integrating, implementing and evaluating to achieve an objective or set of objectives.

Section 11. Nursing Intervention. "Nursing Intervention" means action deliberately selected and performed to implement the strategy of care.

Section 12. Prescribing. "Prescribing" means specifying nursing intervention(s) intended to implement the defined strategy of care.

Section 13. Specialists. "Specialists" mean practitioners who choose to focus their practice in a particular area of nursing in which they have specialized educational preparation.

Section 14. Strategy of Care. "Strategy of Care" means the goal-oriented plan developed to assist individuals or groups to achieve optimal health potential. This includes initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well-being, providing health counseling and teaching, and collaborating on certain aspects of the medical regimen including, but not limited to, the administration of medications.

ARTICLE III. BOARD OF NURSING

Section 1. Membership; Appointment; Nominations;
Term of Office; Removal; Vacancies; Qualifications;
Immunity.

(a) The Board of Nursing 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 nomination be supported by a petition executed by no less than () persons qualified to vote in this state. These nominations shall not be binding upon the Governor.

(b) A majority of the Board, () members, shall be Registered Nurses; () members shall be Licensed Practical Nurses; and () members shall be representatives of the public.

Comments

The size of the Board should take into consideration the population of the state, the numbers of Registered Nurses and Licensed Practical Nurses being regulated, the number of educational programs and agencies, and the number needed to effectively enforce the Act. In most states, the number of Board members is an odd number so that determinations by a clear majority may be made.

The Senate may have confirming privilege. A ratio (number or fraction) of the members of the Senate then present and voting shall be required for confirmation in accordance with the State Constitution.

Some mechanism should be developed to enable the Board to conduct its business with a full complement of members so that there is no fear of subsequent challenge regarding delayed appointments, senate confirmation, apathy, changes in the law and staggered terms.

The provision regarding nominations avoids challenges of conflicts of interest or discrimination, ensures genuine interest of a number of nominating persons, yet reserves gubernatorial discretion.

Because the majority of nurses licensed in most jurisdictions are Registered Nurses, the majority of Board members should be Registered Nurses. A majority of nurse members on the Board is required to determine if persons performing nursing functions are qualified. In addition, the judgment of Registered Nurses constitutes the best possible

Comments

criterion for determining the legality of a nursing action. Although it is recognized that representatives of the public make a significant contribution to the purpose of the Board, the need for nursing expertise is a sufficient state interest to justify a Board primarily composed of nurses.

Although some states may desire the membership to consist of geographic representation or representation of the various areas of nursing practice such as education, administration and clinical practice, such special group representation and input also may be achieved through formation of advisory committees.

Each Registered Nurse member shall be a resident of this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a Registered Nurse, and shall have had no less than five (5) years of experience as a Registered Nurse, at least three (3) of which immediately preceded appointment.

Each Licensed Practical Nurse member shall be a resident of this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing, and shall have had no less than five (5) years of experience as a Licensed Practical Nurse, at least three (3) of which immediately preceded appointment.

The representatives of the public shall be residents of this state who have attained the age of majority, are knowledgeable in consumer health concerns and shall not be nor ever have been a

Registered Nurse and Licensed Practical Nurse members should have sufficient nursing background and expertise to handle the complex and technical matters within the Board's jurisdiction. These members also should have a commitment to the protection and concerns of the public.

A possibility of conflict of interest is raised when Board members hold elected positions in professional associations.

To avoid any claim of bias the Registered Nurse and the Licensed Practical Nurse members should not be required to be members of their respective associations.

Consideration should be given to having more than one (1) member representing the public. The number chosen should increase as the size

health care provider or be enrolled in any health related educational program.

Membership shall be restricted to no more than one (1) person who is associated with a particular agency, corporation or other enterprise or subsidiary at one time.

(c) Members of the Board shall be appointed for a term of () years.

The present members of the Board holding office under the provisions of (Act being amended or repealed) shall serve as members for their respective terms.

No member shall serve more than two (2) 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 for two (2) additional consecutive full terms.

An appointee to a full term on the Board shall be appointed by the Governor before the expiration of the term of the member being succeeded and shall become a member of the Board on the first day following the appointment expiration date. Appointees to unexpired portions of full terms shall become members of the Board on the day following such appointment.

Comments

of the Board increases.

In order to assure that public members are truly independent in their judgment, any person who has a possible substantial relationship with a health provider is rendered ineligible by this section.

In the event of passage of a new act which changes the size of the Board, provision should be made for carry-over of Board members.

This section is intended to continue the staggered appointment process in effect in most jurisdictions. However, if a jurisdiction does not have provision for staggered appointments in the present Act, it is recommended that this section be revised to provide for staggered appointments.

Comments

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.

(d) Any vacancy that occurs for any reason in the membership of the Board 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.

(e) The Governor may remove any member from the Board for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct. Any interested person may file a complaint against a Board member with the appropriate state agency or official.

The general laws of the state controlling the removal of public officials from office shall be followed in dismissing Board members.

(f) All members of the Board shall enjoy immunity from individual civil liability while acting within the scope of their duties as Board members.

(g) Board meetings and hearings shall be open to the public. In accordance with the law the Board may in its discretion conduct part of the meeting in executive session closed to the public.

In order to facilitate timely Board appointments no provision for delayed appointments has been made.

Because of the quasi-judicial functions of regulatory boards it may be wise to cite within the law a clause granting immunity.

Each state's laws should be researched to determine the power of the legislature to grant immunity as expressed in this section.

Most states have adopted public meeting laws which provide for open meetings. The Board should investigate the content of the public meeting law in relation to executive sessions.

Comments

The provision of executive session for review of future test items by Board members and staff is necessary.

Section 2. Powers and Duties.

(a) The responsibility for enforcement of the provisions of this Act is hereby vested in the Board of Nursing. The Board shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, as well as such other duties, powers and authority as it may be granted from time to time by appropriate statute.

(b) The Board of Nursing is authorized to make, adopt, amend, repeal and enforce such Rules and Regulations not inconsistent with law as it deems necessary for the proper administration and enforcement of this Act and to protect the public health, safety, and welfare.

An effort should be made to allow for some freedom within the statute to accommodate for changes in the nature of practice and to service priority health needs which vary from time to time.

State Administrative Procedure Acts specify appropriate constitutionally required procedures for rulemaking, conduct of hearing and other Board functions that affect the right of the public and affected individuals to be afforded due process of law in such matters. Some states enact procedural provisions directly as a part of each Nursing Act.

Rulemaking authority can only be delegated by specific statute. Rules (except for interpretive rules i.e. those not subject to formal rulemaking process) have the force and effect of law once they have been properly adopted.

Comments

Rulemaking authority should be used sparingly and only as is necessary to carry out the provision of this Act, or to comply with a legislative mandate.

The Board of Nursing has a legal responsibility to develop essential standards as a basis for evaluating safe and effective nursing practice; to protect the health, safety and welfare of the public. Other nursing groups or organizations may wish to develop optimal standards for nursing practice.

In the interest of maintaining high standards of nursing practice and of assuring that licensees are not subjected to conflicting rules or regulations, this section allows the Board to exert its influence and pursue appropriate legal, administrative or other channels to promote acceptable nursing practices or procedures. It does not confer investigatory powers beyond those already reserved to the Board, but it restates the Board's inherent authority to express its views and pursue appropriate channels to protect the public health, safety and welfare.

The licensing examination and the frequency and timing should depend on a nationally established examination and calendar.

This includes consideration of continued competency and interstate endorsement. Each state Board of Nursing should determine when and under what conditions reexamination may be required.

This allows for responsible monitoring and control of current licensure and assures the public of the availability of nursing resources within the state.

(c) Without limiting the foregoing, the Board of Nursing is further authorized to do the following:

(i) Develop reasonable and uniform standards for nursing practice;

(ii) Publish advisory opinions regarding whether the nursing practice procedures or policies authorized, condoned, or acquiesced to by any agency, facility, institution, or other organization that employs individuals licensed under this Act comply with acceptable standards of nursing practice as defined in this Act or Board Rules and Regulations; and submit comments, register complaints, or file charges with the appropriate advisory, certifying or regulatory body governing such agency, facility, institution or organization when appropriate;

(iii) Examine, license, and renew the licenses of duly qualified individuals;

(iv) Develop standards for continued competency of licensees continuing in or returning to practice;

(v) Conduct surveys of educational enrollments and licensure and report to the public;

(vi) Conduct investigations, hearings and proceedings concerning alleged violations of this Act or of the Rules and Regulations of the Board;

(vii) Compel attendance of witnesses, issue subpoenas and administer oaths to those testifying at hearings;

(viii) Determine and administer appropriate disciplinary action against all individuals found guilty of violating this Act or of the Rules and Regulations of the Board;

(ix) Develop and enforce reasonable and uniform standards for nursing education programs;

(x) Accredite nursing education programs that meet the prescribed standards;

Comments

The Board should hold the licensees accountable for their own acts and proper delegation of nursing activities through the authority granted it by the Nursing Practice Act, the Administrative Procedures Act, and the Rules and Regulations of the Board.

Refer to comment for Section 2(b), paragraph 2.

Boards have the judicial authority to act, under law, when necessary against individuals, agencies or programs.

What constitutes sufficient training, education and skill for licensure is a professional decision. The Board with its professional majority makes these decisions for nurses.

According to Black's Law Dictionary⁽¹⁾, accreditation means "to give official authorization or status". This term most accurately describes the legal basis for monitoring compliance with the essential standards for educational programs to prepare safe practitioners of nursing. This is differentiated from voluntary accreditation which may be based on optimal standards. The Board should not delegate its legal accreditation function, because this might be unauthorized, improper and invalid delegation of its legislative authority.

¹H. C. Black, BLACK'S LAW DICTIONARY. St. Paul, MN: West Publishing Co., 1979.

Comments

(xi) Deny or withdraw accreditation of nursing education programs that fail to meet the prescribed standards;

(xii) Regulate the manner in which specialists announce their practice to the public;

(xiii) Issue a limited license to practice nursing subject to such terms and conditions as the Board may impose:

The major concern with the announcement of speciality practice is its potential for confusing the public. The attempt here is to control the proliferation of nursing titles without limiting the evolving practice of specialists in any anticompetitive manner. It is recommended that nurses choosing speciality practice announce themselves as Registered Nurses (specific specialty mentioned). Since the unsafe practice of any licensee is subject to disciplinary action, the public protection remains.

To qualify for an initial limited license, a handicapped person should meet the essential standards of an educational program and other requirements specified in the statute and administrative regulations.

A previously licensed nurse who becomes handicapped may also be issued a limited license.

A nurse whose license is under discipline by the Board may be issued a limited license if, for some reason, it is determined that the licensee is incapable at that time of practicing the full scope of nursing safely, as a Registered Nurse or a Licensed Practical Nurse.

Questions should be included on the initial application for licensure, renewal application, and verification form to establish information regarding the need for a limited license.

Comments

Limited licensure provisions, imposed by the Board of Nursing, should be noted on the license issued to the individual.

(xiv) Maintain records of proceedings as required by state law;

This ensures consideration of public policy and representation of public concerns. It may also initiate educational schemes to improve professional and occupational performance.

(xv) Conduct conferences, forums, studies and research on nursing practice and education;

The principles that apply in determining the lawfulness of expenditures by state administrative agencies would apply here. Individual states may prohibit this provision by statute or regulation.

(xvi) Appoint and employ legal counsel, accountants, and such other employees, assistants and agents as may be necessary in the opinion of the Board to administer and enforce the provisions of this Act;

The Board can only operate within the limits of available resources and should be staffed to carry out functions in a meaningful manner.

(xvii) Appoint and employ a qualified Registered Nurse to serve as Executive Director and approve such additional staff positions as may be necessary in the opinion of the Board to administer and enforce the provisions of this Act;

This section provides an opportunity for the Board to participate in the development of nationally standardized licensure examinations. In addition, Member Boards act on matters of common concern such as interstate endorsement. This organization is currently recognized as the National Council of State Boards of Nursing.

(xviii) Join organizations that develop and regulate the national nursing licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of the public health, safety and welfare;

The report is basic to accountability and offers a means of monitoring Board activities.

(xix) Submit an annual report to the Governor summarizing the Board's proceedings and activities;

(xx) Require such surety bonds as are deemed necessary;

(xxi) Determine and collect reasonable fees;

Comments

(xxii) Receive and expend funds in addition to appropriations from the state, provided: such funds are received and expended for the pursuit of the authorized objectives of the Board of Nursing; such funds are maintained in a separate account; and periodic reports of the receipt and expenditure of such funds are submitted to the Governor; and

(xxiii) Adopt a seal which shall be in the care of the Executive Director and which shall be affixed only in such a manner as prescribed by the Board.

(d) Notwithstanding any other provision of this Act, the Board shall not, by rule or otherwise limit the right of licensed nurses to practice with other health professionals or in an association, partnership, corporation or other lawful entity; or limit the right of licensed nurses to practice under the name "nursing clinic," "nursing center," or other descriptive terms, provided the term is not misleading regarding the nature of services provided.

(e) This Act shall not be construed to require the Board of Nursing to report violations of the provisions of the Act whenever, in the Board's opinion, the public interest will be served adequately by a suitable written notice of warning.

Section 3. Executive Director.

(a) An Executive Director shall be appointed by the Board and shall be responsible for the performance of administrative responsibilities of the Board and such other duties as the Board may direct.

These limitations attempt to prevent containment of innovative efforts in the delivery system.

The title for the Board's Executive Director may vary in the Act.

Each Board shall appoint a permanent administrative officer or director, to perform and supervise the administrative duties and responsibilities of the Board on a daily basis. The

Comments

challenge of conflict of interest must be considered when the Executive Director serves in an elected office of a professional organization.

(b) The Executive Director shall have the following qualifications:

(i) Master's degree in nursing from an accredited college or university;

(ii) License to practice as a Registered Nurse in the state; and

(iii) At least () years experience in nursing practice, including administration, teaching or supervision in schools of nursing or health agencies.

(c) The Executive Director of the Board of Nursing shall receive an annual salary which shall be determined by the Board and which shall be competitive with salaries for positions requiring similar education and experience, and reimbursement for all expenses incurred in connection with performance of official duties.

Section 4. Officers.

(a) The Board of Nursing shall elect from its members, a President and Vice President. The President shall preside at Board meetings and shall be responsible for the performance of all duties and functions of the Board required or permitted by this Act. In the absence of the President, the Vice President shall assume these duties.

(b) Additional offices shall be established and filled by the Board in its discretion.

Comments

(c) Officers elected by the Board shall serve a term of () years commencing with the day of their election and ending upon election of their successors, and shall serve no more than () consecutive full terms in each office to which they are elected.

Section 5. Meetings; Notice; Quorum; Manner of the Acting.

(a) The Board of Nursing shall meet at least once every () months to transact its business. One meeting shall be designated as the annual meeting for the purpose of electing officers and Board reorganization and planning. The Board shall meet at such additional times as it may determine. Such additional meetings may be called by the President of the Board or by two-thirds of the members of the Board.

(b) The Board shall give official and public notice of the place and time of the meeting. The place for each meeting shall be determined prior to giving notice of such meeting and shall not be changed after such notice is given without adequate subsequent notice.

(c) 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.

(d) A majority of the Board members including the President or Vice President shall constitute a quorum for the conduct of a Board meeting. The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the Board of Nursing.

(e) The Board shall develop guidelines to assist Board members in the evaluation of possible conflict of interest. Members shall abstain from voting when a conflict exists.

Section 6. Compensation. Each member of the Board shall receive, as compensation, a reasonable sum for each day on which the member is engaged in performance of the official duties of the Board, and reimbursement for all expenses incurred in connection with the discharge of such official duties.

Comments

Board members should be aware that there may be a conflict of interest when a member is involved in such activities as being an elected officer of a professional organization, employer-employee relationships or student-faculty relationships.

Board members should be reimbursed commensurate with the duties and responsibilities of the appointment. It is recommended that an amount not be specified in the statute in order to allow for adjustments in keeping with economic conditions, unless such specification is required within the jurisdiction.

ARTICLE IV. ADMINISTRATIVE PROCEDURE ACT - APPLICATION

Comments

The (state) Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all the provisions of such Act were included in this Act.

ARTICLE V. LICENSURE

Comments

Section 1. Qualifications.

(a) Licensure by Examination: An applicant for licensure by examination to practice as a Registered Nurse or Licensed Practical Nurse shall:

(i) Have submitted a written application as prescribed by the Board;

(ii) Be a graduate of a high school accredited by the state agency charged by law with accrediting high schools, or shall have a high school education equivalent thereto as determined by the Board;

(iii) Be a graduate of an accredited nursing education program recognized by the Board which prepares for the level of licensure being sought;

(iv) Pass an examination given by the Board;

(v) Have committed no acts which are grounds for disciplinary action as set forth in Article IX, Section 1, of this Act, or if such act has been committed the Board has found after investigation that sufficient restitution has been made; and

(vi) Remit such fees as specified by the Board.

Each applicant who successfully meets the requirements of this section shall be entitled to licensure as a Registered Nurse or Licensed Practical Nurse, whichever is applicable.

Reference to grounds for disciplinary action is used instead of good moral character frequently seen in such acts. Defining good moral character has caused difficulty in the past and its requirements for licensure may not be sustained by the courts in the future. Reference to specific grounds included in the Act should be more easily defended.

Comments

(b) Licensure by Endorsement: An applicant for licensure by endorsement to practice as a Registered Nurse or Licensed Practical Nurse shall:

(i) Have submitted a written application as prescribed by the Board;

(ii) Have committed no acts which are grounds for disciplinary action as set forth in Article IX, Section 1, of this Act, or if such act has been committed, the Board has found after investigation that sufficient restitution has been made;

(iii) Submit such fees as specified by the Board;

(iv) Have submitted proof of initial licensure by an examination acceptable to the Board; provided, that when the applicant secured his or her initial license, the requirements for such licensure included the requirements then necessary for licensure in this state; and have submitted proof that such license has not been suspended, revoked, or otherwise restricted for any reason other than failure to renew or to obtain required continuing education credits; or

(v) If applicant has not passed an examination acceptable to the Board, be required to pass such examination or meet other requirements as specified by the Board;

These requirements apply the same standards to applicants for licensure by endorsement as for those applicants applying for licensure by examination. Nurses educated in foreign countries are considered under the same conditions as are nurses educated in the United States. This section does not permit licensure by waiver because requirements as listed are considered to be the minimal qualifications for safe and effective practice as a Registered Nurse or Licensed Practical Nurse.

Each applicant who successfully meets the requirements of this section shall be entitled to licensure as a Registered Nurse or Licensed Practical Nurse, whichever is applicable.

Comments

Section 2. Examinations.

(a) The Board shall administer an examination at such time and place as may be fixed by the Board, to applicants for licensure as a Registered Nurse or Licensed Practical Nurse. The Board shall give due publicity in advance of each examination.

(b) The Board may employ, contract and cooperate with any organization in the preparation and grading of an appropriate nationally uniform examination, but shall retain sole discretion and responsibility for determining the standard of successful completion of such an examination. When such a national examination is utilized, access to questions and answers shall be restricted by the Board.

(c) An applicant who fails the licensure examination may retake the examination up to () times. An applicant who has failed the examination () times shall thereafter be ineligible to take any further examination until such time as such person shall submit satisfactory evidence to the Board of further formal study. Further formal study shall include evidence of study in a nursing program approved by the Board.

The law should specify the maximum number of times an applicant may retake the examination. Since the nursing body of knowledge changes every three to five years, additional study becomes necessary for safe and effective practice, assuring the public health, safety and welfare.

Section 3. Renewal of Licenses.

(a) Licenses issued under this Act shall be renewed annually according to a schedule established by Board rule.

Annual renewal provides a better regulation of the practice of Registered Nurses and Licensed Practical Nurses than less frequent renewal and is, therefore, in the best interest of protecting the public health, safety and welfare. Annual renewal also provides good statistical data to be used in projecting manpower needs, mobility, and other trend data for analysis. However, the cost of annual renewal may be prohibitive and biennial renewal may be preferred by some jurisdictions.

Comments

It is recognized that continued competency requirements for relicensure are complicated by frequent renewals. Each state should determine priorities and establish renewal frequency accordingly. Because of the continuous changing of concepts of practices in the health care delivery system in general, and in the delivery of nursing services in particular, it is essential that nurses maintain a degree of nursing competency which assures the public of safe and effective care. States may choose continuing education requirements, reexamination, peer review, self-assessment techniques, or other such methods of determining competency.

(b) A renewal license shall be issued to a Registered Nurse or Licensed Practical Nurse who demonstrates satisfactory completion of such requirements established by the Board to ensure continued competence and who remits the required fee.

(c) Failure to renew the license shall result in forfeiture of the right to practice nursing in this state.

Section 4. Reinstatement of Lapsed License.

A licensee who has allowed his or her license to lapse by failure to renew as herein provided may apply for reinstatement according to rules established by the Board of Nursing. Upon satisfaction of the requirements for reinstatement, the Board shall issue a renewal of license to practice nursing.

After extended absences from practice, completion of an educational program or other means of determining continued competency may be indicated. If Boards have established such requirements for renewal, such requirements may also be appropriate for reinstatement.

Section 5. Temporary License.

(a) The Board may issue a temporary license to practice nursing for a period not to exceed () days to a Registered Nurse or Licensed Practical Nurse currently licensed in another jurisdiction of the United States, and who is an applicant for licensure by endorsement, provided the applicant submits a written application for a temporary license in form and substance satisfactory to the Board.

The issuing of temporary licenses lessens the mandatory effect of the Act, but recognizes the mobility of the nursing work force, the need for nursing manpower, and the economic needs of beginning practitioners and those moving from state to state. States may wish to consider issuing temporary licenses to graduates of foreign schools of nursing who have successfully passed the examination administered by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and those

Comments

education and training are substantially similar to or higher than the educational standards for the individual state. Data on correlation between scores on the licensure examination and the CGFNS examination should be carefully studied before such provisions are added.

(b) The Board may issue a temporary license to practice nursing to a graduate of an accredited nursing education program, pending the results of the first licensing examination after graduation.

(c) Temporary licenses shall be nonrenewable.

Section 6. Duties of Licensees.

(a) Each licensee, in response to Board inquiries, shall provide information requested by the Board to perform its duties in regulating and controlling nursing in order to protect the public health, safety and welfare. Failure to provide the requested information shall result in non-renewal of the license to practice nursing.

(b) Each licensee shall report to the Board a lost or stolen license within () days after becoming aware of the loss or theft.

(c) Each licensee shall report to the Board all changes of address within () days after such changes occur.

License holders have a responsibility to cooperate with Boards in data collection for statistical purposes as well as a responsibility to provide information concerning the individual's own status which may affect his ability to practice nursing safely and effectively.

ARTICLE VI. TITLES AND ABBREVIATIONS

Comments

Section 1. Registered Nurse. Any person who holds a license to practice as a Registered Nurse in this state shall have the right to use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall assume such title or use such abbreviation or any words, letters, signs or devices to indicate that the person using the same is a Registered Nurse. No person shall use the titles or abbreviations "Graduate Nurse", "G.N.", "Professional Nurse", "P.N.", "Trained Nurse", "T.N.", or other such titles or abbreviations that would represent to the public that the person is authorized to practice nursing in this state.

Section 2. Licensed Practical Nurse. Any person who holds a license to practice as a Licensed Practical Nurse shall have the right to use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall assume such title or use such abbreviation or any words, letters, signs or devices to indicate that the person using the same is a Licensed Practical Nurse. No person shall use the titles and abbreviations "Graduate Practical Nurse", "G.P.N.", "Practical Nurse", "P.N.", or other such titles or abbreviations that would represent to the public that the person is authorized to practice nursing in this state.

Section 3. Temporary Registered Nurse. Any person who holds a temporary license to practice as a Registered Nurse in this state shall use the title "Temporary Registered Nurse" and the abbreviation "T.R.N.". No person holding a temporary license shall use the titles and abbreviations "Registered Nurse", "R.N.", "Graduate Nurse", "G.N.", "Professional Nurse", "P.N.", "Trained Nurse", "T.N.", or other such titles or abbreviations that would represent to the public that the person is otherwise authorized to practice nursing in this state.

Because the Practice Act incorporates the concept of mandatory licensure for the practice of nursing and assures the public that those using the titles Registered Nurse and Licensed Practical Nurse are licensed and qualified to practice nursing as defined in the Act, any provision in the Act which permits temporary licensure should be reflected in titles and accompanying abbreviations. These titles and abbreviations should clearly stipulate the temporary practice status of these authorized

Section 4. Temporary Licensed Practical Nurse.

Any person who holds a temporary license to practice as a Licensed Practical Nurse shall use the title "Temporary Licensed Practical Nurse" and the abbreviation "T.L.P.N.". No person holding a temporary license shall use the titles and abbreviations "Licensed Practical Nurse", "L.P.N.", "Graduate Practical Nurse", "G.P.N.", "Practical Nurse", "P.N.", or other such titles or abbreviations that would represent to the public that the person is otherwise authorized to practice nursing in this state.

Comments

individuals. Other titles which seek to convey a temporary licensure status but do not include the word temporary in them can be confusing to the public and endanger its welfare.

ARTICLE VII. ACCREDITATION OF NURSING EDUCATION PROGRAMS

Section 1. Accreditation Standards. The Board shall, by Rule and Regulation, establish standards for nursing education programs, including all clinical facilities used for learning experiences, and shall survey and accredit such programs as meet the requirements of this Act and the Board Rules and Regulations.

Comments

The Board of Nursing, in order to safeguard the public health, safety and welfare, should establish standards for and accredit educational programs preparing persons for the practice of nursing at all levels; i.e., Licensed Practical Nurses and Registered Nurses prepared at the undergraduate and graduate levels. The question of what constitutes sufficient preparation for the practice of nursing should be decided by a Board of Nursing composed of a majority of professional members..

The Board should have the authority to accredit nursing education programs rather than approve them. Although both words are generally held to be synonymous, accreditation more strongly meets and maintains certain predetermined standards and indicates that the graduates of the program are qualified to practice nursing. Accreditation by a Board of Nursing would differ from voluntary, nongovernmental accreditation processes in that an education program would not be able to operate without the official recognition of the Board.

Section 2. Accreditation Required. An institution within the state desiring to conduct a nursing education program shall apply to the Board and submit evidence that its nursing program is able to meet the standards established by the Board. If, upon investigation, the Board finds that the program can meet the established standards for nursing education programs, it shall accredit the applicant program.

Comments

Section 3. Periodic Evaluation of Nursing Programs.

The Board shall periodically resurvey and reevaluate accredited nursing education programs and shall publish a list of accredited programs.

Section 4. Denial or Withdrawal of Accreditation.

The Board may deny or withdraw accreditation or take such action as deemed necessary, regarding nursing education programs that fail to meet the standards established by the Board, provided that all such actions shall be effected in accordance with the state's Administrative Procedures Act and/or the Board's Rules and Regulations.

Boards of Nursing may wish to utilize an intermediate accreditation status, such as conditional accreditation, for educational programs that do not fully meet accreditation standards. This status denotes that certain conditions must be met within a designated time period in order for the program to be fully accredited. Failure to do so could result in withdrawal of accreditation. Conditional accreditation generally allows educational programs to continue to operate while they work towards meeting the conditions for full accreditation. The graduates of conditionally accredited programs are usually eligible to take the licensing examination and, upon successfully passing the examination, become licensed.

Section 5. Reinstatement of Accreditation. The Board shall reinstate accreditation of a nursing education program upon submission of satisfactory evidence that its program meets the standards established by the Board.

Section 6. Provisional Accreditation. Provisional accreditation of new programs may be granted pending the licensure results of the first graduating class.

ARTICLE VIII. VIOLATIONS AND PENALTIES

Section 1. Violations. No person shall:

(a) Engage in the practice of nursing as defined in this Act without a valid, current license, except as otherwise permitted under this Act;

(b) Practice nursing under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(c) Use any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is a Registered Nurse or Licensed Practical Nurse unless such person is duly licensed so to practice under the provisions of this Act;

(d) Knowingly employ unlicensed persons in the practice of nursing;

Comments

The regulations of the practice of nursing including the control of unlicensed practice in the profession has a reasonable and rational relationship to public health, safety and welfare.

In addition to potential danger to the public health and safety, these acts would also be identified as criminal acts, i.e., such as fraud, false representation, and others, and the provision of this section should be consistent with the general criminal statutes of the state.

The writ of injunction without bond should be available to the Board for enforcement of this section. The practice of nursing by any person who has not been issued a license under the provisions of this Act, or whose license has been suspended or revoked or has expired would be a danger to the public health and welfare.

In addition to any other civil, criminal, or disciplinary remedy, the Attorney General, the Board of Nursing, the Prosecuting Attorney of any county where a person is practicing or purporting to practice nursing without a valid license, or any citizen may, in accordance with the laws of the state governing injunctions, maintain an action to enjoin that person from practicing nursing until a valid license is secured.

The Board may adopt by rule a schedule for establishing the amount of civil penalty that may be imposed for any violation of the statute or any rule of the Board.

(e) Knowingly conceal information relating to violations of this article;

(f) Conduct a nursing education program for the preparation of Registered Nurses or Licensed Practical Nurses unless the program has been accredited by the Board; or

(g) Otherwise violate or aid or abet another person to violate any provision of this Act.

Section 2. Penalties. Violation of the provisions of this article shall constitute a misdemeanor.

Comments

When the nurse is aware of inappropriate or questionable conduct, i.e., violations of the state's Nursing Practice Act, by another person, the practice should be reported to the appropriate authority. The nurse's primary commitment is to the patient's care and safety. Hence, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, or illegal practices that are not in the patient's best interests. ⁽¹⁾

Violations of any provision of this Statute or Rules adopted thereunder is cause for disciplinary action, and when indicated civil penalty may be imposed.

This section is intended to serve as a significant deterrent to violations of this Act, while recognizing that the sanction imposed must be commensurate with the wrongful act. In most states, the misdemeanor sanction is appropriate to achieve both ends. In states that classify actions as felonies that would be considered misdemeanors in most states, however a felony sanction may be appropriate. The suggested sanction is the strongest sanction imposed by that state for violations of its professional licensing statutes. Implementation to be consistent with the Administrative Procedures Act and Administrative Rules.

¹American Nurses' Association, CODE FOR NURSES WITH INTERPRETIVE STATEMENTS, Kansas City, Mo., 1978, page 8.

Section 3. Criminal Prosecution. Nothing in this Act shall be construed to bar criminal prosecution for violation of the provisions of this Act.

Section 4. Civil Penalties. The Board may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or Board Rules and Regulations, a civil penalty not to exceed (\$__) for each count or separate offense.

Comments

Implementation to be consistent with the Administrative Procedures Act and Administrative Rules.

Implementation to be consistent with the Administrative Procedures Act and Administrative Rules.

The Board lawfully may impose a civil penalty on persons violating this Act, provided that the amount of the penalty imposed is not so great as to be "penal" in nature. In reviewing similar provisions, courts rarely have found the monetary penalty imposed to exceed the permissible level. Civil penalties of over \$25,000 have been approved by the courts as not so severe as to require all the procedural safeguards that attend imposition of criminal sanctions. Again, however, the penalty must comport with the nature of the wrongful act. Board Rules and Regulations should be adopted to implement this section.

ARTICLE IX. DISCIPLINE AND PROCEEDINGS

Section 1. Grounds. The Board of Nursing shall have the power to refuse to issue or renew, to suspend, revoke, or restrict the license of any person or to otherwise discipline a licensee upon proof that such person:

(a) Has engaged in any act inconsistent with the standards of nursing practice as defined by Board Rules and Regulations;

(b) Has been found guilty by a court or another Board of Nursing or has entered a plea of nolo contendere to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing.

Comments

This section is intended to establish a means of disciplining or barring from practice persons who properly should not be permitted to practice nursing.

The need for specificity in defining the grounds upon which a license may be revoked or suspended should be emphasized. The term "unprofessional conduct" is particularly susceptible to challenge as being unconstitutionally vague. Thus, Section 1, (a) is being proposed as a substitute for unprofessional conduct, and the Rules and Regulations, adopted to implement this provision, or the Act itself, must define this and all terms in a manner that will permit reasonable interpretation by persons authorized to enforce this Act.

These potential problems make it essential that Boards issue appropriate rules and regulations defining the grounds for disciplinary action in specific, understandable, and reasonable terms. In addition, the Boards must ensure that such rules and regulations are published for the benefit of all licensees within their jurisdiction. Only by doing so, can Boards be assured of authority to take successful and meaningful disciplinary actions that will not later be overturned by the courts.

Section 1. (a) and (b) may be mutually exclusive in that practice which is inconsistent with the standards of nursing practice may not be a situation taken to court.

Some examples of crimes which would be the basis for consideration of disciplinary action are: (1) A felony, as defined by the laws of this state; (2) Has been found guilty of

Comments

any act of moral turpitude or gross immorality; that relates to the individual's nursing practice; (3) A crime that directly relates to the practitioner's ability to practice nursing competently and safely; or (4) A violation of the nursing laws, or rules and regulations pertaining thereto, of any state or of the federal government.

This section may need to be more definitive or restrictive in some states than others. Its content must be developed in light of other state legislation since some states, for example, restrict the circumstances under which a license may be denied to an individual because of the commission of a crime. In addition, an individual who has been convicted of a crime or an act involving gross immorality and who has paid his debt to society has restored constitutional protection that may prevent a strict application of Section 1. (b).

(c) Has practiced fraud or deceit in procuring or attempting to procure a license to practice nursing, in filing any reports or completing patient records, signing any report or record in the nurse's capacity as a Registered Nurse or as a Licensed Practical Nurse, in representing his or her authority to practice nursing; or in submitting any information or record to the Board;

(d) Is unfit or incompetent to practice nursing by reason of negligence, habits, or other causes including but not limited to:

(i) Being unable to practice nursing with reasonable skill and safety to patients by reason of physical or mental disability,

Comments

drunkenness, or use of drugs, narcotics, chemicals or any other type of material;

(ii) Performance of unsafe or unacceptable patient care or failure to conform to the essential standards of acceptable and prevailing nursing practice, in which case actual injury need not be established;

(iii) Failure to supervise adequately the performance of acts by any person working under the nurse's supervision; or

(iv) Abandoning a client without properly notifying appropriate personnel.

(e) Has diverted or attempted to divert drugs or controlled substances for unauthorized use;

(f) Has had a license to practice nursing or to practice in another health care discipline in another state denied, revoked, suspended, or otherwise restricted, other than by reason of failure to renew or to meet continuing education requirements;

(g) Has practiced nursing within this state without a valid current license or as otherwise permitted under this Act;

(h) Has failed to report to the Board any violation of this Act or of Board Rules and Regulations;

(i) Has been found by the Board to have violated any of the provisions of this Act or of Board Rules and Regulations; or

Some examples of unsafe practice are improper medication administration technique, failure to chart complete information and failure to safeguard patient's dignity and right to privacy.

Since federal employees are often not licensed by the state in which they practice, they would be subject to disciplinary action in the state in which they hold a license.

(j) Has knowingly engaged in any act which before it was committed had been determined to be beyond the scope of the individual's nursing practice.

Section 2. Procedure. A proceeding for discipline of a licensee or a temporary license holder or action against an applicant for a license may be commenced when the Board has reasonable grounds to believe that a person under the Board's jurisdiction has committed acts in violation of Article IX, Section 1. No license to practice nursing may be revoked or denied by the Board without affording the licensee or applicant due process of law; however, the Board shall have the power to summarily suspend a license and institute proceedings concomitantly if the Board finds that the licensee presents a clear and immediate danger to the public health and safety if allowed to continue to practice.

Comments

The procedure that must be followed before disciplinary action can be taken in most states is determined by an Administrative Procedures Act. Each Board shall determine to what extent the disciplinary procedure needs to be included in the laws governing nursing. The requirements of the state must be investigated carefully when amending the disciplinary section of the Act in order to ensure statutory requirements. In some states, rules and regulations governing practice and procedure approved by the Board, are the appropriate mechanisms to define these procedures.

A suggested procedure is as follows: (1) When a complaint is received against a licensee, the file of the individual licensee is immediately flagged to alert other staff of an investigation. (2) The complaint is reviewed by the Nurse Practice Consultant and/or an investigator and documentation will be obtained either by on site visits or by letter or telephone. (3) After documentation of the complaint is completed, a full review is made by the approved staff and/or Board representatives. (4) If sufficient documentation exists to file charges through administrative process against the applicant or licensee, an administrative complaint is drafted. The Board's legal counsel should complete the final draft.

Comments

In states in which the Board of Nursing does not have authority to discipline, a provision may be made for a review panel of Board members to review the evidence in disciplinary cases and to make a recommendation as to the disposition of the charge prior to the final disciplinary proceeding. The Board (or its agent) shall issue an order on its findings and its decision and the order shall be delivered to all concerned parties.

In addition to any available administrative remedies, decisions of the Board (or the disciplinary authority) may be appealed within 30 days to any court of competent jurisdiction as determined by the rules of civil procedure. The court action may be de novo, but the record of the Board hearing should be admissible evidence and the action should be on the issues presented before the Board of Nursing. The court may allow amendments, however, as permitted by usual rules of the court.

The method of service of notice, the conducting of all disciplinary proceedings, the hearing and the opportunity for review shall be governed by the State Administrative Procedure Act and/or Rules and Regulations of the Board.

Section 3. Reinstatement. Any person whose license has been denied, suspended, revoked or restricted pursuant to this Act, shall have the right to apply to the Board for reinstatement of such license or issuance of a license after fulfilling those requirements determined by the Board. Such application shall be made in writing and in the form prescribed by the Board. The Board may

States vary widely in the handling of reinstatement of a license. It is recommended however that some provision be made for reinstatement of an individual's license or reconsideration of an applicant's eligibility for a license upon proof that the person is now safe and competent to practice nursing.

Comments

grant or deny such application or it may modify its original finding to reflect any circumstances that have changed sufficiently to warrant such modifications.

Section 4. Immunity. Any member of the Board, staff and any person reporting information to the Board of Nursing under oath and in good faith relating to alleged incidents of negligence or malpractice or the qualifications, fitness or character of a person licensed or applying for a license to practice nursing 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 such committee which is authorized by the Board to act pursuant to this section.

In some states, immunity is already provided for under the state's Administrative Procedures Act and this possibility should be considered.

ARTICLE X. INJUNCTIVE RELIEF

Comments

Section 1. Grounds. The Board is empowered to petition in its own name for an injunction to a proper court of competent jurisdiction to enjoin:

(a) Any person from practicing who is practicing nursing within the meaning of this Act without a valid license, unless so exempted under Article XII;

(b) Any licensee from practicing who appears to the Board to be in violation of this Act; or

(c) Any person, firm, corporation, institution or association from employing any person to practice nursing who is not licensed under this Act or exempted under Article XII.

Section 2. Procedure. Upon the filing of a verified petition in such court, the court, or any judge thereof, if satisfied that a violation as described in Section 1 has occurred, may issue an injunction, without notice or bond, enjoining the defendant from further violating this provision. 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 Article, the court or any judge thereof may summarily try and punish the offender for contempt of court.

Section 3. Preservation of Other Remedies. The injunction proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided in this Act.

ARTICLE XI. REPORTING REQUIRED

CommentsSection 1. Affected Parties.

(a) Hospitals, nursing homes and other employers of Registered Nurses and Licensed Practical Nurses shall report to the Board the names of those licensees whose employment has been terminated voluntarily or involuntarily for any reasons stipulated in Article IX, Section 1.

(b) Nursing associations shall report to the Board the names of Registered Nurses and Licensed Practical Nurses who have been investigated and found to be a threat to the public health, safety and welfare for any of the reasons stipulated in Article IX, Section 1.

(c) Insurance companies shall report to the Board any malpractice settlements or verdicts, court awards or payment of claims based on accusations of incompetence, negligence, misconduct or other causes as stipulated in Article IX, Section 1.

Section 2. Court Order. The Board may seek an order from a proper court of competent jurisdiction for a report from any of the parties stipulated in Section 1 of this Article if one is not forthcoming voluntarily.

Section 3. Penalty. The Board 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 of this Article.

Section 4. Immunity. Any organization or person reporting, in good faith, information to the Board under this Article shall be immune from civil action as provided in Article IX, Section 4.

ARTICLE XII. EXEMPTIONS

No provision in this Act shall be construed to prohibit:

(a) The practice of nursing that is an integral part of a program by students enrolled in accredited nursing education programs leading to initial licensure, or by students enrolled in a Board approved refresher course.

(b) The rendering of assistance by anyone in the case of an emergency;

(c) The incidental care of the sick by members of the family, friends, domestic servants or persons primarily employed as housekeepers, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(d) Serving the sick by prayer or spiritual means in accordance with the practices and principles of any recognized church or denomination that subscribes to the art of healing by prayer;

(e) The rendering of nursing services on a fee-for-service basis, or the reimbursement for nursing services directly to a Registered Nurse or Licensed Practical Nurse rendering such services by any governmental program, commercial insurance company, hospital or medical services plan, or any other third-party payor;

(f) The establishment of an independent practice by one or more nurses for the purpose of rendering to patients nursing services within the scope of the license to practice nursing;

Comments

Only students in programs leading to initial licensure or students enrolled in refresher courses are exempted. All other students i.e., in graduate or certification programs, should be expected to seek licensure in the jurisdiction where enrolled in the program. They are expected to be practicing according to safe minimal standards as a basis for further study and thus, should be licensed.

It should be noted that no exemption is made for care without compensation. Standards for safe and effective care are expected to apply to all care providers regardless of whether or not it is provided free of charge.

Registered Nurses and Licensed Practical Nurses may practice nursing within the scope of their respective license in a wide variety of settings, including independent practice in a nursing clinic. They also may receive compensation for their services in many ways, such as wages paid by an employer, fees charged to patients or clients, or monies obtained through third party payors. This exemption is included to clarify that such practices and methods of reimbursement are within the parameters of the legal practice of nursing.

Comments

(g) The practice of any currently Registered Nurse or Licensed Practical Nurse of another state who is employed by the United States government, or any bureau, division, or agency thereof while in the discharge of official duties;

States may wish to require that persons permitted by this exemption to practice without a license be required to inform the Board of their names, practice locations, and jurisdictions of current licensure before commencing practice and when they leave the state.

(h) The practice of any currently Registered Nurse or Licensed Practical Nurse of another state who if employed by an individual, agency or corporation located in another state and whose employment responsibilities include transporting patients into, out of, or through this state. Such exemptions shall be limited to a period not to exceed () hours for each transport;

This exemption allows for short-term nursing care by nurses in the state on a transient basis. Time limitations should be reasonable, but restrictive enough to uphold the mandatory nature of the Act.

(i) The practice of any currently Registered Nurse or Licensed Practical Nurse of another state who is presenting educational programs or consultative services within this state for a period not to exceed () days;

(j) Auxiliary patient care services performed by nurse aides, attendants, orderlies, and other auxiliary workers in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine, surgery or dentistry, or under the supervision of a Registered Nurse, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(k) The practice of any other occupation or profession licensed under the laws of this state.

ARTICLE XIII. REVENUE, FEES

Section 1. Revenue. The Board is authorized to establish appropriate fees for licensure by examination, reexamination, endorsement, renewal, and reinstatement, and such other fees as the Board determines necessary.

Section 2. Disposition of Fees. All fees collected by the Board shall be deposited to the credit of the state general fund. There shall be appropriated from the state general fund to the Board of Nursing such sums as may be necessary to carry out the provisions of this Act. Such appropriations shall be based upon submission by the Board of a budgetary request.

Comments

Some states require that maximum or minimum fee limitations be stipulated in the statute. However, it is more desirable not to do so in order to enable the Board to more readily respond to changing economic and financial conditions through its rules and regulations. Because the Board is subject to the state's Administrative Procedures Act when adopting and/or revising its rules and regulations, those subject to the fees would be adequately protected from the establishment of inappropriate fees.

A Board of Nursing may be authorized to establish appropriate fees or, if it functions within a state agency concerned with licensure, this state agency may establish appropriate fees for all licensing boards. In either case, there should be some reference to establishment of fees within this Act.

Funds generated by Boards of Nursing generally fall into one of three categories: (1) The Board of Nursing maintains its own account in a bank or banks of its own choosing and provides periodic reports to certain state officials. (2) The Board of Nursing has its own dedicated fund within the state treasury. The funds are credited to the Board of Nursing and must be dispersed in accordance with state law, but the funds are in fact a type of revolving fund and usually do not terminate at the conclusion of a specific period, such as the end of a fiscal year. (3) The Board of Nursing deposits all

Comments

funds received into the general treasury and receives from the state legislature in accordance with the overall legislative process for state agencies. In these instances, the appropriations usually lapse at the end of a certain period and new appropriations are required.

The general view is that if regulatory activities in fact serve a public protective function, they should be financed by appropriations from general revenues, as are other consumer protection activities, rather than from fees. In addition, budgetary and appropriation processes provide a legislative and executive check on government agencies and, thus, increase their accountability. Although budgetary decisions involve politics, the appropriations process gives elected and appointed officials the power to compel performance and results. In most states, every agency of state government is subject to the appropriations process.

ARTICLE XIV. IMPLEMENTATION

Comments

Section 1. Effective Date. This Act shall take effect (date).

Section 2. Persons Licensed Under a Previous Law.

When a nursing practice statute is repealed or substantially amended, provisions should be considered for enabling persons licensed under the previous law to be licensed under the new statute. This is often referred to as a waiver, or "grandfather" provision.

(a) Any person holding a license to practice nursing as a Registered Nurse in this state that is valid on (effective date) shall be deemed to be licensed as a Registered Nurse 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 a Licensed Practical Nurse in this state that is valid on (effective date) shall be deemed to be licensed as a Licensed Practical Nurse 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 eligible for reinstatement of a license to practice nursing as a Registered Nurse or as a Licensed Practical Nurse in this state on (effective date) shall be deemed to be eligible to be licensed as a Registered Nurse or as a Licensed Practical Nurse, respectively, 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 holding a lapsed license to practice nursing as a Registered Nurse or Licensed Practical Nurse in this state on (effective date) because of failure to renew may become licensed as a Registered Nurse or as a Licensed Practical

Comments

Nurse, respectively, under the provisions of this Act by applying for reinstatement according to rules and regulations established by the Board of Nursing. Application for such reinstatement must be made within () months of the effective date of this Act.

(e) Those so licensed under the provisions of Article XIV, Section 2, (a) through (d) above, shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

Section 3. 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 4. Repeal. The laws specified below are repealed except with respect to rights and duties that have matured, penalties that were incurred, and proceedings that were begun before the effective date of this Act. (List statute(s) to be repealed; e.g., the current nursing practice act or appropriate section(s)).

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Working Draft #3
April 7, 1982

MODEL ADMINISTRATIVE RULES AND
REGULATIONS

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INTRODUCTION

This document represents an initial effort by the members of the Nursing Practice and Standards Committee of the National Council of State Boards of Nursing to develop model administrative rules and regulations based on the fifth working draft of the Model Nursing Practice Act that they developed for presentation to the 1982 Delegate Assembly. Boards of Nursing are typically authorized by statute to make, adopt, amend, repeal and enforce rules and regulations so that they can administer the Practice Act which regulates nursing within their particular jurisdictions. Consequently, the Committee believes that the usefulness of the Model Practice Act will be enhanced through the development of model implementing rules and regulations.

While the ultimate purpose of these Model Rules and Regulations will be to serve as a guide to assist states in making desired improvements in their own nursing rules and regulations, this initial draft is being offered by the Committee at this time primarily for study. It is by no means a finished document. As the Committee receives input on this preliminary draft, refines it, and develops additional rules and regulations, the Committee will add explanatory comments to augment the usefulness of the Model. The Committee also will add a bibliography to future drafts to acknowledge the many resources that it has drawn upon to support its deliberations.

The Committee is looking forward to discussion of these proposed Model Rules and Regulations during the Forum at the 1982 Delegate Assembly of the National Council. Although these rules and regulations have been developed from the Model Practice Act, the Committee believes that they are relevant to existing state Nursing Practice Laws also. Potential users of all or parts of these Model Rules and regulations, however, are cautioned to make certain that whatever they are interested in adopting is congruent with existing state statutory or constitutional law and other existing administrative rules and regulations.

Nursing Practice and Standards Committee

Thelma Cleveland (Washington), Chairperson
Ruth Elliott (Tennessee)
Margaret Pavelka (Nebraska)
Mary Shilling (South Carolina)
Therese Sullivan (Montana)
John Word (Washington, D.C.)

REGULATION I. STANDARDS OF NURSING PRACTICE FOR REGISTERED NURSES

A. Nursing Process

1. The Registered Nurse shall conduct and document nursing assessments of the health status of individuals and groups by:
 - a. Collecting objective and subjective data from observations, examinations, interviews and written records and reports in an accurate and timely manner.
 - (1) The appropriate data includes: Biophysical and emotional status; growth and development; cultural, religious and socio economic background; client knowledge and perception about health status and potential for maintaining health status; ability to perform activities of daily living; patterns of coping and interacting; consideration of client's health goals; environmental factors (i.e. physical, social, emotional and ecological); and available and accessible human and material resources.
 - b. Sorting, selecting, reporting and recording relevant information.
 - c. Continuously validating, refining and modifying the data by utilizing all available resources including each contact with the client, the family and significant others.
2. Utilizing all data obtained by assessment, the Registered Nurse shall develop and document nursing diagnoses which serve as the basis for the strategy of care.
3. The Registered Nurse shall develop and modify the strategy of care based on assessment and nursing diagnosis. This includes:
 - a. Identifying priorities in the strategy of care.
 - b. Setting realistic and measurable goals to implement the strategy of care.

- c. Prescribing nursing intervention(s) based on the nursing diagnosis.
 - d. Identifying measures to maintain comfort, support human functions and responses, maintain an environment conducive to well being and provide health teaching and counseling.
4. The Registered Nurse shall implement the strategy of care by:
- a. Prescribing and initiating nursing interventions through:
 - (1) Giving direct care.
 - (2) Assisting with care.
 - (3) Delegating care.
 - b. Providing an environment conducive to safety and health.
 - c. The Registered Nurse shall document nursing interventions and responses to care.
 - d. The Registered Nurse shall communicate nursing interventions and responses to care to other members of the health care team.
5. The Registered Nurse shall evaluate the responses of individuals or groups to nursing interventions administered by self and others and shall involve the clients, significant others, and appropriate health team members in the evaluation process.
- a. The Registered Nurse shall document and communicate evaluation data appropriately.
 - b. The Registered Nurse shall use evaluation data as a basis for reassessing client health status, modifying nursing diagnoses, revising strategies of care, and prescribing changes in nursing interventions.
- B. Standards relating to the Registered Nurse's responsibilities as a member of the nursing profession
1. The Registered Nurse shall delegate to others only those nursing measures which that person is prepared or qualified to perform.

2. The Registered Nurse shall retain accountability for the quality and quantity of nursing care when delegating nursing measures even though other licensed personnel are accountable for their own actions.
3. The Registered Nurse shall supervise others to whom nursing measures are delegated.
4. The Registered Nurse shall assist personnel and students under his/her supervision to develop the optimum skills for continued competency in performing client care activities.
5. The Registered Nurse shall obtain instruction and supervision as necessary when implementing new or unfamiliar nursing techniques or practices.
6. The Registered Nurse shall accept individual responsibility and accountability for his/her own actions and competency.
7. The Registered Nurse shall have knowledge and understanding of the laws governing nursing and function within the legal boundaries of nursing practice.
8. The Registered Nurse shall understand and assume his/her role as a member of the interdisciplinary health team.
9. The Registered Nurse shall collaborate with other members of the nursing team to provide continuity of care.
10. The Registered Nurse shall consult with qualified nurses and other appropriate sources and make referrals as necessary.
11. The Registered Nurse shall conduct his/her practice without discrimination on the basis of age, race, religion, sex, national origin or handicap.
12. The Registered Nurse shall respect the dignity and rights of clients unrestricted by consideration of social or economic status, personal attributes, or nature of health problems.
13. The Registered Nurse shall respect the client's right to privacy by protecting confidential information unless obligated to disclose in a court of law under proper authorization or legal compulsion.

14. The Registered Nurse shall respect the physical and mental wellbeing of clients and the property of clients, their significant others, and the facility.
15. The Registered Nurse shall participate in the evaluation of nursing through peer review.
16. The Registered Nurse shall contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting.
17. The Registered Nurse shall report unsafe nursing practice or practice conditions to appropriate authorities.
18. When teaching the practice of nursing to licensed nursing personnel or nursing students, the Registered Nurse shall be qualified to do so through education and experience.
19. When conducting research in nursing practice, the Registered Nurse shall be qualified to do so through education and experience.
20. When assuming a leadership role in nursing the Registered Nurse shall be qualified to do so through education and experience.

REGULATION II. STANDARDS OF NURSING PRACTICE FOR LICENSED PRACTICAL NURSES

A. Nursing Process

1. The Licensed Practical Nurse shall contribute to the nursing assessment by:
 - a. Collecting, reporting and recording objective and subjective data in an accurate and timely manner. Data Collection includes:
 - (1) Observation about the condition or change in condition by the client.
 - (2) Signs and symptoms of deviation from normal health status.
2. The Licensed Practical Nurse shall participate in the development and modification of the strategy of care by:
 - a. Providing data.
 - b. Contributing to the identification of priorities.
 - c. Contributing to setting realistic and measurable goals.
 - d. Assisting in the identification of appropriate nursing interventions for clients to maintain comfort, support human functions and responses, maintain an environment conducive to well being and provide health teaching and counseling.
3. The Licensed Practical Nurse participates in the implementation of the strategy of care by:
 - a. Providing direct care for clients whose conditions are stabilized or predictable.
 - b. Assisting the Registered Nurse in caring for clients whose conditions are critical and/or fluctuating.
 - c. Providing an environment conducive to safety and health.
 - d. Documenting nursing interventions and responses to care.

- e. Communicating nursing interventions and responses to care to appropriate members of the health care team.
4. The Licensed Practical Nurse shall contribute to the evaluation of the responses of individuals or groups to nursing interventions administered by self and others.
 - a. The Licensed Practical Nurse shall document and communicate data appropriately.
 - b. The Licensed Practical Nurse shall contribute to the modification of the strategy of care on the basis of the evaluation.
- B. Standards relating to the Licensed Practical Nurse's responsibilities as a member of the health team.
1. The Licensed Practical Nurse shall consult with Registered Nurses and other appropriate sources and seek guidance as necessary.
 2. The Licensed Practical Nurse shall obtain instruction and supervision as necessary when implementing new or unfamiliar nursing techniques or practices.
 3. The Licensed Practical Nurse shall conduct his/her practice without discrimination on the basis of age, race, religion, sex, national origin or handicap.
 4. The Licensed Practical Nurse shall report unsafe nursing practice or practice conditions to appropriate authorities.
 5. The Licensed Practical Nurse shall understand his/her role as a member of the interdisciplinary health team.
 6. The Licensed Practical Nurse shall have knowledge and understanding of the laws governing nursing and function within the legal boundaries of practical nursing practice.
 7. The Licensed Practical Nurse shall accept individual responsibility and accountability for his/her own actions and competency.

8. The Licensed Practical Nurse shall respect the dignity and rights of clients unrestricted by consideration of social or economic status, personal attributes, or nature of health problems.
9. The Licensed Practical Nurse shall respect the client's right to privacy by protecting confidential information, unless obligated to disclose in a court of law under proper authorization or legal compulsion.
10. The Licensed Practical Nurse shall respect the physical and mental wellbeing of clients and the property of clients, their significant others, and the facility.
11. The Licensed Practical Nurse shall participate in the evaluation of Nursing through peer review.
12. The Licensed Practical Nurse shall function under the direction of a Registered Nurse.
13. The Licensed Practical Nurse shall function with other members of the nursing team to provide continuity of care.
14. The Licensed Practical Nurse shall contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to practical nursing practice within the employment setting.

REGULATION III. STANDARDS FOR NURSING EDUCATION

A. Organization and Administration

1. Nursing education program(s) shall be integral parts of accredited institutions authorized to confer credentials in nursing.
2. The relationship of the nursing education program(s) to other units within the sponsoring institution shall be clearly delineated.
3. Nursing education program(s) shall have statements of purpose, philosophy and objectives which are consistent with those of the sponsoring institution and with the law governing the practice of nursing.
4. Nursing education programs shall be organized with clearly defined authority, responsibility, and channels of communication.
5. Organization of the nursing education program shall assure faculty involvement in determining academic policies and procedures and faculty responsibility for planning, implementing, and evaluating curriculum.
6. Organization of the nursing education program shall assure student input into the determination of academic policies and procedures, curriculum planning and evaluation, and the evaluation of teaching effectiveness.
7. Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and shall be periodically reviewed.
8. Nursing education programs shall be administered by a nurse educator.
 - a. Nurse administrators shall be currently licensed as registered nurses in this state.
 - b. In programs leading to practical nurse licensure, the nurse administrator shall have a minimum of a baccalaureate degree in nursing, preparation in education and administration, and () years of experience in clinical nursing and nursing education.

- c. In programs leading to registered nurse licensure, the nurse administrator shall have a minimum of a masters degree in nursing, preparation in education and administration, and () years of clinical experience in nursing and nursing education.
- d. In graduate nursing education programs, the nurse administrator shall have a minimum of a masters degree in nursing and an earned doctoral degree, preparation in education and administration, and () years of experience in clinical nursing and nursing education.

9. Nurse administrators shall be responsible for:

- a. The administration of the nursing program(s).
- b. Creation and maintenance of an environment conducive to teaching, learning, scholarly pursuits, and the sharing of faculty expertise through involvement in professional and community activities.
- c. Liaison with the central administration and other units of the sponsoring institution.
- d. Preparation and administration of the budget.
- e. Facilitation of faculty development and performance review.
- f. Recommendation of faculty for appointment, promotion, tenure, and retention.
- g. Facilitation and coordination of activities related to academic policies; personnel policies, curriculum, resources facilities and services, and program and curricular evaluation.

B. Resources, Facilities and Services

- 1. The resources, facilities and services of the sponsoring institution shall be available to and used by the nursing education program.
- 2. The nursing education program shall receive adequate financial support for faculty, other necessary personnel, equipment, supplies and services.

3. Sufficient secretarial and other support services shall be provided to insure appropriate use of faculty time and talents.
4. Classrooms, conference rooms, laboratories and offices shall be available to meet the purpose(s) of the nursing program(s) and the needs of the students, faculty, administration and staff.
5. Adequate space shall be provided for supplies and equipment.
6. Library space and holdings shall be adequate in number and kinds for the nursing education program(s) and shall be accessible to students and faculty.
7. Space shall be available for noninstructional activities of faculty and students.
8. Space, equipment and supplies shall be available for support of research objectives.
9. The agencies and services utilized for learning experiences shall be adequate in number and kind to meet curriculum objectives.
10. Written agreements with extramural agencies shall be mutually developed and maintained and periodically reviewed.
11. Cooperating agencies shall be approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.
12. Periodic evaluations of resources, facilities and services shall be conducted by administration and faculty and shall include student input.

C. Students

1. Admission, progression, retention, dismissal and graduation requirements shall be available to the students in written form and shall be consistent with those of the sponsoring institution. Policies specific to students in nursing shall be justified in terms of the nature and purposes of the nursing program(s).

2. Students shall be admitted without discrimination as to age, creed, ethnic origin, marital status, race or sex.
3. Available facilities and services of the nursing education program and its sponsoring institution shall be made known to the students.
4. Student rights, responsibilities and opportunities shall be available in written form and shall include student involvement in determining academic policies and procedures, curriculum planning and evaluation and evaluation of teaching effectiveness.
5. Students shall be required to maintain adequate health in the interest of client welfare including but not limited to routine physical examinations and appropriate immunizations.

D. Faculty

1. The number and kinds of faculty shall be sufficient to meet the purposes and objectives of the nursing program(s).
 - a. The maximum ratio of faculty to students in clinical areas involving direct care of patients or clients shall be one faculty member to () students in programs leading to licensure of practical nurses and registered nurses.
2. Faculty shall be recruited, appointed and promoted without discrimination as to age, creed, ethnic origin, marital status, race or sex.
3. Qualifications, rights and responsibilities of faculty members shall be available in writing.
4. Faculty personnel policies shall be available in writing and shall include those used in evaluating performance and those for promotion and tenure.
5. Nursing faculty who teach in programs leading to practical nurse licensure shall:
 - a. be currently licensed as registered nurses in this state.

- b. have a minimum of a baccalaureate degree in nursing and at least () years of experience in nursing.
6. Nursing faculty who teach in programs leading to registered nurse licensure shall:
- a. be currently licensed as registered nurses in this state.
 - b. have a minimum of a masters degree in nursing and at least () years of experience in nursing.
7. Nursing faculty who teach in graduate nursing education programs shall:
- a. be currently licensed as registered nurses in this state.
 - b. have a masters degree in nursing and at least () years of experience in nursing.
 - c. have an earned doctoral degree.
8. Faculty shall be responsible for the following:
- a. Development, implementation, and evaluation of the purpose, philosophy and objectives of the nursing program(s).
 - b. Design, implementation and evaluation of the curriculum.
 - c. Development and evaluation of student admission, progression, retention and graduation policies within the framework of the policies of the sponsoring institution.
 - d. Participation in academic advising and guidance of students.
 - e. Evaluation of student achievement in terms of curricular objectives.
 - f. Participation in the selection, promotion and tenure of faculty.
 - g. Provision for student and peer evaluation of teaching effectiveness.

- h. Participation in academic activities of the institution.
 - i. Participation in professional and health-related community activities.
 - j. Participation in self-development activities to improve own nursing expertise.
9. Faculty in baccalaureate and higher degree programs shall be responsible for participation in research and other scholarly activities to advance nursing knowledge.

E. Curriculum

- 1. Curricula shall reflect the philosophy, purpose and objectives of the designated nursing education program, and shall be consistent with the law governing the practice of nursing.
- 2. The ratio between nursing and non-nursing credit shall be based on a well developed rationale.
- 3. Learning experiences and methods of instruction shall be selected to fulfill curriculum objectives.
- 4. Curricula shall be evaluated by the faculty with provisions for student input.
- 5. Curricula preparing for licensure as a practical nurse shall include:
 - a. Basic concepts of anatomy, physiology, chemistry, physics and microbiology.
 - b. Basic concepts of communication, growth and development, interpersonal relations and cultural diversity.
 - c. Ethics, nursing history and trends, vocational and legal aspects of nursing.
 - d. Basic concepts of pharmacology, nutrition and diet therapy.
 - e. Basic concepts of and clinical instruction in nursing which encompasses the attainment and maintenance of physical and mental health

and the prevention of illness for individuals and groups throughout the life process based on contributions to assessing, planning, implementing and evaluating functions.

- f. Basic concepts of delegation, supervision and teaching.
6. Curricula preparing for licensure as a registered nurse shall include:
- a. Anatomy, physiology, chemistry, microbiology and physics.
 - b. Sociology, psychology, communications, growth and development, interpersonal relations, group dynamics, cultural diversity and humanities.
 - c. Pharmacology, nutrition and diet therapy, and pathophysiology.
 - d. Ethics, nursing history and trends, and the professional and legal aspects of nursing.
 - e. Theoretical and clinical instruction in nursing, which encompasses the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life process based on assessing, diagnosing, planning, implementing and evaluating functions.
 - f. Leadership, management and teaching theory and skills.
 - g. Beginning understanding of the nursing process and the contribution to nursing practice.
7. Graduate nursing curricula shall include:
- a. Advanced preparation in a clinical nursing specialty.
 - b. Preparation for a functional role in nursing, such as education, administration, consultation or research.
 - c. Other academic courses to support the clinical nursing specialty and the functional role.
 - d. Development and testing of nursing theories.
 - e. Development of research capabilities applicable to nursing.

REGULATION IV. LICENSURE BY EXAMINATION

A. Licensure by Examination

1. An applicant for licensure by examination in this state shall:
 - a. Submit a completed application () days prior to the date of the examination.
 - b. Have the nursing education program send directly to the Board an official final transcript verifying graduation from an accredited nursing education program recognized by the board which prepares for the level of licensure being sought. The transcript shall contain the date of graduation and the credential conferred.
 - c. Submit the current fee for application for licensure by examination as set forth by the administrative regulations of the Board of Nursing. The fee is nonrefundable.
 - d. Submit one recent billfold size identification photograph of the applicant (about two and one-half by three and one-half inches) unmounted and autographed by the applicant across the front.

B. Passing Score

1. In order to be licensed in this state, all Registered Nurse Applicants shall write and pass the National Council Licensure Examination for Registered Nurses with a score of 1600 or above and all Practical Nurse Applicants shall write and pass the National Council Licensure Examination for Practical Nurses with a score of 350 or above.

C. Out-of-State Graduates

1. In order to qualify to write the examination in this state, out-of-state graduates must submit the same materials and meet the same qualifications as graduates from nursing education programs conducted in this state.

- a. Out-of-state applicants must have completed a basic nursing education program approved by the Board of Nursing in the state in which the nursing education program is located and which meets the minimum standards set forth for nursing education programs in this state.
- b. Out-of-state applicants will be accommodated to the extent possible considering examination space and materials and will be accepted in the order applications are completed.
- c. Graduates from nursing education programs in this state will be given first priority for admission to the examination.

REGULATION V. LICENSURE BY ENDORSEMENT

- A. Licensure by Endorsement An applicant for licensure by endorsement in this state shall:
1. Submit a completed application.
 2. Have the nursing education program send directly to the Board an official final transcript verifying graduation from an accredited nursing education program recognized by the Board which prepares for the level of licensure being sought. The transcript shall contain the date of graduation and credential conferred and shall indicate that the educational program meets the minimum standards for nursing educational programs as set forth in this state at the time of the applicant's graduation.
 3. Submit verification of initial licensure by examination and current licensure in at least one state.
 4. Submit verification of good standing in all states in which licensure has ever been granted.
 5. Have passed a licensure examination as follows:
 - a. Registered Nurse Applicants shall present minimum standard scores of 350 on each part of the State Board Test Pool Examination, or a minimum scaled score of 1600 on the National Council Licensure Examination, or have passed a state constructed licensure examination prior to (date).
 - b. Practical Nurse Applicants shall present a minimum score of 350 on the State Board Test Pool Examination, or on the National Council Licensure Examination, or have passed a state constructed licensure examination prior to (date).
 6. Submit one recent billfold size identification photograph of the applicant (about two and one-half by three and one-half inches) mounted and autographed across the front.
 7. Submit the current fee for application for licensure by endorsement as set forth in the administrative regulations of the Board of Nursing. The fee is nonrefundable.

REGULATION VI. SPECIALTY PRACTICE

A. Announcing Specialty Practice

1. Licensees may announce themselves as specialists only if they meet the following requirements:
 - a. Current licensure as a Registered Nurse in this state.
 - b. Completion of a formal post-basic educational program of at least the equivalent of one full-time academic year including theoretical and clinical instruction in the nursing specialty area approved by the Board, or completion of a masters or doctoral degree in nursing with a major in a clinical specialty.
 - c. Current national certification in the nursing specialty area approved by the Board.

B. Specialty Title

1. The specialty title to be utilized shall be the title which is granted by the national certifying body.

REGULATION VII. CONTINUED COMPETENCY

- A. Continued Competency Requirements - A licensee seeking to renew or reinstate a license or an applicant for licensure by endorsement shall meet the continued competency requirements by submitting proof of one of the following:
1. Satisfactory peer review rating based on completion of at least () hours of nursing practice.
 - a. Rating is to be performed by a Registered Nurse who has worked with the individual in a supervisory or collaborative role for not less than nine out of the preceding twelve months.
 - b. The rating form developed by the Board shall incorporate the standards for Nursing Practice in Regulations I and II and include the qualifications of the rating.
 - c. The complete rating shall be submitted with the renewal, reinstatement or endorsement application.
 2. Enrollment in a program leading to licensure as a Registered Nurse or to an advanced degree in nursing.
 - a. The individual must have satisfactorily completed nursing courses offering at least () hours of credit, during the past () year(s).
 - b. An official transcript verifying the completion of the courses shall be submitted with the renewal reinstatement or endorsement application.
 3. Certification in a nursing specialty within the past () years by a nationally recognized certifying organization approved by the Board.
 - a. A copy of the current certificate shall be submitted with the renewal, reinstatement or endorsement application.

4. Completion of () hours of continuing education within the past () year(s).
 - a. Courses must be relevant to the individual's primary area of nursing practice.
 - b. Certificates showing completion of courses shall be submitted with the renewal, reinstatement or endorsement application. Each certificate shall include the name of the course, dates of the course, number of contact hours, provider's name and number, and the signature of an authorized representative of the provider.
 - c. Providers of continuing education shall be approved by the Board.
 - (1) Providers may be approved for a period of () years.
 - (2) Providers or individuals may submit requests for approval of single courses.
 - (3) Providers or individuals shall apply for approval on forms provided by the Board at least () days prior to offering or attending a continuing education course.
 - (4) Courses shall meet the following criteria:
 - (a) Measurable learner objectives.
 - (b) Defined content relevant to nursing.
 - (c) Identified evaluation methods.
 - (d) Faculty qualified by education and experience in the subject matter of the course.
 - (5) Courses shall be at least () contact hours in length.
 - (6) The Board shall accept fifty (50) minutes of theory as one hour of continuing education and () hours of course related clinical practice as one hour of continuing education.

- (7) Academic courses relevant to nursing may be accepted as continuing education. In such instances the individual shall apply for approval as stated in this Regulation. A transcript shall be submitted in lieu of a certificate. Fifteen (15) contact hours shall be allowed for one (1) semester credit hour and ten (10) contact hours shall be allowed for one quarter credit hour.
 - (8) Orientation and on-the-job training shall not be utilized to satisfy the continuing education requirements.
 - (9) Providers shall keep records for a period of () year(s). Such records shall be available to the Board upon request. Providers shall award certificates of completion to participants.
 - (10) Provider approval shall be subject to periodic review and may be withdrawn if the Board determines that adherence to the criteria outlined herein is not maintained.
5. Successful completion of a national competency examination approved by the Board.
 - a. The examination shall have been completed within the past () years.
 - b. The examination shall test competency relevant to the individual's primary area of nursing practice.

REGULATION VIII. LIMITED LICENSURE

- A. Issuance of Limited License - The Board may issue a limited license to:
1. An applicant for licensure or a licensee upon proof that such person:
 - a. has a handicap and is not capable of practicing the full scope of nursing safely, or
 - b. has been found guilty of any of the grounds for discipline set forth in Article IX. Discipline and Proceedings. Section 1. Grounds.
 2. An applicant who holds a current limited license in another state or jurisdiction and has applied for licensure by endorsement and meets the criteria of this Board for Licensure by Endorsement, except for the identified limitations.
- B. Conditions of a Limited License
1. Parameters of practice for the specific handicapped or disciplined nurse shall be defined in writing by the Board.
 2. The specific limitation shall be noted on the license.
 3. The nature of the appropriate restrictions and practice standards placed on the license of a handicapped or disciplined nurse shall be prescribed by the Board and shall include, but not be limited to, the following terms and conditions:
 - a. Shall obey all the laws of the United States, and this state, and the rules and regulations pertaining to the practice of nursing in this state.
 - b. Licensee shall fully and completely comply with the conditions established by the Board, and cooperate with representatives of the Board.
 - c. In the event the licensee should leave to reside or practice outside of this state, move within the state, or change employers, licensee must notify the Board in writing of the dates of departure and return.

- d. Licensee shall report in person to such meetings of the Board, or its designated representatives, as directed.
- e. Licensee shall submit such written reports and verification of actions as are required by the Board.
- f. Licensee, if employed in nursing, shall have the employer submit to the Board verification that the employer understands the conditions of the limited license and shall make periodic reports of performance.

C. Compliance with Terms and Conditions

Upon compliance with the terms and conditions set forth by the Board, the disciplined licensee shall be restored to the full privileges of licensure. However, in the event the licensee violates or fails to comply with any of the stated terms and conditions, the Board, after notice to the licensee and provision of an opportunity for the licensee to be heard, may take such additional actions as it deems best and reasonable.

REGULATION IX. RENEWAL OF LICENSES

- A. Annual Renewal - The annual renewal of licensure must be accomplished by the licensee's birthdate or date determined by the board. Failure to renew the license on or before the date of expiration appearing on the license shall result in the forfeiture of the right to practice nursing in this state.
- B. Mailing of Application - At least thirty (30) days before the expiration date of the individual's license, the board shall mail an application for renewal to every person holding a current license.
- C. Continued Competency Requirement - No license will be renewed unless the Registered Nurse or Licensed Practical Nurse shows evidence of continued competency as defined in Regulation VII of these administrative regulations.
- D. Issuance of License - Registered Nurses and Licensed Practical Nurses who complete the renewal application accurately, meet the continued competency requirements, are practicing nursing in compliance with the law, and pay the renewal fee shall be issued a license to practice.
- E. Illegal Practice - Any person practicing nursing during the time that his/her license has lapsed shall be considered an illegal practitioner and shall be subjected to the penalties provided for violators under the provisions of the Nursing Practice Act, Article VIII, Section 2.

REGULATION X. REINSTATEMENT OF A LAPSED LICENSE

- A. Failure to Renew - A licensee who fails to renew his/her license may apply for reinstatement under the following conditions:
1. The applicant must meet all requirements for renewal of licensure.
 2. The applicant must pay a reinstatement fee of (\$).
 3. If the applicant has not practiced nursing for a period of five or more years, he/she must satisfactorily complete a review study of nursing approved by the board that includes theoretical and clinical instruction.

REGULATION XI. ASSESSMENT OF FEES

- A. Collection of Fees - The board shall collect the following fees:
1. (\$) for application for licensure by examination as a Registered Nurse or as a Licensed Practical Nurse. This fee shall include the temporary license.
 2. (\$) for licensure by endorsement as a Registered Nurse or a Licensed Practical Nurse. This fee shall include the temporary license.
 3. (\$) for annual renewal of licensure as a Registered Nurse or as a Licensed Practical Nurse.
 4. (\$) for reinstatement of licensure as a Registered Nurse or as a Licensed Practical Nurse.
 5. The candidate shall submit (\$) with the application for examination directly to the National Council Licensure Examination.

Comments: Some states may find it necessary to set a fee for proctoring the licensure examination, verification of licensure to other states or for transcripts.

NEW BUSINESS

REQUESTS FOR SUBSTANTIVE CHANGES IN CONTRACT LANGUAGE

Background: The 1981 Delegate Assembly authorized "the Board of Directors to approve such non-substantive changes as may be necessary to conform to various requirements of state laws applicable to each Member Board..."

The Board of Directors has authorized such non-substantive changes when necessary. The Board forwards the following requests for substantive change to the Delegate Assembly for action.

These materials include:

- The Contract sections in numerical order
- Specific requests and rationales

Section 6 E

Except as provided in a procedure agreed to in Paragraph D., above, Board shall have at least two persons present throughout all administrations of the Nurse Licensure Examinations in each room in which the examination are being administered to one or more candidates. At least one RN employee or nurse member of Board shall be present at each examination site, except in those jurisdictions that use a test administration service approved by Council. No member of the examining team shall be a person associated with a school preparing for registered or practical nurse licensure unless such person is also a member of Board.

The Alaska Board of Nursing -

request that Section 6 E be revised to require the presence of two persons in each room in which the examinations are being administered only if six or more persons are being examined. (The specific request and rationale will be distributed at the convention.)

The State Board of Nursing in Missouri -

requests that sentence three be deleted.



State of Missouri

Christopher S. Bond, Governor

Department of Consumer Affairs, Regulation and Licensing
Division of Professional Registration

J.H. Frappier, Director
H.C. Cooper, Jr., Director

State Board of Nursing
P.O. Box 656, 3523 North Ten Mile Drive
Jefferson City, Missouri 65102
Telephone 314/751-2334

Mary Sue Hamilton, R.N., M.S.N.
Executive Director

March 25, 1982

Dr. Eileen McQuade Dvorak
Executive Director
National Council of State Boards
of Nursing, Inc.
303 E. Ohio St., Suite 2010
Chicago, Illinois 60611

RECEIVED

MAR 29 1982

NCSBN

Dear Eileen:

After a recent conversation with Mr. Thomas O'Brien, he informed me that I needed to only request one change to be included on the agenda for the delegate assembly to consider at its June, 1982, meeting. That change is on Page 6, Paragraph E, beginning on line 8, the sentence,

"No member of the examining team shall be a person associated with a school preparing for registered or practical nurse licensure unless this person is also a member of the Board."

be deleted. The Missouri State Board of Nursing does not feel that this limitation is a necessary limitation for security purposes. Additionally, this limitation indicates a distrust of nurse educators which this Board does not wish to convey.

The second requested change which we had requested in our letter of March 17, 1982, will be changed in our contract according to Mr. O'Brien.

I do hope this does not cause you any problems in preparing the agenda and I do wish you to know that I appreciate the cooperation Mr. O'Brien has given us.

Sincerely,

MARY SUE HAMILTON, R.N., M.S.N.
EXECUTIVE DIRECTOR

MSH:slr

cc: Mr. Thomas L. O'Brien

Sara Rittman

Section 6 J

Notwithstanding Paragraph I, Board, and authorized registered nurse employees of Board may evaluate items submitted to Board for review, and may review the contents of each form of the Nurse Licensure Examinations within twelve (12) months after the administration of such form under the following conditions:

- (1) The Nurse Licensure Examination is the exclusive written examination for licensure as a nurse used by Board; and
- (2) Such reviews shall be at meetings and places designated by Board for this purpose

The NCSBN Board of Directors recommends to the Delegate Assembly that the following substantive change be approved for use in the contracts between NCSBN and all Member Boards requesting the change.

Notwithstanding Paragraph I, Board, and authorized registered nurse employees of Board and full time employees of state who are charged by law with the duty of reviewing and evaluating licensing examinations may evaluate items submitted to Board for review, and may review the contents of each form of the Nurse Licensure Examinations within the twelve (12) months after the administration of such form under the following conditions.

- (1) The Nurse Licensure Examination is the exclusive written examination for licensure as a nurse used by Board; and
- (2) Either such review shall be at meetings and places designated by Board for this purpose or shall be conducted at times and places and under circumstances approved by Council.

Section 6 J

Notwithstanding Paragraph I, Board, and authorized registered nurse employees of Board may evaluate items submitted to Board for review, and may review the contents of each form of the Nurse Licensure Examinations within twelve (12) months after the administrations of such form under the following conditions:

- (1) The Nurse Licensure Examination is the exclusive written examination for licensure as a nurse used by Board; and
- (2) Such review shall be at meetings and places designated by Board for this purpose.

The NCSBN Board of Directors recommends to the Delegate Assembly that the following substantive change be approved for use in the contracts between NCSBN and all Member Boards requesting the change.

Notwithstanding Paragraph I, Board, and authorized registered nurse employees of Board may evaluate items submitted to Board for review, and may review the contents of each form of the Nurse Licensure Examinations during the period which begins on the date each form is received and ends twelve (12) months after the administration of such form under the following conditions:

- (1) The Nurse Licensure Examination is the exclusive written examination for licensure as a nurse used by Board; and
- (2) Such reviews shall be at meetings and places designated by Board for this purpose; and
- (3) Board shall request in writing copies of specially marked forms to be used for any such review and shall pay Council for any costs actually incurred by Council in providing such copies.

Section 6

I. Council shall permit no person to review the contents of past or current tests, except persons authorized by Council and engaged in developing a Registered Nurse Licensure or Practical Nurse Licensure Examination and including: Test Service's test development staff, the committees of Council having responsibility for planning and evaluating the content of the examinations, and item writer consultants and other experts authorized by Council to assist in the development of the examinations; and further provided that in the event of a situation which may be regarded as a security problem, examination materials may be released with the approval of Council to the appropriate legal officials in connection with investigation for violation of law undertaken by such officers.

J. Notwithstanding Paragraph I, Board, and authorized registered nurse employees of Board may evaluate items submitted to Board for review, and may review the contents of each form of the Nurse Licensure Examinations within twelve (12) months after the administration of such form under the following conditions:

(1) The Nurse Licensure Examination is the exclusive written examination for licensure as a nurse used by Board; and

(2) Such reviews shall be at meetings and places designated by Board for this purpose.

M. Board shall use all reasonable measures at all times to preserve the confidential nature of all forms of the Nurse Licensure Examinations and items submitted for review and to prevent the reproduction thereof in whole or in part for any purpose when such forms or items are under its control.

The Colorado Board of Nursing -

requests that Paragraphs 6 I, J, and M be changed to permit the Board to disclose the licensure examination to an applicant who is appealing denial of licensure due to examination failure.

TCO
4/5/82

J.D. MacFarlane
Attorney General

Richard F. Hennessey
Deputy Attorney General

Mary J. Mullarkey
Solicitor General

The State of Colorado

DEPARTMENT OF LAW
OFFICE OF THE ATTORNEY GENERAL

STATE SERVICES BUILDING
1525 Sherman Street, 3rd. Fl.
Denver, Colorado 80203
Phone 866-3611 & 866-3621

April 2, 1982

Thomas L. O'Brien
Vedder, Price, Kaufman & Kammholz
115 South La Salle Street
Chicago, Illinois - 60603

RE: National Council of State Boards of Nursing, Inc.
Examination Contract

Dear Mr. O'Brien:

I am writing as a follow-up to your conversation with Ms. Judith Schulman of this office who is about to depart for maternity leave.

The issue at hand relates to the National Council of State Boards of Nursing's proposed examination contract, specifically clauses 6I, J and M which appear to prohibit the Colorado State Board of Nursing from permitting review of past or current exams except by Board members and authorized employees. The problem raised by these provisions relates to potential requests for discovery or disclosure of such examination materials in the event of an appeal by an applicant who has been denied licensure due to examination failure.

Colorado statutes, specifically the Nurse Practice Act (C.R.S. 1973, 12-38-118(2)) and the State Administrative Procedure Act (C.R.S. 1973, 24-4-104(9) and 105) (copies of which are attached for your convenience), give a license applicant the right to request an administrative hearing following a denial of licensure. If such a hearing is requested, the applicant may well seek disclosure of the examination, the answer key and his or her answer sheet in order to prepare for such a hearing, which request could be granted by a hearing officer (see section 24-4-105(4) concerning discovery and use of the rules of civil procedure in administrative hearings) or a judge if the action is filed in court.

Mr. O'Brien
Page 2
April 2, 1982

The contract as presently written would place the Board in the unpleasant posture of either breaching the contract or refusing to comply with such a disclosure order.

To resolve this problem, we would ask the council to consider at its June meeting a substantive amendment to paragraph 6M of the proposed contract as follows:

Notwithstanding the first sentence of this paragraph M, in the event of an administrative or court challenge following a denial of licensure where the validity and/or scoring of the examination is challenged, upon request of the applicant the Board shall be permitted by Council to provide to the applicant, his counsel or expert retained by applicant, a copy of the pertinent examination, answer key and applicant's answer sheet. Said materials shall be provided upon the explicit condition that any further release of such materials beyond the applicant, counsel or expert is prohibited. The Board shall apprise the Court or administrative adjudicator and applicant of the necessity for strict security measures in connection with the limited release of such materials, and in the event such materials are offered as evidence in such a license denial proceeding, the Board shall take all reasonable steps to seek an order designed to insure the security of the examination materials.

Following your conversation with Ms. Schulman, your associate, Toni Massaro, forwarded a list of case citations regarding the due process rights of unsuccessful candidates for licensure. I have reviewed those cases and do not find them dispositive on this point because none of them present facts where the applicant has a state statutory right to a hearing following a license denial for examination failure. The cases merely indicate that there is no federal constitutional right to a hearing following failure of a state bar examination (especially where retesting is available). Further several of these cases relied upon the lack of a hearing right under the federal administrative procedure act, which has no applicability to state judicial or executive branch licensing bodies.

It appears that these cases are not applicable to the situation which exists in Colorado. We feel that where state law guarantees a hearing, the question of discovery rights so as to provide a meaningful hearing must be addressed, as it was in the Peterson case, Application of Peterson, 459 P2d 703(Alaska 1969),

Mr. O'Brien
Page 3
April 2, 1982

see also Application of Luna, 569 P2d 789 (Alaska 1977) (indicating that the Governing Board's refusal to provide examination materials pursuant to a discovery request was in conflict with the holding in Peterson).


The only case I could find which more closely addressed the question of discovery of objective examination material is Martin v. Educational Testing Service, 431 A2d 868 (Superior Court, N.J. 1981) in which a real estate licensure applicant challenged his failing score and requested copies of the examination and answer key. While the Martin case consists primarily of dicta, it at least indicates one court's inclination to permit discovery of a testing service's examination materials in the event of an applicant's judicial challenge to an examination failure.

We hope this is helpful in explaining our need for an amendment to the contract in light of the Colorado state statutory guarantee of a hearing following denial of licensure due to an examination failure.

Thank you for your consideration of this matter, and your placement of this matter on the Council's June agenda.

Finally, I wanted to confirm our understanding that in light of the need of the Council to act upon our request, we need not return the signed contract by May 31 as indicated in your letter of February 25, 1982.

FOR THE ATTORNEY GENERAL



ANN SAYVETZ
Assistant Attorney General
Regulatory Law Section

as;pc

cc: Colo. State Board of
Nursing

Section 12

Representative. Board represents that it has designated a member, employee, or agent of Board who is a RN to assume administrative responsibility on behalf of Board for compliance with this Agreement. Board shall promptly notify Council of the name of the designated representative and of any substitutes or replacements thereafter named as representatives during the term of this Agreement.

The Wisconsin Board of Nursing -

requests that Section 12 be changed to allow Boards or States to designate other than a registered nurse to assume administrative responsibility for compliance with the contract.

The Michigan Department of Licensing and Regulation -

requests that Section 12 be reworded so that the Office of Testing Services Director or designee could be responsible for contract compliance.



State of Wisconsin

DEPARTMENT OF REGULATION & LICENSING

Lee Sherman Dreyfus
Governor

April 8, 1982

Ann Jansen Haney
Secretary

1400 E WASHINGTON AVENUE
MADISON, WISCONSIN 53702
(Enter at 77 North Dickinson Street)

MAILING ADDRESS
P. O. Box 8936
MADISON, WISCONSIN 53708

Board of Directors
National Council of State
Boards of Nursing
303 East Ohio Street, Suite 2010
Chicago, IL 60611

RE: Proposed Agenda Items for Delegate Assembly

As indicated in our previous memo to you dated February 12, 1982, the Wisconsin Board of Nursing and Department of Regulation and Licensing would like to request as an agenda item the issue covered in Section 12 of the Contract: Representative.

We would like Section 12 changed to allow Boards or States to designate a test administration office approved by a Board to be in administrative compliance with the contract, as well as an RN member, employee or agent.

In the Wisconsin Department of Regulation and Licensing, test administration for all boards is carried out by the Office of Examinations. The Department Secretary has statutory authority for assignment and employment of staff. The Secretary has determined that the assignment for contractual authority for administration of the nursing exam contract should be delegated to the person in our agency with the actual responsibility: the Director of the Office of Examinations.

Test administration does not require expertise in nursing. Boards should have the option of utilizing test administration services from units within their organization. If a Board delegates its responsibility for test administration to a unit within its regulatory agency, that unit should be responsible for fulfilling the terms of the exam contract.

Members of the NCSBN should be allowed to decide what person or unit within an organization would be in a position to most effectively and efficiently carry out exam administration. The Council has reviewing authority over exam security measures to ensure test security will be followed. Government under this system will continue to do its job of delivering needed services responsibly.

Thank you for your consideration and support.

Sincerely,

Paula R. Possin, Director
Bureau of Nursing

PRP:gm

cc: Ann J. Haney, Secretary
Board of Nursing
Barbara Showers, Director, Office of Examinations

STATE OF MICHIGAN



WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF LICENSING AND REGULATION

SILVERENIA G. KANOYTON, Director

March 24, 1982

OFFICE OF TESTING SERVICES
 P.O. Box 30018
 Lansing, Michigan 48909
 Telephone: (517) 373-3877

Board of Directors
 National Council of State
 Boards for Nursing
 303 E. Ohio Street, Suite 2010
 Chicago, IL 60611

RECEIVED

MAR 26 1982

NCSBN

RE: Proposed Revisions in Standard Contract - Agenda Item For
 Delegate Assembly

The Department of Licensing and Regulation has received and reviewed the proposed contract. Based on our review, we would like to request that an agenda item be the revision of Section 12 -- Representative.

The Department, rather than the Board of Nursing, is responsible for all budgetary, procurement and related management functions. Currently only the Department Director or Administrative Officer have signatory authorization. This means that the Board cannot enter into a contract nor can they be responsible for contract compliance. Furthermore, the only unit within the Department who is responsible for the security and administration of the examination is the Office of Testing Services (OTS). Neither the Board nor the Nursing Staff has any involvement in the receipt, actual administration or return of the exams.

We would like to propose that Section 12 be reworded so that the OTS Director or designee could be responsible for contract compliance. The OTS is an established unit within the Department and has responsibility for all test administration activities required by the various boards. Although the Department Director and Administrative Officer will sign the contract, the Director is willing to designate the OTS director as being responsible for compliance.

The Department also wishes to acknowledge your action regarding the insertion of permitting full time testing personnel to review the examination along with the Board. We believe this addendum will be beneficial to the various state boards who have psychometricians

Board of Directors
N.C.S.B.N.
March 24, 1982
Page 2

employed by their Departments. The quality of the examination should be improved through the sharing of such expertise.

Should you have any questions or concerns, please do not hesitate to write or call.

Sincerely,

Kara Lynne Schmitt

Kara Lynne Schmitt, PhD.
Director, Office of Testing Services

KLS/pjw

cc: Cathie Bissinger
Ed Quenby
Board of Nursing

Section 20

Applicable Law. This Agreement shall be deemed to have been made in the State of Illinois and shall be subject to Illinois law.

The Alabama Board of Nursing -
requests that Section 20 be deleted or revised.

The Guam Board of Nurse Examiners -
requests that Section 20 be deleted

BETTY TOMLIN, R.N.
EXECUTIVE OFFICER

OFFICE:
Suite 203, One/East Building
500 Eastern Boulevard
Montgomery, Alabama 36117

ALABAMA BOARD OF NURSING

STATE OF ALABAMA

MONTGOMERY, ALABAMA 36130

TELEPHONE 832-5747 - AREA CODE 205

April 9, 1982

RECEIVED

APR 14 1982

NCSBN

Dr. Eileen McQuaid Dvorak
National Council State Boards
of Nursing, Inc.
303 East Ohio Street, Suite 2010
Chicago, Illinois 60611

Dear Dr. Dvorak:


The contract between the Alabama Board of Nursing and the National Council of State Boards of Nursing, Inc. was submitted to the Finance Department for approval and signature of the Governor. Mr. Jerry Weidler, Attorney for the Finance Department has refused to sign out the contract. He cited conflicts with Paragraph 14, 18, and 20. Toni Massaro related that Paragraphs 14 and 18 could be deleted but any change in Paragraph 20 would be substantive.

Mr. Weidler contends that Paragraph 20 of the contract conflicts with Article 1, Section 14 of the Alabama Constitution (attached). He states that the contract cannot be approved unless Paragraph 20 is deleted or revised to show that Alabama is subject to Alabama law and not to the laws of another state.

The Alabama Board of Nursing requests that the proposed change in Paragraph 20 be placed on the agenda for the Delegate Assembly.

If there are any questions, please call. Thank you.

Sincerely,



Betty Tomlin, R.N., M.S.N.
Executive Officer

BT:ps

Attachment

cc: Mr. Thomas L. O'Brien, Attorney
Vedder, Price, Kaufman & Kammholz

GOVERNMENT OF GUAM
Agana, Guam 96910

March 16, 1982

Memorandum

Ref: BNE 82-0188

To: Office Administrator, Guam Board of Nurse
Examiners

From: Attorney General

Subject: Contract Evaluation

This office is in receipt of your memorandum of March 9, 1982, in which you requested information on the following:

REQUEST: That the Attorney General review the proposed contract between the Guam Board of Nurse Examiners and the National Council of State Boards of Nursing and approve it as to form and legality.

ANSWER: The contract is disapproved.

STATEMENT OF FACTS:

The Guam Board of Nurse Examiners is negotiating with the National Council of State Boards of Nursing to enter into a contract with respect to nurse licensure examinations, pursuant to the provisions of section 27202(b)(3)(c)(6), Government Code. The Board has asked this office to review and approve of the contract.

DISCUSSION:

Although most of the provisions of this contract offer no formal or legal problems, two sections, clauses 14 and 20, are illegal and unenforceable.

Clause 14 is a binding arbitration clause which requires that all disputes arising under the contract be submitted to arbitration in Chicago, Illinois, "before an impartial arbitrator in accordance with the rules of the American Arbitration Association ..." It further provides that "the award rendered by the arbitrator shall be conclusive and binding upon the parties hereto and judgment may be entered upon such award and any court having jurisdiction hereof." The apparent effect of this provision is that if the National Council has a contract claim against the Board, the Board agrees to arbitrate it in Chicago, Illinois.

Memo to Office Administrator, BNE
March 15, 1982
Page 2

The power of the Board to contract, however, is an agentive power; that is, the Board is a limited agent of the Government of Guam. As such, its authority to contract is limited and circumscribed by the Organic Act and by Guam statutory law.

By Congressional mandate, the Government of Guam has federal statutory immunity from suits brought either in tort or in contract, subject only to very limited legislative exception. Section 3, Organic Act of Guam, provides, in pertinent part:

The Government of Guam shall have the powers set forth in this Act, shall have the power to sue by such name, and, with the consent of the Legislature evidenced by enacted law, may be sued upon any contract entered into with respect to, or any tort committed incident to, the exercise by the Government of Guam of any of its lawful powers.

The referenced legislative exception is the Government Claims Act, sections 6500 et seq., Government Code, as variously amended. This Act provides the only means by which a party may bring a contractual claim against the Government of Guam or any of its agents. None of the provisions of this Act provides for arbitration; and none of its provisions empower the Government or any of its agents to waive the express terms and limitations of the Act. The Board lacks the authority to agree to such a provision; and the Governor lacks the authority to ratify it. Should this provision remain in the contract, it would be valid only to the extent that would bind the Government of Guam to submit to arbitration in the event that the Government of Guam had a claim against the National Council.

Clause 20 of the contract offers an analogous problem. It provides:

This Agreement shall be deemed to have been made in the State of Illinois and shall be subject to Illinois law.

Section 3, Organic Act of Guam, 48 U.S.C.A. § 1421(a), as cited, supra, provides expressly that actions in contract against the Government of Guam may be brought only in accordance with statutes enacted by the Guam Legislature.

Memo to Office Administrator, BNE
March 15, 1982
Page 3

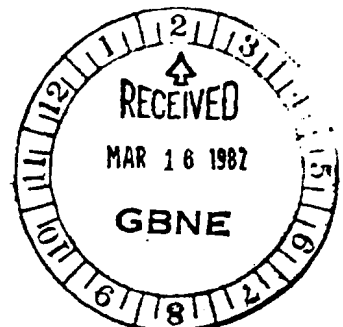
Therefore, any attempt by the Government of Guam or any of its agents to bind the Government of Guam to submit to Illinois law in the event of a contract dispute is ultra vires; and such a clause is void ab initio. No court, either in Guam or in Illinois will enforce it.

This office recommends that the Board seek the approval of the National Council of State Board of Nursing, Inc., to omit clauses 14 and 20 from the contract.

When making further inquiry regarding this memorandum or to the same subject matter, please make reference to the above file number. In an effort to expedite your inquiry, those requests referencing the file number will be given preferential consideration.

The information herein is for the sole use of the Government of Guam addressee and is not intended to be used or relied upon by any other person, firm or department without the express written consent of this office. This, however, is not intended to prevent or discourage public disclosure pursuant to sections 7006 and 6270 of the Government Code or sections 1892 and 1893 of the Code of Civil Procedure.


JACK AVERY



NEW BUSINESS

OTHER

Accreditation of
Nursing Programs:

The Arizona State requests that the Delegate Assembly appoint an Advisory Committee to explore alternatives to the current process of accrediting schools of nursing.

Military Reporting
of Disciplinary
Actions:

The Kansas State Board of Nursing recommends processes for correcting a loophole in military reporting of disciplinary action.

Guessing when
Writing NCLEX:

The Ohio Board of Nursing Education and Nurse Registration wishes the Delegate Assembly to consider the issue of candidates being encouraged to guess when writing the licensure exam.

Objectives, NCSBN
Board Composition
Voluntary Surrender
of License:

The Wisconsin Board of Nursing requests a review of objectives as stated in the Bylaws, a change in the composition of the NCSBN Board of Directors, and the addition of information to disciplinary reports of voluntary surrender of license.



Arizona State Board of Nursing

1645 W. JEFFERSON, SUITE 254

PHOENIX, AZ 85007-3078

PHONE (602) 255-5092

March 26, 1982

RECEIVED

MAR 31 1982

NCSBN

Ms. Marion L. Rippy
Assistant Director for
Administrative Affairs
National Council of State Boards
of Nursing, Inc.
303 E. Ohio St., Suite 2010
Chicago, Illinois 60611

Dear Marion:

As indicated in my letter of March 22, it is the Arizona Board of Regents' position that once a school receives NLN accreditation, the Board of Nursing should no longer be involved in the accreditation process. The Board of Nursing has agreed to appoint an Advisory Committee to explore alternatives to the current process of accrediting schools of nursing.

Therefore, the Arizona Board of Nursing requests that the Delegate Assembly of the NCSBN at the June, 1982 meeting propose guidelines for alternative methods for accrediting schools of nursing.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shirley".

Shirley M. Rennie, M.S.N., R.N.
Executive Secretary - Administrator

SMR:mjh



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: Marian Rippey, Assistant Director For Administrative Affairs,
National Council of State Boards of Nursing, Inc.

FROM: Lois Rich Scibetta, ^{LRS} Ph.D., R.N., Executive Administrator
Kansas State Board of Nursing

DATE: March 30, 1982

RECEIVED

APR - 2 1982

NCSBN

The following item is submitted under New Business for the Delegate Assembly, June 22-25, 1982.

RE: Loophole in Military Reporting of Drug Related Problems; Licensure and Discipline of Licensees in the Military and/or Governmental Service

The Problem: Kansas has numerous military posts and several Veterans Hospitals. It has recently come to our attention that a civilian nurse may work on an Army base with an out of state license. The nurse could be discharged from his/her position for possible drug abuse, be tried in a civil proceeding, found guilty and his/her home state would not know about it.

Military personnel function all over the U.S. with licenses from other states. It would be possible for a nurse from Kansas to work in Fort Sam, Houston, Texas, on a Kansas license, be found guilty of drug abuse under the Military Code of Justice, receive a discharge from the Army and return to her home state, Kansas, and function under her home state license. The State Board would not know. The public might conceivably suffer because of this practice.

The Kansas State Board of Nursing would recommend the following:

- 1) A joint military/civilian nursing practice committee be established to address this issue. The committee should include R.N.'s and L.P.N.'s and a staff member of the National Council of State Boards, a State Board Representative and the military.
- 2) The military nursing leaders be requested to contribute to the National Council of State Boards Data Bank regarding disciplinary matters related to unprofessional conduct, and/or drug abuse.

The Kansas State Board of Nursing believes that if these recommendations are enacted, a serious loophole in reporting will be corrected. This will be beneficial to all the states, and help each of us protect the public through the licensure procedures. Thank you for your consideration.

LRS/can

STATE OF OHIO
BOARD OF NURSING EDUCATION AND NURSE REGISTRATION

68 SOUTH FRONT STREET, ROOM 505
COLUMBUS, OHIO 43215

TEL. AREA CODE 614
466-3947



RECEIVED

APR 20 1982

NCSBN

April 16, 1982

Ms. Marian Rippy
National Council of State Boards
of Nursing, Incorporated
303 East Ohio Street - Suite 2010
Chicago, Illinois 60611

Dear Ms. Rippy:

Dr. Dvorak, in her letter dated April 8, 1982, stated that if the Ohio Board wished to have their motion placed on the agenda of the upcoming Delegate Assembly a contact with you should be made. Hence this letter.

In a phone conversation with the President, it was determined that since other states apparently share the same concern as Ohio we are requesting that the item of "encouraging guessing" be placed on the agenda for discussion.

Thank you for your cooperation in this matter.

Sincerely,

Rosa Lee Weinert, R.N.

Rosa Lee Weinert, R.N.
Executive Secretary

RLW/km



State of Wisconsin \ DEPARTMENT OF REGULATION & LICENSING

Sherman Dreyfus
governor

April 8, 1982

Ann Jansen Haney
Secretary

1400 E. WASHINGTON AVENUE
MADISON, WISCONSIN 53702
(Enter at 77 North Dickinson Street)

MAILING ADDRESS
P.O. Box 8936
MADISON, WISCONSIN 53708

Board of Directors
National Council of State
Boards of Nursing
303 East Ohio Street, Suite 2010
Chicago, IL 60611

RE: Proposed Agenda Items for Delegate Assembly

The Wisconsin Board has requested three additional items be included on the agenda:

1) Review of Objectives in By-Laws

The Board believes it is appropriate to review the objectives approved at the inception of the Council to determine if they are still consistent with members' expectations.

2) Composition of Board of Directors

The Wisconsin Board believes the required composition of the NCSBN Board of Directors should be balanced so as to ensure better representation of Board members (R.N. and public members) as well as Board staff. The Wisconsin Department believes that non-nurse representation on the Board of Directors is essential to better public accountability.

3) Voluntary Surrenders

The Wisconsin Board proposes that states that accept voluntary surrenders of licenses attach Findings of Fact to any Board action, so as to permit other states to take appropriate disciplinary actions.

If you should need any further information, please feel free to contact me.

Thank you for your consideration and support.

Sincerely,

Paula R. Possin

Paula R. Possin, Director
Bureau of Nursing

PRP:gm

cc: Ann J. Haney, Secretary
Board of Nursing
Barbara Showers, Director, Office of Examinations

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

REPORT OF THE RESOLUTIONS COMMITTEE

1982

The Resolutions Committee received two resolutions for review prior to the 1982 annual meeting of the Delegate Assembly. These resolutions are presented to the Delegate Assembly and their adoption is recommended.

Mildred S. Schmidt, Chair, New York, Area IV
Willie Enstrom, Colorado, Area I
Joyce A. Reiland, North Dakota, Area II

RESOLUTION
TO FACILITATE INFORMATION EXCHANGE REGARDING
GRADUATES OF FOREIGN SCHOOL OF NURSING LICENSURE

WHEREAS, The number of graduates of foreign schools of nursing requesting licensure is increasing; and

WHEREAS, The mobility of these nurses is also increasing resulting in requests for endorsement of licensure; and

WHEREAS, Difference in state regulations regarding licensure of graduates of foreign schools of nursing creates problems with endorsement by individual states

BE IT RESOLVED that the National Council of State Boards of Nursing assume a leadership role in the development of a resource center to facilitate access to and exchange of information regarding regulations governing licensure of graduates of foreign schools of nursing in each state.

Submitted by,

The Maryland State Board of
Examiners of Nurses

Resolution of Appreciation
To The
NATIONAL LEAGUE FOR NURSING, INC.

- WHEREAS, The National League for Nursing Education, the predecessor of the National League for Nursing, responded during World War II to the needs of state boards of nursing for assistance in preparing standardized licensing examinations which could be administered and scored rapidly; and
- WHEREAS, The Board of Directors of the National League for Nursing Education authorized the operation of a "pool" of licensure tests in 1943 to be funded through the Committee as Nursing Tests; and
- WHEREAS, The first series of the State Board Test Pool Examination for Registered Nurse Licensure was released by the National League for Nursing Education in January, 1944, and the first form of the Practical Nurse Licensure Examination was released in 1947; and
- WHEREAS, The National League for Nursing Education and its successor, the National League for Nursing, Inc., have produced the State Board Test Pool Examination for Registered Nurse Licensure and Practical Nurse Licensure for a total of 38 years;

Therefore, be it

- RESOLVED, That the National Council of State Boards of Nursing, Inc., call the attention of the profession to the invaluable service rendered both to the profession and to the public by the National League for Nursing, Inc., and its predecessor the National League for Nursing Education in the development of the State Board Test Pool Examination, and be it further
- RESOLVED, That a copy of this resolution be retained in the Archives of the Council as a lasting tribute to the National League for Nursing, Inc., for its role in the development of licensing examinations in nursing; and be it further
- RESOLVED, That a copy of this resolution be forwarded to the National League for Nursing, Inc.

Submitted by,

National Council of State
Board of Nursing, Inc.
Board of Directors