

# 2007 Annual Report



 NCSBN  
*National Council of State Boards of Nursing*



NCSBN

*National Council of State Boards of Nursing*

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The Year in Review

# Navigating

The Evolution of Nursing  
Regulation

## NCSBN MISSION

The National Council of State Boards of Nursing (NCSBN®), composed of member boards, provides leadership to advance regulatory excellence for public protection.

## NCSBN PURPOSE

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

## NCSBN MEMBERSHIP

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four United States territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands.

## NCSBN VALUES

- Integrity:** Doing the right thing for the right reason through informed, open and ethical debate.
- Accountability:** Taking ownership and responsibility for organizational processes and outcomes.
- Quality:** Pursuing excellence in all endeavors.
- Vision:** Using the power of imagination and creative thought to foresee the potential and create the future.
- Collaboration:** Forging solutions through the collective strength of internal and external stakeholders.

## NCSBN VISION

Building regulatory expertise worldwide.



2007



## President and CEO FY07 Annual Report Message

NCSBN is the conduit through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. To strategically support the member boards in their mission to protect the public the NCSBN Board of Directors and NCSBN staff bring the most current information, new research and unique resources to nursing regulatory leaders for their comment and review.

As an organization that continuously explores creative means to strengthen and enhance nursing regulation for the common good, NCSBN's work during fiscal year 2007 was both diverse and innovative. Noteworthy actions included making significant organizational changes designed to make NCSBN more nimble and responsive to the demands of the 21st century and addressing the issues surrounding the growing numbers of internationally educated nurses entering the U.S.

NCSBN works with its member boards to discern best practices through the Commitment to Ongoing Regulatory Excellence (CORE) program and develops measures to prevent or eliminate risk factors in the workplace as a result of the groundbreaking analysis of the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP™) instrument. Enhancements made to Nursys,® NCSBN's national database of nurse licensure and discipline data, resulted in improved usability and functionality for member boards.

A well grounded and visionary organization is always aware of the world in which it functions. NCSBN continually scans the health care environment to detect and appropriately respond to the issues and concerns that affect the regulation of nurses. Being aware that one of the greatest challenges facing the profession is the nursing faculty shortage, NCSBN carefully examines faculty qualification standards to assure that no unnecessary regulatory barriers exist and also strives to ensure that the quality of nursing education is maintained. As the number of internationally-educated nurses entering the U.S. increases each year, boards of nursing hold steadfast to their duty to safeguard the public welfare by upholding high licensure standards. Boards require that nurses educated outside of the U.S. must meet the same rigorous standards as their U.S.-educated counterparts.

The establishment of the Center for Regulatory Excellence Research Program, the continuing work of The Institute of Regulatory Excellence fellowship candidates, and NCSBN's collaborations with national and international regulatory organizations as well as its work with other organizations, contributes to the body of regulatory knowledge and supports its mission to advance regulatory excellence for public protection. NCSBN is an active participant in many cutting-edge global exchanges. The instantaneous flow of global communications allows regulators across the world to share information and new ideas.

Cognizant that many regulatory challenges exist, NCSBN meets the situation head-on by participating in the processes to address the problems and issues presented in the rapidly evolving health care industry. NCSBN serves its member boards by providing them with the most up-to-date information and potential solutions gleaned from the most scholarly and valuable domestic and international sources as well its own wealth of sound resources and research that boards of nursing can use to fulfill their public protection charge.



Faith Fields  
NCSBN President



Kathy Apple  
NCSBN Chief Executive Officer

Kathy Apple (left) and  
Faith Fields (right)

Photo: T Tucka





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

Founded in 1978 as an independent, 501(c)(3) not-for-profit organization, NCSBN can trace its roots to the American Nurses Association (ANA) Council on State Boards of Nursing. The impetus for its creation arose out of recognition that in order to guard the safety of the public, the regulation of nurses needed to be a separate entity from the organization representing professional nurses. The member boards that comprise NCSBN protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. NCSBN is the vehicle through which boards of nursing act and counsel together on matters of common interest. These member boards are charged with the responsibility of providing regulatory excellence for public health, safety and welfare. They recognize that the best way to guard the safety of the public is to

are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.

As the collective voice of nursing regulation in the United States and its territories, NCSBN serves its member boards by conducting research on nursing practice issues, monitoring trends in public policy, nursing practice and education while providing opportunities for collaboration among its members and other nursing and health care organizations. NCSBN also maintains the Nursys® database that coordinates national publicly available nurse licensure information.

The NCLEX® examinations remain the instrument by which most people know NCSBN. As part of a continual effort to remain on the cutting edge of examination technology, NCSBN became the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examinations in 1994. NCSBN also developed and co-owns the largest competency evaluation for nurse aides known as the National Nurse Aide Assessment Program (NNAAP™). The ongoing assessment of these examinations

# The member boards that comprise public by ensuring that safe and is provided by licensed nurses.

ensure that nurses entering the workforce have the necessary knowledge and skills to practice. To meet that goal, NCSBN's focus is devoted to developing a psychometrically sound and legally defensible nurse licensure examination consistent with current nursing practice. The NCLEX-RN® and NCLEX-PN® examinations developed and administered by NCSBN

includes research that gathers job analysis data from entry-level nurses and aides that ultimately contributes to refinement and adaptation of the tests. In addition, the continual refinement of the NCLEX examinations also incorporates the work of item writers, item reviewers and panels of judges made up of practicing nurses or nurse educators who work directly with



A photograph of four healthcare professionals standing in a line. From left to right: a woman with dark hair pulled back, wearing light blue scrubs; a woman with voluminous curly brown hair, wearing a white lab coat; a man with dark hair and a beard, wearing light blue scrubs; and a woman with blonde hair, wearing a white lab coat. They are all looking towards the camera with neutral to slightly smiling expressions. The background is a bright, out-of-focus clinical setting.

NCSBN protect the  
competent nursing care

entry-level nurses. The item writers who create the examination questions or items and the reviewers who assess the items are responsible for the content in the NCLEX examination. The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors. All of these measures, coupled with a determination to remain on the cutting edge of testing technology, ensure that the NCLEX examinations and NNAAP evaluation are an accurate reflection of current nursing practice.

In 2006, NCSBN offered the NCLEX-RN® and NCLEX-PN® examinations abroad in Australia, India, Japan, Mexico, Canada, Germany and Taiwan, in addition to the sites currently in operation in Hong Kong and London, England for the purposes of domestic nurse licensure in U.S. states and territories.

**Online Courses**

NCSBN Learning Extension is a pioneer in e-learning for the nursing community, launching the first online preparation course for the NCLEX-RN exam in 1998. Currently, more than 33 online courses are offered promoting safe nursing practices to nurses, student nurses and nursing faculty. Rich in content and features, the online courses offer interactive and fun learning experiences which facilitate better understanding of the topics presented.

**Nursys®**

Nursys® is the only national database for verification of nurse licensure, discipline and practice privileges for RNs and LPN/VNs licensed in participating jurisdictions, including all states in the NLC. The Nursys® Licensure QuickConfirm product allows employers and recruiters to retrieve the necessary licensure and discipline documentation in one convenient location.

The NCLEX® examinations and NNAAP™ evaluation are an accurate reflection of current nursing practice.

**PRODUCTS AND SERVICES**

**Publications**

NCSBN produces a wide variety of publications on the NCLEX-RN and NCLEX-PN examinations, health care issues and activities, and its own research studies. Addressing some of today's most important nursing practice issues, these publications present in-depth information and best practice techniques to enhance perspective and contribute to the nursing knowledge base. These publications are available for download free of charge from the NCSBN Web site at [www.ncsbn.org](http://www.ncsbn.org).







# Navigating the Evolution of Nursing Regulation

The NCSBN Board of Directors entered into a strategic planning process to develop proposed 2008–2010 Strategic Initiatives for adoption by the 2007 Delegate Assembly. As part of that process, the Board assessed the internal strengths of the organization along with external opportunities that will fulfill the mission of NCSBN. Adopted strategic initiatives provide the framework for the Board to make programmatic and financial decisions, address external uncertainties and change and measure organizational effectiveness.

As part of its strategic goals, NCSBN continued to work collaboratively throughout the year with other nursing and health care organizations as well as local, state, national and international government agencies aiming toward realizing its vision of building regulatory expertise worldwide.

The increasing global nature of the world and influx of internationally educated nurses into U.S. nursing practice led NCSBN to the decision to offer NCLEX testing abroad for the first time in 2005. In FY07 NCSBN selected Manila, the capital city of the Philippines, as a new site for the administration of NCLEX examinations. Testing began in Manila in August 2007. The other current international sites for NCLEX examinations are in London, England; Hong Kong; Sydney, Australia; Toronto, Montreal, and Vancouver, Canada; Frankfurt, Germany; Mumbai, New Delhi, Hyderabad, Bengaluru, and Chennai, India; Mexico City, Mexico; Taipei, Taiwan; and Chiyoda-ku and Yokohama, Japan.

The Guiding Principles of Nursing Regulation, which aim to define the fundamental tenets for public protection in light of potential future challenges to nursing regulatory bodies, were adopted by the 2007 Delegate Assembly.

These guiding principles include language regarding: Protection of the public; Competence of all practitioners regulated by the board of nursing; Due process and ethical decision making; Shared accountability; Strategic collaboration; Evidence-based regulation; Response to the marketplace and health care environment; and Globalization of nursing.

A Medication Assistant–Certified (MA-C) model curriculum was also adopted by the 2007 Delegate Assembly. This model sets a uniform standard in the education of MA-Cs across boards of nursing, and other agencies, that regulate this role. The goal of the Model Curriculum is to provide a document that is reflective of the current health care environment in states where MA-Cs are among the various unlicensed assistive personnel (UAPs) who assist in providing nursing-related functions to clients in health care settings and other venues as well.

Changes in the NCSBN Bylaws designed to enhance organizational culture, and to support change and innovation, included a new international associate membership category, which allows for the participation of nursing regulatory bodies from countries and territories across the globe. This change will allow for new memberships beginning in FY09.



Additionally, acknowledging that pain management raises important regulatory issues to be addressed by boards of nursing, the 2007 Delegate Assembly adopted the NCSBN Statement on the Regulatory Implications of Pain Management. This statement supports the nursing role in the thorough assessment and effective management of pain and acknowledges that boards' of nursing mandate of public protection includes a responsibility to protect the public from the mismanagement of pain. It also recognizes that boards of nursing must address the impact that being in pain and receiving pain treatment have on the ability of nurses to practice safely.

In its continual efforts to maintain the highest level of public safety possible, NCSBN raised the passing standard for the NCLEX-RN® examination in response

Representatives from six leading organizations whose members are health care regulatory licensing boards created a practical document designed to assist legislators and regulatory bodies with making decisions about changes to health care professions' scopes of practice. Attempting to address scope of practice issues from a public protection viewpoint, the Association of Social Work Boards (ASWB), the Federation of State Boards of Physical Therapy (FSBPT), the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP®), the National Board for Certification in Occupational Therapy (NBCOT®) and NCSBN representatives worked together to describe when a specific health care profession is capable of providing the proposed care in a safe and effective manner. The outcome of their work, *The Changes in*

## NCSBN raised the passing standard for response to changes in U.S. health that have resulted in the increased ac

to changes in U.S. health care delivery and nursing practice that have resulted in the increased acuity of clients seen by entry-level RNs. After considering all available information, the Board of Directors determined that safe and effective entry-level RN practice required a greater level of knowledge, skills, and abilities than was required in 2004, when NCSBN established the previous standard.

The *NCLEX®-PN Test Plan* is used to construct each administration of the NCLEX-PN® examination and is reviewed by the NCSBN Examination Committee on a triennial basis. The revised test plan was adopted by the member boards of nursing at the 2007 Delegate Assembly and is effective April 1, 2008.

*Healthcare Professions Scope of Practice: Legislative Considerations*, is an additional resource that can be used by state legislatures, health care professions and regulatory boards in proposing changes to practice acts and to brief legislators regarding those changes. The fundamental goals are to promote better consumer care across professions and competent providers, improve access to care and recognize the inevitability of overlapping scopes of practice.

NCSBN established the Center for Regulatory Excellence Research Program in order to provide grants for research projects that promote NCSBN's mission to advance regulatory excellence for public



protection. The Center's first set of funding grants totaling almost \$2.4 million were provided to eight U.S. organizations and one international organization. The Center's research priorities include continuing competence, patient safety, licensure, discipline, regulation of nursing education, integration of the internationally educated nurse into the U.S. workforce and nursing regulation issues outside the U.S. Projects selected in this funding cycle focused on these priorities and had sound scientific merit.

NCSBN hosted a summit funded by a grant from the Health Resources and Services Administration Office for the Advancement of Telehealth designed to provide state boards of nursing with information on how to implement the Nurse Licensure Compact (NLC) and Criminal Background Checks (CBC).

developing a network of regulators who collaborate to improve regulatory practices and outcomes. The IRE is a series of educational conferences held annually with the following topics rotated on a four-year cycle: Public Protection/Role Development of Nursing Regulators, Discipline, Competency and Evaluation/Remediation Strategies, and Organizational Structure/Behavior.

*Leader to Leader*, the biannual newsletter for nursing educators, remained a popular mechanism by which to disseminate information and stimulate dialogue between the educational community and NCSBN.

NCSBN hosted a very successful "Forum on the Transition of New Nurses from Education to Practice: A Regulatory Perspective" drawing educators and regulators from 41 states and five countries to discuss

# the NCLEX-RN<sup>®</sup> examination in care delivery and nursing practice quality of clients seen by entry-level RNs.

NCSBN inducted its inaugural group of Fellows of the NCSBN Regulatory Excellence Institute. The Institute of Regulatory Excellence (IRE) Fellowship Program is a four-year program requiring attendance at the IRE conferences and the completion of scholarly works. Individuals who complete the NCSBN Fellowship Program requirements are called a Fellow of the NCSBN Regulatory Excellence Institute (FRE) and are entitled to use the initials FRE after their name in recognition of their accomplishment. The IRE began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and

the development of programs to help new nurses to effectively transition from education to practice. The ambitious research agenda set as part of the strategic plan yielded the publication of research briefs on a variety of topics. Titles included: *Role Delineation Study of Nurse Practitioners and Clinical Nurse Specialists; Report of Findings from the 2006 RN Post Entry-Level Practice Analysis; Report of Findings from the 2006 LPN/VN; Linking the NCLEX-PN to Practice; 2006 Job Analysis of Medication Assistants; 2005 Post Entry-Level LPN/VN Practice Analysis; and 2005 Nurse Licensee Volume and NCLEX Examination Statistics.*

Learning Extension, through its campus located at [www.learningext.com](http://www.learningext.com), had more than 27,000 unit sales of online courses during the 2007 fiscal year. The catalog of courses expanded to 33 offerings on a variety of subjects ranging from continuing education courses for nurses and nursing regulators, preparatory courses for licensure exam candidates, and item writing and test development courses for nursing faculty.

A redesigned and reconfigured [ncsbn.org](http://ncsbn.org) Web site was launched in October 2006. The new [ncsbn.org](http://ncsbn.org) featured enhanced search capabilities, appealing graphics and a clean, uncluttered design, a searchable archive of important papers, policies, images and data; and improved navigation throughout the site.

The 2007 Annual Meeting and Delegate Assembly held Aug. 7–10 in Chicago considered pertinent association business with its member boards of nursing. Faith Fields, NCSBN President and Executive Director of the Arkansas Board of Nursing, presided at the meeting. All 59 member boards were represented by delegates.

**Highlights of some of the significant actions approved by the member boards of nursing included:**

- Election of new directors to the Board of Directors and members of the Committee on Nominations
- Adoption of the *2008 NCLEX-PN Test Plan* for licensed practical/vocational nurses
- Adoption of new strategic initiatives that will set the course for NCSBN through 2010
- Adoption of the Guiding Principles of Nursing Regulation
- Approved revisions to NCSBN’s bylaws to enhance organizational culture
- Approved Statement on the Regulatory Implications of Pain Management
- Renewed NCLEX Examination contract with Pearson VUE

Fields thanked the participants for a successful meeting and noted that the Board of Directors looks forward to working with member boards and external organizations in the coming year. She remarked, “The hard work and dedication of our group is inspiring. Our Delegate Assembly this year addressed a number of key issues facing nursing regulation today and met these challenges head on, ever mindful of our goal of protecting the public.”

NCSBN looks forward to continuing the public protection through



vital work of ensuring  
regulatory vigilance.



NCSBN

*National Council of State Boards of Nursing*



U.S. Boards of Nursing regulate  
more than 3 million licensed nurses.

Nurses are the second largest group of  
licensed professionals in the U.S.

More than 100,000 e-learners have taken  
an NCSBN Learning Extension course  
since its inception.

NCSBN became the first organization to implement  
computerized adaptive testing (CAT) for  
nationwide licensure examinations in 1994.

NCSBN's national nurse licensure repository,  
Nursys<sup>®</sup>, has more than 5 million licensure records.

More than 2.6 million candidates for nurse licensure  
have taken the NCLEX<sup>®</sup> via CAT since its  
inception on April 1, 1994.

More than 250,000 candidates take the  
examination each year.



NCLEX®



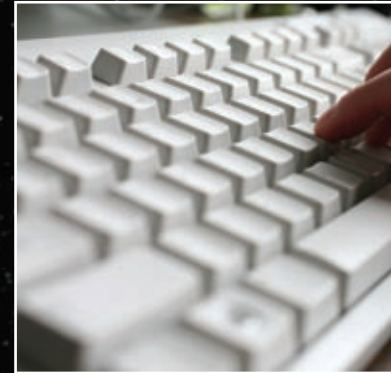
# N C S B N T I M E L I N E

- Criterion-referenced scoring for NCLEX® examination implemented

- Delegates adopted plan to revise NCLEX-PN® test plan
- 1st LPN voting member recognized



- Nursing Practice Act and Model Administrative Rules developed



- NCLEX computer adaptive testing (CAT) implemented

1978    1979    1980    1981    1982    1983    1984    1985    1986    1987    1988    1989    1990    1991    1992    1993

- First NCLEX-RN® administered under new test plan
- First LPN appointed to the Board of Directors



- NCLEX-PN® Test Plan adopted

- First NCSBN Delegate Assembly called to order
- NCSBN office opened in Madison, Wisconsin

## NCSBN Celebration of Service





# NCSBN

National Council of State Boards of Nursing



- NCLEX®, NCLEX-RN® and NCLEX-PN® registered
- Nurse Licensure Compact (NLC) adopted

- Uniform licensure requirements adopted

- First Institute of Regulatory Excellence held
- First international testing sites selected
- Utah adopted the Advanced Practice Registered Nurse (APRN) Compact

- Public access to Nursys® implemented

- NCLEX testing expanded to sites in Australia, Canada, Germany, India, Japan, Mexico and Taiwan

1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007



- NCSBN Web site launched

- Utah becomes first state to adopt the NLC



- NCSBN celebrated 25th Anniversary



- NCLEX testing site opened in Manila, the capital city of the Philippines

- International NCLEX examination testing launched

# celebrates 30 Years in 2008!

**SOURCES OF REVENUE**

**TOTAL: \$72,808,625**

**INCREASE IN NET ASSETS  
\$23,605,952**

**PROGRAM SERVICES**

**TOTAL: \$49,202,673**

Examination fees	\$61,113,670	84%	34,820,112	71%	Nurse competency
Investment earnings	\$6,191,910	9%	\$6,632,842	13%	Nurse practice and regulatory outcome
Membership fees	\$177,000	<1%	\$5,407,653	11%	Information
Other program services	\$5,326,045	7%	\$2,342,066	5%	Management and general

U.S. Boards of Nursing regulate more than 3 million licensed nurses.



**FY07 First-Time Internationally Educated Candidates:  
Top Five Countries (with respect to volume)**

Volume	Oct – Dec	Jan – March	April – June	July – Sept	TOTAL (FY07)
1st	<b>Philippines</b> 4,881	<b>Philippines</b> 5,076	<b>Philippines</b> 4,868	<b>Philippines</b> 5,139	<b>Philippines</b> 19,964
2nd	<b>India</b> 1,359	<b>India</b> 1,384	<b>India</b> 1,348	<b>India</b> 1,339	<b>India</b> 5,430
3rd	<b>South Korea</b> 623	<b>South Korea</b> 600	<b>South Korea</b> 422	<b>South Korea</b> 418	<b>South Korea</b> 2,063
4th	<b>Canada</b> 217	<b>Canada</b> 201	<b>Canada</b> 213	<b>Canada</b> 268	<b>Canada</b> 899
5th	<b>Cuba</b> 156	<b>Cuba</b> 168	<b>Cuba</b> 172	<b>Cuba</b> 185	<b>Cuba</b> 681

In this table, the count of first-time internationally educated candidates includes both RNs and PNs.



# N C L E X<sup>®</sup> P A S S R A T E S

## NCLEX<sup>®</sup> Pass Rates – RN

(First-time, U.S. Educated)	Oct '06 – Dec '06			Jan '07 – March '07		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
RN – Diploma	440	369	83.86	1,023	920	89.93
RN – ADN	4,975	3,977	79.94	15,693	13,931	88.77
RN – BSN	3,516	2,937	83.53	10,133	9,098	89.79
Special Program Codes	38	27	71.05	74	49	66.22
Total – First-time, U.S. Educated	8,969	7,310	81.50	26,923	23,998	89.14
Repeat, U.S. Educated	6,571	3,588	54.60	4,449	2,350	52.82
First-time, Internationally Educated	7,973	4,598	57.67	8,261	4,742	57.40
Repeat, Internationally Educated	5,104	1,452	28.45	4,879	1,396	28.61
<b>ALL CANDIDATES</b>	<b>28,617</b>	<b>16,948</b>	<b>59.22</b>	<b>44,512</b>	<b>32,486</b>	<b>72.98</b>

(First-time, U.S. Educated)	April '07 – June '07			July '07 – Sept '07			TOTAL (Oct '06 – Sept '07)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
RN – Diploma	733	670	91.41	1,466	1,264	86.22	3,662	3,223	88.01
RN – ADN	18,918	16,358	86.47	29,708	24,682	83.08	69,294	58,948	85.07
RN – BSN	11,687	10,442	89.35	20,202	16,978	84.04	45,538	39,455	86.64
Special Program Codes	41	26	63.41	52	41	78.85	205	143	69.76
Total – First-time, U.S. Educated	31,379	27,496	87.63	51,428	42,965	83.54	118,699	101,769	85.74
Repeat, U.S. Educated	5,080	2,129	41.91	8,275	4,591	55.48	24,375	12,658	51.93
First-time, Internationally Educated	7,928	4,115	51.90	8,186	4,125	50.39	32,348	17,580	54.35
Repeat, Internationally Educated	4,918	1,179	23.97	5,062	1,215	24.00	19,963	5,242	26.26
<b>ALL CANDIDATES</b>	<b>49,305</b>	<b>34,919</b>	<b>70.82</b>	<b>72,951</b>	<b>52,896</b>	<b>72.51</b>	<b>195,385</b>	<b>137,249</b>	<b>70.25</b>

## NCLEX<sup>®</sup> Pass Rates – PN

	Oct '06 – Dec '06			Jan '07 – March '07		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated	12,083	10,228	84.65	13,124	11,422	87.03
Repeat, U.S. Educated	2,941	1,294	44.00	2,550	1,111	43.57
First-time, Internationally Educated	551	270	49.00	377	193	51.19
Repeat, Internationally Educated	524	143	27.29	450	125	27.78
<b>ALL CANDIDATES</b>	<b>16,099</b>	<b>11,935</b>	<b>74.14</b>	<b>16,501</b>	<b>12,851</b>	<b>77.88</b>

	April '07 – June '07			July '07 – Sept '07			TOTAL (Oct '06 – Sept '07)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated	11,741	10,105	86.07	22,621	20,286	89.68	59,569	52,041	87.36
Repeat, U.S. Educated	2,932	1,261	43.01	2,689	1,182	43.96	11,112	4,848	43.63
First-time, Internationally Educated	410	181	44.15	413	213	51.57	1,751	857	48.94
Repeat, Internationally Educated	482	107	22.20	461	126	27.33	1,917	501	26.13
<b>ALL CANDIDATES</b>	<b>15,565</b>	<b>11,654</b>	<b>74.87</b>	<b>26,184</b>	<b>21,807</b>	<b>83.28</b>	<b>74,349</b>	<b>58,247</b>	<b>78.34</b>



# N C L E X<sup>®</sup> P A S S R A T E S

## NCLEX<sup>®</sup> Pass Rates – RN (First-time, U.S. Educated)

Jurisdiction	Oct '06 – Dec '06			Jan '07 – March '07			April '07 – June '07			July '07 – Sept '07			TOTAL (Oct '06 – Sept '07)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	147	128	87.07	535	480	89.72	1,065	946	88.83	980	832	84.90	2,727	2,386	87.50
ALASKA	28	23	82.14	65	63	96.92	38	29	76.32	48	35	72.92	179	150	83.80
AMERICAN SAMOA	1	1	100.00	3	1	33.33	1	0	0.00	0	0	0.00	5	2	40.00
ARIZONA	112	91	81.25	777	689	88.67	666	598	89.79	689	561	81.42	2,244	1,939	86.41
ARKANSAS	37	29	78.38	593	540	91.06	338	312	92.31	551	448	81.31	1,519	1,329	87.49
CALIFORNIA – RN	523	415	79.35	2,739	2,465	90.00	1,638	1,431	87.36	3,588	3,016	84.06	8,488	7,327	86.32
COLORADO	192	147	76.56	446	399	89.46	280	248	88.57	786	661	84.10	1,704	1,455	85.39
CONNECTICUT	86	71	82.56	133	118	88.72	272	239	87.87	750	655	87.33	1,241	1,083	87.27
DELAWARE	11	10	90.91	91	81	89.01	101	86	85.15	212	162	76.42	415	339	81.69
DISTRICT OF COLUMBIA	18	10	55.56	33	30	90.91	41	38	92.68	153	133	86.93	245	211	86.12
FLORIDA	937	750	80.04	1,493	1,321	88.48	1,291	1,058	81.95	2,751	2,256	82.01	6,472	5,385	83.20
GEORGIA – RN	85	70	82.35	544	480	88.24	681	610	89.57	1,001	887	88.61	2,311	2,047	88.58
GUAM	17	11	64.71	6	6	100.00	1	0	0.00	12	8	66.67	36	25	69.44
HAWAII	49	33	67.35	162	137	84.57	53	45	84.91	243	196	80.66	507	411	81.07
IDAHO	25	21	84.00	103	95	92.23	217	201	92.63	182	153	84.07	527	470	89.18
ILLINOIS	179	136	75.98	991	905	91.32	975	859	88.10	2,315	1,963	84.79	4,460	3,863	86.61
INDIANA	107	78	72.90	538	475	88.29	1,018	881	86.54	1,211	998	82.41	2,874	2,432	84.62
IOWA	216	162	75.00	401	345	86.03	627	530	84.53	733	574	78.31	1,977	1,611	81.49
KANSAS	15	10	66.67	354	314	88.70	754	655	86.87	361	266	73.68	1,484	1,245	83.89
KENTUCKY	161	139	86.34	482	445	92.32	427	345	80.80	1,155	978	84.68	2,225	1,907	85.71
LOUISIANA – RN	161	144	89.44	827	737	89.12	166	142	85.54	928	799	86.10	2,082	1,822	87.51
MAINE	39	31	79.49	101	94	93.07	327	285	87.16	211	160	75.83	678	570	84.07
MARYLAND	92	69	75.00	499	461	92.38	413	385	93.22	1,055	905	85.78	2,059	1,820	88.39
MASSACHUSETTS	113	92	81.42	696	609	87.50	577	517	89.60	1,652	1,410	85.35	3,038	2,628	86.50
MICHIGAN	337	288	85.46	800	726	90.75	834	735	88.13	2,127	1,823	85.71	4,098	3,572	87.16
MINNESOTA	45	34	75.56	566	482	85.16	1,350	1,209	89.56	765	563	73.59	2,726	2,288	83.93
MISSISSIPPI	28	23	82.14	381	350	91.86	879	779	88.62	330	267	80.91	1,618	1,419	87.70
MISSOURI	229	190	82.97	829	742	89.51	588	539	91.67	1,372	1,190	86.73	3,018	2,661	88.17
MONTANA	21	14	66.67	85	80	94.12	124	111	89.52	200	151	75.50	430	356	82.79
NEBRASKA	71	64	90.14	282	259	91.84	497	440	88.53	248	202	81.45	1,098	965	87.89
NEVADA	60	46	76.67	202	165	81.68	128	115	89.84	226	185	81.86	616	511	82.95
NEW HAMPSHIRE	10	6	60.00	24	20	83.33	300	260	86.67	267	206	77.15	601	492	81.86
NEW JERSEY	182	158	86.81	653	592	90.66	460	408	88.70	1,390	1,199	86.26	2,685	2,357	87.78
NEW MEXICO	94	70	74.47	237	212	89.45	167	130	77.84	339	267	78.76	837	679	81.12
NEW YORK	1,271	1,022	80.41	1,481	1,272	85.89	1,305	1,047	80.23	4,235	3,538	83.54	8,292	6,879	82.96
NORTH CAROLINA	52	36	69.23	552	489	88.59	1,403	1,238	88.24	1,557	1,345	86.38	3,564	3,108	87.21
NORTH DAKOTA	15	11	73.33	68	58	85.29	260	239	91.92	130	101	77.69	473	409	86.47
NORTHERN MARIANA ISLANDS	5	4	80.00	9	4	44.44	1	0	0.00	2	0	0.00	17	8	47.06
OHIO	523	452	86.42	1,027	932	90.75	1,357	1,180	86.96	2,853	2,422	84.89	5,760	4,986	86.56
OKLAHOMA	89	67	75.28	298	251	84.23	772	639	82.77	700	564	80.57	1,859	1,521	81.82
OREGON	57	54	94.74	58	52	89.66	229	207	90.39	803	720	89.66	1,147	1,033	90.06
PENNSYLVANIA	804	673	83.71	818	688	84.11	861	710	82.46	3,843	3,150	81.97	6,326	5,221	82.53
PUERTO RICO	24	4	16.67	3	0	0.00	1	0	0.00	1	0	0.00	29	4	13.79
RHODE ISLAND	10	8	80.00	148	134	90.54	50	42	84.00	266	229	86.09	474	413	87.13
SOUTH CAROLINA	166	136	81.93	439	390	88.84	700	617	88.14	399	334	83.71	1,704	1,477	86.68
SOUTH DAKOTA	29	25	86.21	111	101	90.99	259	222	85.71	298	217	72.82	697	565	81.06
TENNESSEE	183	160	87.43	697	647	92.83	1,243	1,164	93.64	632	562	88.92	2,755	2,533	91.94
TEXAS	356	312	87.64	2,189	2,000	91.37	2,828	2,602	92.01	1,630	1,402	86.01	7,003	6,316	90.19
UTAH	166	145	87.35	326	281	86.20	236	214	90.68	524	434	82.82	1,252	1,074	85.78
VERMONT	14	13	92.86	7	3	42.86	128	120	93.75	125	104	83.20	274	240	87.59
VIRGIN ISLANDS	3	0	0.00	0	0	0.00	1	1	100.00	14	11	78.57	18	12	66.67
VIRGINIA	366	283	77.32	556	479	86.15	929	796	85.68	1,348	1,056	78.34	3,199	2,614	81.71
WASHINGTON	139	121	87.05	429	393	91.61	367	327	89.10	1,332	1,162	87.24	2,267	2,003	88.35
WEST VIRGINIA – RN	130	112	86.15	84	69	82.14	430	364	84.65	557	425	76.30	1,201	970	80.77
WISCONSIN	133	104	78.20	950	836	88.00	615	508	82.60	1,191	955	80.18	2,889	2,403	83.18
WYOMING	6	4	66.67	2	1	50.00	110	93	84.55	157	125	79.62	275	223	81.09
<b>TOTAL</b>	<b>8,969</b>	<b>7,310</b>	<b>81.50</b>	<b>26,923</b>	<b>23,998</b>	<b>89.14</b>	<b>31,379</b>	<b>27,496</b>	<b>87.63</b>	<b>51,428</b>	<b>42,965</b>	<b>83.54</b>	<b>118,699</b>	<b>101,769</b>	<b>85.74</b>



## NCLEX® Pass Rates – PN (First-time, U.S. Educated)

Jurisdiction	Oct '06 – Dec '06			Jan '07 – March '07			April '07 – June '07			July '07 – Sept '07			TOTAL (Oct '06 – Sept '07)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	177	160	90.40	224	203	90.63	107	88	82.24	261	253	96.93	769	704	91.55
ALASKA	12	9	75.00	15	14	93.33	12	12	100.00	7	6	85.71	46	41	89.13
AMERICAN SAMOA	7	3	42.86	1	0	0.00	0	0	0.00	7	3	42.86	15	6	40.00
ARIZONA	116	113	97.41	156	150	96.15	197	188	95.43	286	271	94.76	755	722	95.63
ARKANSAS	109	95	87.16	327	299	91.44	115	107	93.04	495	452	91.31	1,046	953	91.11
CALIFORNIA – RN	1,650	1,204	72.97	1,700	1,249	73.47	1,497	1,035	69.14	1,899	1,387	73.04	6,746	4,875	72.27
COLORADO	124	111	89.52	151	147	97.35	181	162	89.50	365	335	91.78	821	755	91.96
CONNECTICUT	30	29	96.67	348	342	98.28	143	126	88.11	154	146	94.81	675	643	95.26
DELAWARE	10	7	70.00	62	56	90.32	73	68	93.15	83	73	87.95	228	204	89.47
DISTRICT OF COLUMBIA	222	176	79.28	187	137	73.26	212	140	66.04	184	141	76.63	805	594	73.79
FLORIDA	821	614	74.79	900	734	81.56	880	708	80.45	1,129	953	84.41	3,730	3,009	80.67
GEORGIA – RN	355	323	90.99	392	358	91.33	360	338	93.89	369	339	91.87	1,476	1,358	92.01
GUAM	1	1	100.00	0	0	0.00	9	9	100.00	12	3	25.00	22	13	59.09
HAWAII	34	29	85.29	12	11	91.67	14	13	92.86	57	52	91.23	117	105	89.74
IDAHO	49	43	87.76	71	64	90.14	45	44	97.78	127	119	93.70	292	270	92.47
ILLINOIS	349	312	89.40	308	268	87.01	207	180	86.96	890	828	93.03	1,754	1,588	90.54
INDIANA	313	273	87.22	442	382	86.43	290	249	85.86	733	666	90.86	1,778	1,570	88.30
IOWA	229	199	86.90	300	282	94.00	306	285	93.14	641	594	92.67	1,476	1,360	92.14
KANSAS	51	48	94.12	185	175	94.59	235	207	88.09	410	383	93.41	881	813	92.28
KENTUCKY	103	91	88.35	245	236	96.33	218	207	94.95	272	261	95.96	838	795	94.87
LOUISIANA – RN	153	109	71.24	629	544	86.49	307	267	86.97	249	197	79.12	1,338	1,117	83.48
MAINE	0	0	0.00	1	1	100.00	14	14	100.00	5	5	100.00	20	20	100.00
MARYLAND	52	50	96.15	22	22	100.00	12	12	100.00	113	113	100.00	199	197	98.99
MASSACHUSETTS	57	55	96.49	38	36	94.74	10	9	90.00	779	726	93.20	884	826	93.44
MICHIGAN	403	375	93.05	287	275	95.82	237	229	96.62	572	552	96.50	1,499	1,431	95.46
MINNESOTA	130	104	80.00	470	433	92.13	388	352	90.72	697	617	88.52	1,685	1,506	89.38
MISSISSIPPI	87	69	79.31	194	162	83.51	19	11	57.89	412	388	94.17	712	630	88.48
MISSOURI	282	251	89.01	196	178	90.82	115	110	95.65	732	671	91.67	1,325	1,210	91.32
MONTANA	36	33	91.67	51	51	100.00	23	22	95.65	38	36	94.74	148	142	95.95
NEBRASKA	94	73	77.66	86	71	82.56	144	121	84.03	263	229	87.07	587	494	84.16
NEVADA	1	1	100.00	0	0	0.00	5	4	80.00	22	18	81.82	28	23	82.14
NEW HAMPSHIRE	62	44	70.97	64	57	89.06	111	102	91.89	115	96	83.48	352	299	84.94
NEW JERSEY	456	367	80.48	243	195	80.25	394	307	77.92	632	518	81.96	1,725	1,387	80.41
NEW MEXICO	26	26	100.00	30	29	96.67	35	34	97.14	132	128	96.97	223	217	97.31
NEW YORK	1,019	841	82.53	468	382	81.62	699	584	83.55	1,325	1,191	89.89	3,511	2,998	85.39
NORTH CAROLINA	320	296	92.50	110	102	92.73	78	74	94.87	506	488	96.44	1,014	960	94.67
NORTH DAKOTA	17	16	94.12	17	16	94.12	42	39	92.86	78	74	94.87	154	145	94.16
NORTHERN MARIANA ISLANDS	1	1	100.00	0	0	0.00	2	2	100.00	0	0	0.00	3	3	100.00
OHIO	895	816	91.17	581	527	90.71	629	592	94.12	1,513	1,395	92.20	3,618	3,330	92.04
OKLAHOMA	234	204	87.18	245	215	87.76	243	211	86.83	531	502	94.54	1,253	1,132	90.34
OREGON	47	45	95.74	25	20	80.00	27	26	96.30	135	134	99.26	234	225	96.15
PENNSYLVANIA	636	569	89.47	429	402	93.71	405	358	88.40	515	475	92.23	1,985	1,804	90.88
PUERTO RICO	2	1	50.00	0	0	0.00	0	0	0.00	0	0	0.00	2	1	50.00
RHODE ISLAND	19	19	100.00	17	16	94.12	6	6	100.00	11	11	100.00	53	52	98.11
SOUTH CAROLINA	142	138	97.18	119	116	97.48	116	110	94.83	254	246	96.85	631	610	96.67
SOUTH DAKOTA	21	19	90.48	28	24	85.71	9	7	77.78	92	89	96.74	150	139	92.67
TENNESSEE	383	350	91.38	293	277	94.54	426	397	93.19	379	355	93.67	1,481	1,379	93.11
TEXAS	714	633	88.66	1,468	1,295	88.22	861	782	90.82	1,734	1,577	90.95	4,777	4,287	89.74
UTAH	49	47	95.92	104	102	98.08	200	190	95.00	370	350	94.59	723	689	95.30
VERMONT	2	2	100.00	1	1	100.00	3	3	100.00	120	118	98.33	126	124	98.41
VIRGIN ISLANDS	0	0	0.00	0	0	0.00	0	0	0.00	16	9	56.25	16	9	56.25
VIRGINIA	481	374	77.75	358	278	77.65	513	414	80.70	692	565	81.65	2,044	1,631	79.79
WASHINGTON	227	214	94.27	102	96	94.12	268	263	98.13	378	368	97.35	975	941	96.51
WEST VIRGINIA – RN	156	145	92.95	81	70	86.42	29	28	96.55	265	244	92.08	531	487	91.71
WISCONSIN	113	98	86.73	302	283	93.71	210	199	94.76	521	494	94.82	1,146	1,074	93.72
WYOMING	4	3	75.00	39	39	100.00	60	60	100.00	44	42	95.45	147	144	97.96
<b>TOTAL</b>	<b>12,083</b>	<b>10,228</b>	<b>84.65</b>	<b>13,124</b>	<b>11,422</b>	<b>87.03</b>	<b>11,741</b>	<b>10,105</b>	<b>86.07</b>	<b>22,621</b>	<b>20,286</b>	<b>89.68</b>	<b>59,569</b>	<b>52,041</b>	<b>87.36</b>

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Photo: Andrew Campbell

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Facing page top: Massachusetts Board of Registration in Nursing (from left to right) Jean Pontikas, Maura Flynn, Gino Chisari, Rula Harb, Faith Fields, Diane Hanley, Amy Fein, Carol Silveira

Facing page first photo at left: Mark Majek, Faith Fields

Second photo: Peggy Fishburn

Third photo: Faith Fields, Polly Johnson

Fourth photo: Judith Hiner, Faith Fields

Photos: Andrew Campbell

# NCSBN continues to recognize leaders and exceptional individuals in our profession.

NCSBN recognized its dedicated and exceptional membership and guests at its annual awards luncheon during the Delegate Assembly held in Chicago, Aug. 7–10, 2007. Specific award recipients include:

**Polly Johnson**, MSN, RN, FAAN, executive director, North Carolina State Board of Nursing, was honored with the R. Louise McManus Award, the most prestigious of NCSBN’s awards. Individuals receiving this award have made sustained and significant contributions through their deep commitment and dedication to the purpose and mission of NCSBN.

**Judith Hiner**, BSN, RN, board member, Kansas State Board of Nursing, received the Exceptional Leadership Award, which is awarded to an individual who has served as president of a Member Board and has made significant contributions to NCSBN in that role.

**Mark Majek**, MA, PHR, board staff, Texas Board of Nursing, was awarded the Meritorious Achievement Award, which is granted to a board or staff member of a Member Board for positive impact and significant contributions to the purposes of NCSBN.

**Peggy Fishburn**, LPN, board member, Kentucky Board of Nursing, received the Exceptional Contribution Award given for significant contribution by a board of nursing staff member who does not serve as an executive officer or a board member who is not the current board president.

**The Massachusetts Board of Registration in Nursing** was awarded the Regulatory Achievement Award, which recognizes the Member Board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

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NCSBN

*National Council of State Boards of Nursing*





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Above: (from left to right) Joey Ridenour, Gloria Damgaard, Valerie Smith, Margaret Walker, Randall Hudspeth, Constance Kalanek, Pamela Ambush-Burris, Lorinda Inman

### **INSTITUTE OF REGULATORY EXCELLENCE (IRE) FELLOWSHIP PROGRAM**

The NCSBN IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current or former regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership.

The 2007 inaugural class of fellows:

**Pamela Ambush-Burris**, MSN, RN, FRE, director of education & licensure, Maryland Board of Nursing

**Karla Bitz**, PhD, RN, FRE, associate director, North Dakota Board of Nursing

**Gloria Damgaard**, RN, MS, FRE, executive secretary, South Dakota Board of Nursing

**Dorothy Fulton**, MA, RN, FRE, executive director (retired), Alaska Board of Nursing

**Julia George**, RN, MSN, FRE, associate executive director for programs, North Carolina Board of Nursing

**Randall Hudspeth**, MS, APRN-NP/CNS, FRE, board member, Idaho State Board of Nursing; director of professional practice, Saint Alphonsus RMC

**Lorinda Inman**, MSN, RN, FRE, executive director, Iowa Board of Nursing

**Constance Kalanek**, PhD, RN, FRE, executive director, North Dakota Board of Nursing

**Charlene Kelly**, PhD, RN, FRE, executive director, Nursing and Nursing Support, Nebraska Department of Health and Human Services Regulation and Licensure Nursing and Nursing Support

**Betty Sims**, MSN, RN, FRE, nurse consultant, Texas Board of Nursing (until June 2007)

**Valerie Smith**, MS, RN, FRE, associate director, nursing practice & investigations, Arizona State Board of Nursing

**Margaret Walker**, EdD, RN, FRE, executive director, New Hampshire Board of Nursing



In organizations, real power and energy is  
generated through relationships.

The patterns of relationships and the capacities  
to form them are more important than  
tasks, functions, roles, and positions.

**Margaret Wheatly**, *Leadership and the New Science*



**Dawn M. Kappel**, Senior Writer and Editor  
**Kalona Washington** and **Jill Johnson**, Contributing Editors  
Design by **Malcolm Wolf**



**NCSBN**

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