

2011
ANNUAL
REPORT



NCSBN

National Council of State Boards of Nursing

The great leaders are like the best conductors—they reach
beyond the notes to reach the magic in the player.

– Blaine Lee



NCSBN

National Council of State Boards of Nursing

OUR MISSION AND VISION

MISSION

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

VISION

Advance regulatory excellence worldwide.



OUR VALUES

COLLABORATION

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

EXCELLENCE

Striving to be and do the best.

INNOVATION

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

INTEGRITY

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

TRANSPARENCY

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

ABOUT THIS ILLUSTRATION

The illustration used to symbolize the 2011 NCSBN theme, **Transforming the Future of Regulatory Leadership**, was inspired by a quote attributed to Harriet Tubman, an African-American abolitionist: *“Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience and the passion to reach for the stars to change the world.”*

The elements of the illustration were chosen to reflect both the theme and the quote, as well as bring together symbols that evoke images of Indianapolis, the 2011 Annual Meeting host city.

The torch, present as the sole icon in the flag of Indiana, is depicted here, held aloft by the human figure in the illustration epitomizing the pinnacle of achievement. The illumination sent forth by the torch is a focal point of the design, symbolic of the fact that light is transformative – turning darkness into light, bringing clarity of vision and making a dream a reality.

In its posture of forward momentum the figure itself conveys energy, endurance and dedication. The figure is poised on a base grounded in the present, but positioned above the clouds, emblematic of the high standards that boards of nursing already achieve; the wings evoke transformation, having the means and ability to embark upon a new goal reaching new heights of regulatory leadership.

The buildings that surround the central figure represent the strong foundation of leadership that is the underpinning of regulatory excellence. These buildings also pay homage to the fact that Indianapolis is second only to Washington, D.C. for the number of monuments it has within the city limits.



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MESSAGE FROM THE CEO AND PRESIDENT

Transforming the Future of Regulatory Leadership is a theme that the NCSBN Board of Directors (BOD), member boards and NCSBN staff took seriously this past year. Hard work and perseverance brought to fruition many projects that contribute to the science of regulation; the growth and development of the nursing profession; and long-term protection of the public.

Because NCSBN is at the forefront of the changing regulatory landscape, its leaders concentrate much of their energy on making the organization's values – **Collaboration, Excellence, Innovation, Integrity and Transparency** present in all of its initiatives and endeavors. Appropriately, NCSBN balances its focus between its internal interests with its staff and volunteer leadership, and external matters in its collaborations with other organizations and entities.

Special emphasis is given to the development of volunteer leaders from among NCSBN's members so there is a legacy of leadership at all levels to advance and sustain the organization's future success. The BOD has opened a new culture of inquiry focused on generative and strategic thought examining the issues of 21st century regulation.

Mindful that budgetary constraints and expectations to do more with less are impacting member boards, NCSBN worked to lessen the burden on state governments. Such actions assisted its members to fulfill their mission of protecting the public and to impact safe nursing care.

First and foremost, NCSBN continues to develop and administer psychometrically sound and legally defensible nurse licensure examinations on behalf of its members. Nursys®, NCSBN's national database for verification of nurse licensure, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs), undergoes continual revision and improvement in order to better serve its members and the general public; this past year was no exception with several important enhancements being launched.

Recognizing that the Institute of Medicine's (IOM) "The Future of Nursing: Leading Change, Advancing Health" report espoused many of the principles of the initiatives that NCSBN is advancing, the NCSBN BOD endorsed and supported the document.

With an eye on the ever-changing health care environment and possible federal changes, revised uniform licensure requirements (ULRs) were approved by the NCSBN Delegate Assembly at the 2011 Annual Meeting. These revised ULRs set new national standards for initial, endorsement, renewal and reinstatement licensure, and will bring uniformity across NCSBN jurisdictions to assure the safe and competent practice of nursing. Likewise, NCSBN also spearheaded a national campaign to promote adoption of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education, which formulates national standards for uniform regulation. This model, developed through a collaborative process with participation of regulators, nurse educators, APRN certifiers, national nursing program accreditors and representatives of many APRN professional organizations, provides a framework for jurisdictions to implement and oversee the standardized licensure, accreditation, certification and education of APRNs.

NCSBN works both nationally and internationally to foster cooperation and collaboration among its peer organizations, other professional associations and government entities. To promote an increased exchange of multicultural ideas NCSBN brought together an alliance of seven international nursing regulatory groups who joined with NCSBN to sign a "Memorandum of Understanding" during the International Council of Nurses meeting in Malta.

Exploring how it can best serve its members and the regulatory community at large informs NCSBN's direction as it moves onward. NCSBN has a leadership role to play in the future of regulation and it is more than equal to the task.


Kathy Apple
Chief Executive Officer


Alpha Broadway
President

NCSBN's focus is devoted to developing a psychometrically sound and legally defensible nurse licensure examination consistent with current nursing practice.

PRODUCTS AND SERVICES

PUBLICATIONS

NCSBN produces a wide variety of publications focused on the NCLEX-RN® and NCLEX-PN® Examinations, as well as health care issues and activities, in addition to conducting its own research studies by 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 website at www.ncsbn.org/2551.htm.

(See more products and services on page 10.)



OUR PURPOSE, OUR PROGRESS



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. There are also nine associate members.

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 ensure that nurses entering the workforce have the necessary knowledge, education 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 are constantly and rigorously evaluated to keep pace with the rapidly evolving health care environment.

As the collective voice of nursing regulation in the U.S. 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

OUR PURPOSE, OUR PROGRESS (CONTINUED)

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 instruments by which most people know NCSBN. As evidence of its long history of continual efforts 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 develops and administers the largest competency evaluation for nurse aides/nursing assistants (NAs) known as the National Nurse Aide Assessment Program (NNAAP®). Additionally, NCSBN develops the Medication Aide Certification Examination (MACE®), designed for NAs who choose to receive additional training to become a certified medication aide/assistant. The purpose of MACE is to ensure that individuals who administer medication to residents in assisted living facilities and comprehensive personal care homes have the basic knowledge and skills needed to perform their duties.

The ongoing assessment of these examinations includes research that gathers job analysis data from entry-level nurses and aides that ultimately contribute 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 entry-level nurses and aides. The item writers who create the examination questions, also known as items, and the reviewers who assess the items are responsible for the content in the NCLEX examinations. 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 evaluations are an accurate reflection of current nursing practice. NCSBN offers the NCLEX-RN and NCLEX-PN Examinations abroad in Australia, Canada, England, Germany, Hong Kong, India, Japan, Mexico, Philippines and Taiwan for the purposes of domestic nurse licensure in U.S. states and territories.

PRODUCTS AND SERVICES (CONTINUED)

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 Examination in 1998. Currently, more than 40 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 registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) licensed in participating jurisdictions, including all states in the Nurse Licensure Compact (NLC). The Nursys® Licensure QuickConfirm product allows employers and recruiters to retrieve necessary licensure and discipline documentation in one convenient location.



NCSBN is proud to have facilitated the collaboration among eight international nursing regulatory bodies signed on May 5, 2011.

MEMORANDUM OF UNDERSTANDING

One of NCSBN's core values is collaboration – the forging of solutions through respect, diversity and the collective strength of all stakeholders. NCSBN is proud to have facilitated collaboration among eight international nursing regulatory bodies, acknowledging that they all face many of the same challenges, and are all charged with the similar mission of protecting the public's health, safety and welfare. NCSBN CEO Kathy Apple witnessed firsthand this collaboration in action as the Memorandum of Understanding is signed on May 5, 2011.



FISCAL YEAR 2011: THE YEAR IN REVIEW



The theme for fiscal year 2011 (FY11), *Transforming the Future of Regulatory Leadership*, highlights the focus of the NCSBN Board of Directors (BOD), NCSBN Member Boards and NCSBN staff toward forthcoming challenges and opportunities in health care regulation. As the world around NCSBN changes, the organization also evolves, but remains vigilant in its dedication to the highest standards of public safety and welfare, and mindful of its mission, vision and values.

One of NCSBN's core values is collaboration – the forging of solutions through respect, diversity and the collective strength of all stakeholders. Because of this, NCSBN is dedicated to helping facilitate an exchange of thoughts and ideas both nationally and internationally. Throughout the last fiscal year NCSBN maintained its high-level collaborations with other nursing and health care organizations, as well as local, state, federal and international government agencies.

In keeping with its vision to advance regulatory excellence worldwide while recognizing that the

world today functions at an ever-accelerating pace in which communication is often instantaneous, technology expands at an exponential rate and almost transparent international borders are the norm, NCSBN brought together An Bord Altranais; College of Nurses of Ontario; College of Registered Nurses of British Columbia; Nursing and Midwifery Board of Australia; Nursing Council of New Zealand; Nursing & Midwifery Council – United Kingdom; and Singapore Nursing Board to sign a "Memorandum of Understanding." The impetus for this collaboration arose out of an acknowledgment that nursing regulatory bodies around the world face many of the same challenges; are charged with the similar mission of protecting the public's health, safety and welfare; and have a desire to share best practices. The unique relationship between these organizations provides the opportunity to learn from, share with, and assist each other with individual and mutual goals. It is hoped that this new collaboration will help nursing regulatory bodies work cooperatively to develop regulatory standards.

FISCAL YEAR 2011: THE YEAR IN REVIEW (CONTINUED)

The BOD endorsed the Institute of Medicine's (IOM) "The Future of Nursing: Leading Change, Advancing Health" report because it felt that "... regulatory and institutional obstacles – including limits on nurses' scope of practice – should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care," was consistent with the mission of NCSBN and previous position statements. Additionally, the recommendation that "Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States" was cited by the BOD as supportive of the many initiatives that NCSBN is currently implementing.

Protection of the public remains the principal charge of boards of nursing (BONs), with a continual impetus to shield the public from problem nurses. BONs have identified that consumers in their jurisdictions do not understand how BONs function or how someone can file a complaint if they have a questionable or troublesome practice encounter with a nurse. To address these issues, a marketing communications strategy was implemented that focused on introducing health care consumers to the work of BONs and also positioned BONs as the mechanism through which consumers can report a nurse's behavior that violates the existing laws or regulations that govern practice. The centerpiece of the campaign was a 30-second television spot produced in conjunction with the CBS Community Partnership Program. This commercial aired in New York, Los Angeles, Chicago, Philadelphia, Dallas–Fort Worth, Miami–Fort Lauderdale, Atlanta, Boston, Phoenix and Seattle on CBS-owned and -affiliated stations. This highly successful campaign delivered more than 132 million household impressions (based on Nielsen ratings) and generated a 435 percent increase in traffic to the consumer section of ncsbn.org during the campaign period.

NCSBN spearheaded a national campaign to promote adoption of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education, which formulates national standards for uniform regulation of advanced practice registered nurses (APRNs). Developed through a collaborative process with participation of regulators, nurse educators, APRN certifiers, national nursing program accreditors and representatives of many APRN professional organizations, the model provides a framework for jurisdictions to implement and oversee the standardized licensure, accreditation, certification and education of APRNs. The consensus model seeks to eliminate the many inconsistencies that exist between jurisdictions in regard to laws and rules relating to the regulation of APRNs. These variations include everything from the actual title used by an APRN to what medications he/she may prescribe. The result is confusion for the public, as well as for other health care professionals. Additionally, an APRN may be limited in his/her ability to relocate to areas experiencing health care shortages because moving to another jurisdiction would mean being subject to different qualifications or standards of practice. In order to continue to ensure patient safety, while at the same time expanding patient access to care, the education, accreditation, certification and licensure of APRNs needs to be effectively aligned.

NCSBN hosted a Scientific Symposium offering a diverse discussion of national and international studies that advance the science of nursing policy and increase the body of evidence for regulatory decision making. The studies selected for the symposium were funded through NCSBN's Center for Regulatory Excellence and were of critical interest to nurse regulators, researchers, educators and practitioners.

Continued on page 17.

NCSBN's website www.ncsbn.org hosted 1.9 million visits during FY11. Visitors viewed website pages 9 million times and downloaded publications and other documents more than 700,000 times.



CONSENSUS MODEL FOR APRN REGULATION

NCSBN spearheaded a national campaign to promote adoption of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. By adopting the model requirements, jurisdictions can ensure uniformity in licensure, accreditation, certification and education to facilitate the regulation of safe and competent APRNs in every jurisdiction.



SOCIAL MEDIA WHITE PAPER

Social media is commonly used in health care settings to foster professional connections, promote timely communication with patients and family members, and educate and inform consumers and health care professionals. Nurses, however, must be aware of the potential consequences of disclosing patient-related information via social media. NCSBN's white paper *A Nurse's Guide to the Use of Social Media* is intended to provide guidance to nurses using social media personally and professionally without breaking patient privacy and confidentiality laws.

In keeping with its push toward conducting seminal research designed to make significant contributions to the science of nursing regulation, NCSBN launched two innovative, longitudinal studies during FY11. The NCSBN Transition to Practice™ Study is a multi-state study that will evaluate safety and quality outcomes in nurse transition to practice programs. The study will determine how well the preceptor training module prepares preceptors for their role; identify the challenges and potential solutions of implementing the NCSBN transition model; and determine cost/benefit analysis. During Phase I, the NCSBN Transition to Practice Study follows newly licensed RNs hired to work in hospital settings in Illinois, Ohio and North Carolina during their first year of employment. Phase II will include newly hired RNs who work in settings other than hospitals and LPN/VNs who work in acute care settings. Study sites are classified as either control groups or intervention groups. Throughout the year the newly hired nurses in the intervention group will participate in interactive, online transition to practice modules, work one-on-one with a preceptor and receive institutional support from their hospital. Nurses in the control group will follow their institution's standard on-boarding program.

NCSBN also commenced a landmark, national, multi-site study of simulation use in prelicensure nursing programs. In the fall of 2011, the NCSBN National Simulation Study began to monitor students from five associate degree nursing programs and five baccalaureate degree nursing programs in the U.S. from their first day of nursing school through graduation, into their first year of practice. The NCSBN National Simulation Study aims to highlight currently known best practices in simulation use; evaluate the learning occurring with various amounts of simulation substituting for clinical hours; establish key simulation standards and learning experiences in each core clinical course during the study; and evaluate

new graduates' ability to translate educational experiences into the workplace. To achieve these objectives, students from each of the 10 study sites will be randomly assigned to one of three groups: a group where up to 10 percent of the time normally spent at clinical sites will be spent in simulation, a group where 25 percent of the time normally spent at clinical sites will be spent in simulation or a group where 50 percent of the time normally spent at clinical sites will be spent in simulation.

The Substance Use Disorder in Nursing Manual: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs was published to provide practical and evidence-based guidelines for evaluating, treating and managing nurses with a substance use disorder. Developed after an exhaustive review of research literature on alcohol and drug abuse, and surveying alternative-to-discipline programs to assess their current practices, the resulting manual is a comprehensive resource of the most current research and knowledge synthesized from both the literature and the field.

The use of social media is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. NCSBN acknowledges that these social and electronic media tools have tremendous potential for strengthening personal relationships and affording nurses a valuable opportunity to interface with colleagues from around the world, but also carry the risk of inadvertently revealing private and confidential patient information. To provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality, NCSBN developed a white paper titled *A Nurse's Guide to the Use of Social Media*.

The Center for Regulatory Excellence (CRE) Grant Program awarded grants totaling more than \$2.2 million to 11 U.S. organizations. Since the grant

In keeping with its push toward conducting seminal research designed to make significant contributions to the science of nursing regulation, NCSBN launched two innovative, longitudinal studies during FY11.

FISCAL YEAR 2011: THE YEAR IN REVIEW (CONTINUED)

program began in 2007, it has awarded more than \$8 million in grants. The CRE funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change. The CRE's research priorities include: patient safety; practice (e.g., LPN/VN, RN and APRN); nursing education; continued competence; discipline and alternatives to discipline; and national and international regulatory issues and/or portability.

NCSBN inducted its fifth group of Fellows of the NCSBN Institute of Regulatory Excellence (IRE) in 2011. The IRE began in 2004 with the purpose of providing BONs 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 developing a network of regulators who collaborate to improve regulatory practices and outcomes. The 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 Singapore Nursing Board and College of Registered Nurses of Nova Scotia became NCSBN associate members, bringing the total number of members in this category to nine. Created by a Delegate Assembly resolution in 2007, the associate membership category is designed to provide a forum by which nursing regulatory bodies from around the globe can join NCSBN in a dialogue regarding issues of common concern, as well as share information and knowledge in a multicultural exchange of thoughts and ideas.

In its ongoing effort to maintain the highest level of public safety possible, NCSBN raised the

passing standard for the NCLEX-PN® Examination in response to changes in U.S. health care delivery and nursing practice that have resulted in the increased acuity of clients seen by entry-level PNs. After considering all available information, the BOD determined that safe and effective entry-level PN practice required a greater level of knowledge, skills and abilities than was required in 2008 when NCSBN established the previous standard.

In FY11, the *Report of Findings from the 2010 Knowledge Survey of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/ Acute Care and Community/Home Health Care Settings* and *2009 Nurse Licensee Volume and NCLEX® Examination Statistics* research briefs were published.

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. The addition of guest authors to the publication brought to its readers a wealth of knowledge about new programs, projects and initiatives in nursing education.

NCSBN e-learning initiatives for the benefit of its members and external audiences are split between two product lines: NCSBN Learning Extension and NCSBN Interactive. NCSBN Learning Extension, through its campus located at www.learningext.com, delivered 35,000 online courses during FY11. The course catalog covers a range of subjects including continuing education courses for nurses, preparatory courses for licensure exam candidates, and item writing and test development courses for nursing faculty. The e-learning catalog for membership includes nearly 400 offerings in a variety of formats: online courses, streaming videos, wikis, recorded webinars and live webinars/webcasts. Learning Extension currently offers 40 online courses covering a wide range of topics for nurses and nurse regulators. Since its inception in 1998, the Learning Extension has reached more than 231,000 nurses in 120 countries.



2011 ANNUAL MEETING

NCSBN met in Indianapolis Aug. 3 – 5, 2011, to consider pertinent association business with its member boards of nursing. There were 56 member boards represented by delegates.

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

- Adoption of revisions to the Uniform Licensure Requirements;
- Election of officers for the NCSBN BOD and Leadership Succession Committee; and
- Acceptance of the Singapore Nursing Board and College of Registered Nurses of Nova Scotia as associate members of NCSBN.

NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, commented, "In addition to welcoming our two new associate members, we are pleased that the delegates had sufficient time to discuss and vote for the proposed Uniform Licensure Requirements to help promote future uniformity among member boards and facilitate nurse mobility."



Photos: Andrew Campbell

NCSBN will meet Aug. 8–10, 2012, in Dallas for the 2012 Annual Meeting and Delegate Assembly.



FISCAL YEAR 2011: OPERATING STATEMENTS

FOR THE FISCAL YEAR ENDING SEPT. 30, 2011

SOURCES OF REVENUE	\$	%
Examination fees	\$58,061,850	86
Investment earnings	\$2,905,425	4
Membership fees	\$187,500	0
Other program services	\$6,177,034	10
TOTAL	\$67,331,809	100

PROGRAM SERVICES	\$	%
Nurse competency	\$41,427,615	65
Nurse practice and regulatory outcome	\$9,486,890	15
Information	\$9,451,206	15
Management and general	\$3,496,214	5
TOTAL	\$63,861,925	100

TOTAL INCREASE IN NET ASSETS	\$3,469,884
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NCLEX® PASS RATES

NCLEX® PASS RATES – RN

	Oct. '10 – Dec. '10			Jan. '11 – Mar. '11		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated						
RN – Diploma	437	381	87.2	816	752	92.2
RN – BSN	4,630	3,883	83.9	13,544	12,333	91.1
RN – ADN	6,949	5,556	80.0	20,837	18,361	88.1
Special Program Codes	21	19	90.5	25	18	72.0
Total – First-time, U.S. Educated	12,037	9,839	81.7	35,222	31,464	89.3
Repeat, U.S. Educated	8,054	4,615	57.3	5,414	2,924	54.0
First-time, Internationally Educated	3,056	1,066	34.9	2,415	768	31.8
Repeat, Internationally Educated	3,667	705	19.2	3,186	668	21.0
ALL CANDIDATES	26,814	16,225	60.5	46,237	35,824	77.5

	Apr. '11 – Jun. '11			Jul. '11 – Sept. '11			TOTAL (FY11)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated									
RN – Diploma	756	683	90.3	1,551	1,374	88.6	3,560	3,190	89.6
RN – BSN	18,051	16,729	92.7	21,713	18,670	86.0	57,938	51,615	89.1
RN – ADN	26,172	23,722	90.6	29,010	24,426	84.2	82,968	72,065	86.9
Special Program Codes	35	26	74.3	23	17	73.9	104	80	76.9
Total – First-time, U.S. Educated	45,014	41,160	91.4	52,297	44,487	85.1	144,570	126,950	87.8
Repeat, U.S. Educated	6,184	3,312	53.6	7,930	4,249	53.6	27,582	15,100	54.7
First-time, Internationally Educated	2,625	968	36.9	2,377	857	36.1	10,473	3,659	34.9
Repeat, Internationally Educated	3,558	797	22.4	3,437	716	20.8	13,848	2,886	20.8
ALL CANDIDATES	57,381	46,237	80.6	66,041	50,309	76.2	196,473	148,595	75.6

NCLEX® PASS RATES – PN

	Oct. '10 – Dec. '10			Jan. '11 – Mar. '11		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated	14,850	12,823	86.4	16,518	14,469	87.6
Repeat, U.S. Educated	3,725	1,630	43.8	3,258	1,390	42.7
First-time, Internationally Educated	243	124	51.0	211	109	51.7
Repeat, Internationally Educated	229	60	26.2	226	63	27.9
ALL CANDIDATES	19,047	14,637	76.9	20,213	16,031	79.3

	Apr. '11 – Jun. '11			Jul. '11 – Sept. '11			TOTAL (FY11)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
First-time, U.S. Educated	13,121	10,770	82.1	22,291	19,394	87.0	66,780	57,456	86.0
Repeat, U.S. Educated	3,429	942	27.5	3,502	1,236	35.3	13,914	5,198	37.4
First-time, Internationally Educated	214	78	36.5	159	78	49.1	827	389	47.0
Repeat, Internationally Educated	244	40	16.4	214	27	12.6	913	190	20.8
ALL CANDIDATES	17,008	11,830	69.6	26,166	20,735	79.2	82,434	63,233	76.7



From April 1, 1994, through Sept. 30, 2011, more than **3.7 million candidates** for nurse licensure have taken NCLEX® examinations via computerized adaptive testing.

From Jan. 1, 2006, through Sept. 30, 2011, **100,002 nurse licensure candidates** have taken the NCLEX in international test centers.

For the fiscal year ending Sept. 30, 2011, **278,907 candidates** took the NCLEX-RN® and NCLEX-PN® Examinations.

NCLEX® PASS RATES (CONTINUED)

NCLEX® PASS RATES FISCAL YEAR 2011 – RN (FIRST-TIME, U.S. EDUCATED)

Jurisdiction	Oct. '10 – Dec. '10			Jan. '11 – Mar. '11			Apr. '11 – Jun. '11			Jul. '11 – Sept. '11			TOTAL (FY11)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	231	172	74.46	644	582	90.37	1,403	1,299	92.59	1,067	893	83.69	3,345	2,946	88.07
ALASKA	32	28	87.50	70	65	92.86	56	51	91.07	40	29	72.50	198	173	87.37
AMERICAN SAMOA	0	0	0.00	0	0	0.00	0	0	0.00	2	1	50.00	2	1	50.00
ARIZONA	171	153	89.47	973	898	92.29	853	801	93.90	805	707	87.83	2,802	2,559	91.33
ARKANSAS	161	144	89.44	504	448	88.89	235	208	88.51	797	673	84.44	1,697	1,473	86.80
CALIFORNIA – RN	994	799	80.38	3,465	3,126	90.22	2,400	2,157	89.88	3,785	3,267	86.31	10,644	9,349	87.83
COLORADO	233	195	83.69	563	521	92.54	645	589	91.32	534	451	84.46	1,975	1,756	88.91
CONNECTICUT	104	95	91.35	298	272	91.28	353	324	91.78	701	648	92.44	1,456	1,339	91.96
DELAWARE	22	20	90.91	143	127	88.81	176	152	86.36	211	177	83.89	552	476	86.23
DISTRICT OF COLUMBIA	7	5	71.43	84	69	82.14	93	83	89.25	136	107	78.68	320	264	82.50
FLORIDA	844	710	84.12	1,984	1,760	88.71	2,329	2,130	91.46	2,620	2,295	87.60	7,777	6,895	88.66
GEORGIA – RN	111	87	78.38	924	842	91.13	1,397	1,309	93.70	941	795	84.48	3,373	3,033	89.92
GUAM	5	5	100.00	2	2	100.00	3	2	66.67	9	9	100.00	19	18	94.74
HAWAII	73	60	82.19	192	165	85.94	57	46	80.70	265	218	82.26	587	489	83.30
IDAHO	45	36	80.00	219	199	90.87	239	231	96.65	188	159	84.57	691	625	90.45
ILLINOIS	346	250	72.25	1,359	1,217	89.55	1,527	1,425	93.32	2,471	2,085	84.38	5,703	4,977	87.27
INDIANA	250	170	68.00	1,001	828	82.72	1,717	1,542	89.81	1,120	916	81.79	4,088	3,456	84.54
IOWA	148	114	77.03	483	419	86.75	682	624	91.50	761	631	82.92	2,074	1,788	86.21
KANSAS	210	190	90.48	379	327	86.28	1,093	987	90.30	239	176	73.64	1,921	1,680	87.45
KENTUCKY	251	209	83.27	743	677	91.12	1,124	1,040	92.53	646	543	84.06	2,764	2,469	89.33
LOUISIANA – RN	126	105	83.33	949	890	93.78	472	442	93.64	738	636	86.18	2,285	2,073	90.72
MAINE	31	26	83.87	110	101	91.82	407	378	92.87	147	121	82.31	695	626	90.07
MARYLAND	98	81	82.65	695	608	87.48	640	579	90.47	1,199	1,006	83.90	2,632	2,274	86.40
MASSACHUSETTS	141	111	78.72	821	756	92.08	698	645	92.41	1,950	1,689	86.62	3,610	3,201	88.67
MICHIGAN	712	609	85.53	1,177	1,065	90.48	1,096	1,014	92.52	2,153	1,850	85.93	5,138	4,538	88.32
MINNESOTA	78	55	70.51	769	675	87.78	1,560	1,396	89.49	708	549	77.54	3,115	2,675	85.87
MISSISSIPPI	52	40	76.92	495	440	88.89	1,099	996	90.63	257	178	69.26	1,903	1,654	86.92
MISSOURI	279	244	87.46	823	747	90.77	1,050	986	93.90	1,226	1,069	87.19	3,378	3,046	90.17
MONTANA	10	6	60.00	119	108	90.76	181	158	87.29	110	82	74.55	420	354	84.29
NEBRASKA	71	57	80.28	306	281	91.83	470	440	93.62	341	285	83.58	1,188	1,063	89.48
NEVADA	79	65	82.28	248	231	93.15	275	255	92.73	284	240	84.51	886	791	89.28
NEW HAMPSHIRE	26	18	69.23	57	55	96.49	326	317	97.24	298	256	85.91	707	646	91.37
NEW JERSEY	348	294	84.48	554	509	91.88	469	427	91.04	1,492	1,331	89.21	2,863	2,561	89.45
NEW MEXICO	217	177	81.57	295	238	80.68	256	225	87.89	304	225	74.01	1,072	865	80.69
NEW YORK	1,146	883	77.05	2,000	1,733	86.65	1,950	1,677	86.00	4,752	3,974	83.63	9,848	8,267	83.95
NORTH CAROLINA	108	88	81.48	827	758	91.66	2,336	2,191	93.79	610	496	81.31	3,881	3,533	91.03
NORTH DAKOTA	8	3	37.50	74	67	90.54	283	272	96.11	99	76	76.77	464	418	90.09
NORTHERN MARIANA ISLANDS	1	1	100.00	0	0	0.00	1	0	0.00	10	6	60.00	12	7	58.33
OHIO	1,065	920	86.38	1,578	1,379	87.39	1,973	1,770	89.71	3,439	2,912	84.68	8,055	6,981	86.67
OKLAHOMA	121	91	75.21	407	372	91.40	847	775	91.50	861	693	80.49	2,236	1,931	86.36
OREGON	65	60	92.31	98	91	92.86	349	323	92.55	793	719	90.67	1,305	1,193	91.42
PENNSYLVANIA	880	719	81.70	1,095	976	89.13	1,196	1,077	90.05	4,089	3,592	87.85	7,260	6,364	87.66
RHODE ISLAND	21	16	76.19	165	150	90.91	60	57	95.00	329	302	91.79	575	525	91.30
SOUTH CAROLINA	204	173	84.80	534	479	89.70	1,022	958	93.74	477	388	81.34	2,237	1,998	89.32
SOUTH DAKOTA	36	28	77.78	141	123	87.23	369	341	92.41	205	178	86.83	751	670	89.21
TENNESSEE	158	141	89.24	852	810	95.07	1,420	1,339	94.30	754	641	85.01	3,184	2,931	92.05
TEXAS	632	525	83.07	3,068	2,708	88.27	3,901	3,527	90.41	2,118	1,684	79.51	9,719	8,444	86.88
UTAH	128	104	81.25	368	322	87.50	610	558	91.48	398	334	83.92	1,504	1,318	87.63
VERMONT	5	4	80.00	3	3	100.00	161	149	92.55	129	116	89.92	298	272	91.28
VIRGIN ISLANDS	1	0	0.00	0	0	0.00	0	0	0.00	25	22	88.00	26	22	84.62
VIRGINIA	428	349	81.54	749	667	89.05	1,159	1,061	91.54	1,519	1,304	85.85	3,855	3,381	87.70
WASHINGTON	213	176	82.63	429	385	89.74	526	489	92.97	1,414	1,273	90.03	2,582	2,323	89.97
WEST VIRGINIA – RN	134	88	65.67	230	184	80.00	513	439	85.58	359	279	77.72	1,236	990	80.10
WISCONSIN	152	121	79.61	1,100	968	88.00	830	784	94.46	1,209	1,064	88.01	3,291	2,937	89.24
WYOMING	25	19	76.00	56	41	73.21	127	115	90.55	163	137	84.05	371	312	84.10
TOTAL	12,037	9,839	81.74	35,222	31,464	89.33	45,014	41,160	91.44	52,297	44,487	85.07	144,570	126,950	87.81

NCLEX® PASS RATES FISCAL YEAR 2011 – PN (FIRST-TIME, U.S. EDUCATED)

Jurisdiction	Oct. '10 – Dec. '10			Jan. '11 – Mar. '11			Apr. '11 – Jun. '11			Jul. '11 – Sept. '11			TOTAL (FY11)		
	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing	# Testing	# Passing	% Passing
ALABAMA	135	128	94.81	331	319	96.37	97	88	90.72	347	327	94.24	910	862	94.73
ALASKA	3	3	100.00	8	7	87.50	2	2	100.00	3	2	66.67	16	14	87.50
AMERICAN SAMOA	3	1	33.33	0	0	0.00	0	0	0.00	3	2	66.67	6	3	50.00
ARIZONA	110	105	95.45	111	104	93.69	144	138	95.83	185	176	95.14	550	523	95.09
ARKANSAS	158	144	91.14	264	241	91.29	106	90	84.91	597	536	89.78	1,125	1,011	89.87
CALIFORNIA – VN	2,209	1,665	75.37	2,752	2,149	78.09	1,957	1,365	69.75	2,075	1,502	72.39	8,993	6,681	74.29
COLORADO	81	75	92.59	83	79	95.18	94	88	93.62	187	178	95.19	445	420	94.38
CONNECTICUT	166	152	91.57	155	142	91.61	37	33	89.19	324	289	89.20	682	616	90.32
DELAWARE	104	73	70.19	81	62	76.54	90	67	74.44	88	62	70.45	363	264	72.73
DISTRICT OF COLUMBIA	118	94	79.66	116	88	75.86	97	66	68.04	80	63	78.75	411	311	75.67
FLORIDA	967	846	87.49	1,292	1,111	85.99	1,001	757	75.62	1,414	1,148	81.19	4,674	3,862	82.63
GEORGIA – PN	383	365	95.30	316	301	95.25	361	319	88.37	350	327	93.43	1,410	1,312	93.05
GUAM	1	1	100.00	12	11	91.67	22	12	54.55	3	0	0.00	38	24	63.16
HAWAII	19	17	89.47	63	61	96.83	9	9	100.00	68	64	94.12	159	151	94.97
IDAHO	50	48	96.00	115	110	95.65	27	25	92.59	107	101	94.39	299	284	94.98
ILLINOIS	361	316	87.53	452	411	90.93	213	175	82.16	930	817	87.85	1,956	1,719	87.88
INDIANA	317	250	78.86	395	342	86.58	196	157	80.10	335	302	90.15	1,243	1,051	84.55
IOWA	167	158	94.61	286	275	96.15	269	259	96.28	514	482	93.77	1,236	1,174	94.98
KANSAS	138	132	95.65	277	260	93.86	401	372	92.77	277	257	92.78	1,093	1,021	93.41
KENTUCKY	264	245	92.80	350	321	91.71	289	255	88.24	325	283	87.08	1,228	1,104	89.90
LOUISIANA – PN	144	137	95.14	488	446	91.39	328	276	84.15	277	217	78.34	1,237	1,076	86.98
MAINE	30	25	83.33	16	15	93.75	30	27	90.00	20	17	85.00	96	84	87.50
MARYLAND	73	68	93.15	42	37	88.10	39	33	84.62	105	99	94.29	259	237	91.51
MASSACHUSETTS	77	69	89.61	81	81	100.00	39	32	82.05	644	592	91.93	841	774	92.03
MICHIGAN	406	377	92.86	374	344	91.98	324	297	91.67	446	414	92.83	1,550	1,432	92.39
MINNESOTA	150	129	86.00	485	446	91.96	547	484	88.48	608	524	86.18	1,790	1,583	88.44
MISSISSIPPI	89	77	86.52	229	207	90.39	30	27	90.00	395	340	86.08	743	651	87.62
MISSOURI	213	193	90.61	289	273	94.46	197	174	88.32	768	714	92.97	1,467	1,354	92.30
MONTANA	6	6	100.00	41	40	97.56	32	31	96.88	42	41	97.62	121	118	97.52
NEBRASKA	78	66	84.62	56	51	91.07	94	85	90.43	175	152	86.86	403	354	87.84
NEVADA	3	3	100.00	26	26	100.00	24	20	83.33	19	15	78.95	72	64	88.89
NEW HAMPSHIRE	33	22	66.67	60	50	83.33	77	71	92.21	58	48	82.76	228	191	83.77
NEW JERSEY	823	636	77.28	700	525	75.00	769	501	65.15	745	535	71.81	3,037	2,197	72.34
NEW MEXICO	31	31	100.00	37	36	97.30	48	48	100.00	72	67	93.06	188	182	96.81
NEW YORK	1,282	1,052	82.06	431	325	75.41	518	388	74.90	1,407	1,207	85.79	3,638	2,972	81.69
NORTH CAROLINA	191	179	93.72	156	144	92.31	150	133	88.67	557	535	96.05	1,054	991	94.02
NORTH DAKOTA	6	6	100.00	27	26	96.30	27	25	92.59	101	96	95.05	161	153	95.03
NORTHERN MARIANA ISLANDS	1	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	0	0.00
OHIO	1,526	1,412	92.53	981	898	91.54	778	687	88.30	1,374	1,219	88.72	4,659	4,216	90.49
OKLAHOMA	236	214	90.68	222	200	90.09	199	165	82.91	510	458	89.80	1,167	1,037	88.86
OREGON	111	109	98.20	96	94	97.92	112	104	92.86	174	162	93.10	493	469	95.13
PENNSYLVANIA	714	668	93.56	722	665	92.11	425	352	82.82	609	545	89.49	2,470	2,230	90.28
RHODE ISLAND	23	21	91.30	3	3	100.00	6	5	83.33	7	7	100.00	39	36	92.31
SOUTH CAROLINA	129	124	96.12	130	126	96.92	108	102	94.44	225	211	93.78	592	563	95.10
SOUTH DAKOTA	17	16	94.12	63	56	88.89	16	14	87.50	107	99	92.52	203	185	91.13
TENNESSEE	370	337	91.08	379	361	95.25	474	434	91.56	500	465	93.00	1,723	1,597	92.69
TEXAS	1,288	1,127	87.50	1,744	1,556	89.22	963	816	84.74	1,913	1,711	89.44	5,908	5,210	88.19
UTAH	55	54	98.18	92	91	98.91	214	214	100.00	144	136	94.44	505	495	98.02
VERMONT	6	5	83.33	1	1	100.00	3	3	100.00	156	146	93.59	166	155	93.37
VIRGIN ISLANDS	10	4	40.00	4	2	50.00	4	1	25.00	2	1	50.00	20	8	40.00
VIRGINIA	516	415	80.43	526	422	80.23	561	411	73.26	781	651	83.35	2,384	1,899	79.66
WASHINGTON	256	234	91.41	143	131	91.61	265	245	92.45	364	342	93.96	1,028	952	92.61
WEST VIRGINIA – PN	79	70	88.61	79	72	91.14	37	29	78.38	275	245	89.09	470	416	88.51
WISCONSIN	114	109	95.61	301	292	97.01	251	240	95.62	447	415	92.84	1,113	1,056	94.88
WYOMING	10	10	100.00	35	33	94.29	20	19	95.00	52	50	96.15	117	112	95.73
TOTAL	14,850	12,823	86.35	16,518	14,469	87.60	13,121	10,770	82.08	22,291	19,394	87.00	66,780	57,456	86.04

NCLEX® INTERNATIONAL FIGURES

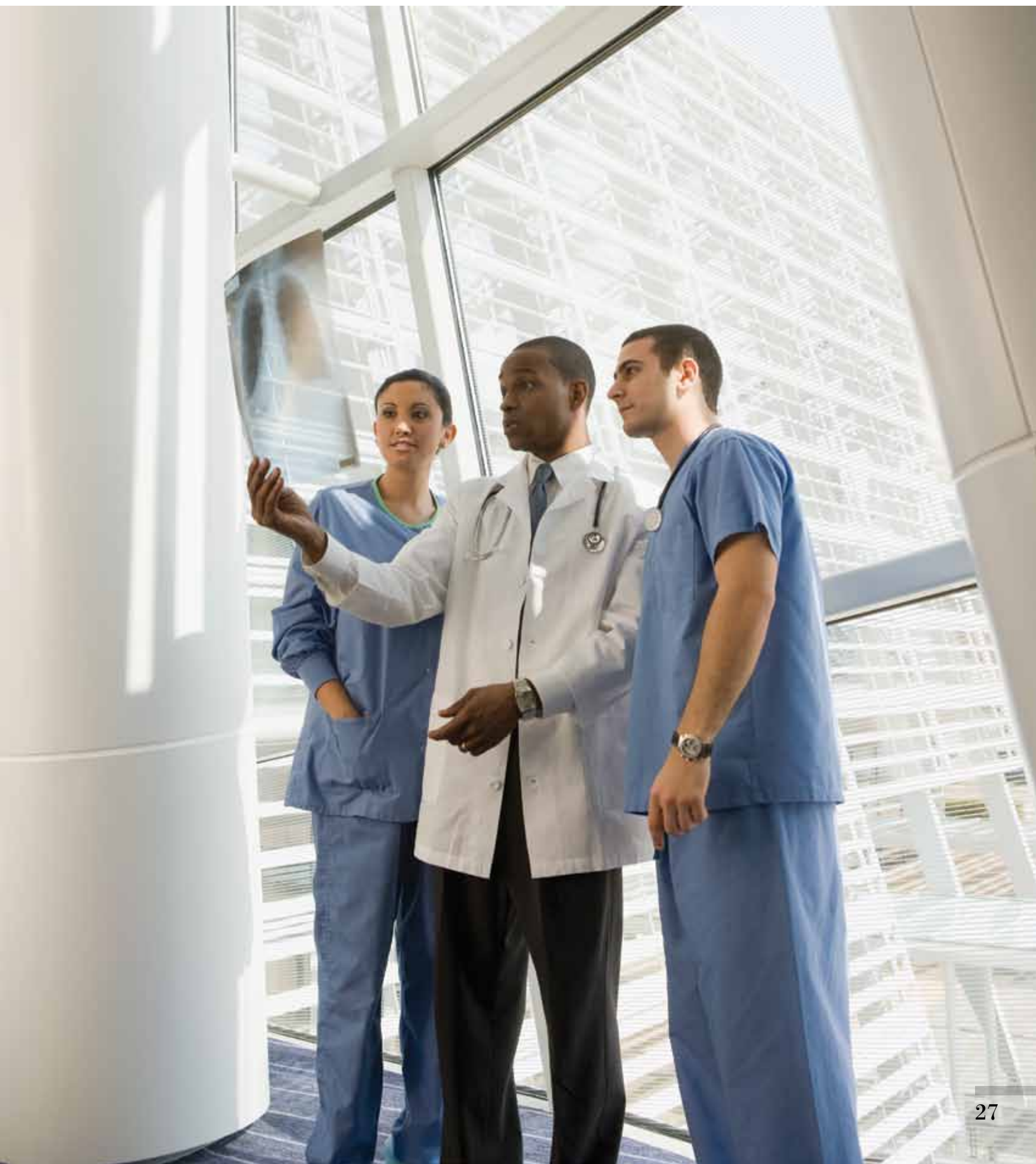
FISCAL YEAR 2011 FIRST-TIME, INTERNATIONALLY EDUCATED CANDIDATES TOP FIVE COUNTRIES (WITH RESPECT TO VOLUME)

	Oct. '10 – Dec. '10	Jan. '11 – Mar. '11	Apr. '11 – Jun. '11	Jul. '11 – Sept. '11	TOTAL (FY11)
1st	Philippines	Philippines	Philippines	Philippines	Philippines
	2,009	1,452	1,530	1,370	6,361
2nd	India	India	India	India	India
	249	219	220	222	910
3rd	South Korea	South Korea	South Korea	Canada	South Korea
	185	194	182	161	714
4th	Canada	Canada	Canada	South Korea	Canada
	143	139	170	153	613
5th	Nigeria	Puerto Rico	Puerto Rico	Puerto Rico	Puerto Rico
	75	86	82	74	300

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

**We are all inventors, each sailing out on a voyage of discovery,
guided each by a private chart, of which there is no duplicate.
The world is all gates, all opportunities.**

– Ralph Waldo Emerson



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Kathy Leader-Horn, Texas

COMMITMENT TO ONGOING REGULATORY EXCELLENCE (CORE) COMMITTEE

Margaret Walker, New Hampshire, Chair
Vicki Lynn Allen, Idaho
Jessie Colin, Florida
Gloria Damgaard, South Dakota
(March – August 2011)
Richard Gibbs, Texas
(August 2010 – February 2011)
Marilyn Hudson, Oregon
Carllene MacMillan, Louisiana – RN
Christine Penney, British Columbia
Joey Ridenour, Arizona
Chris Sansom, Nevada
Calvina Thomas, Arkansas
(August – September 2010)
Kathy Malloch, Arizona, Board Liaison

NCSBN COMMITTEES (CONTINUED)

DISCIPLINARY RESOURCES COMMITTEE

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Dennis Corrigan, Ohio
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C. Lynn Lewis, South Carolina
Linda Taft, Michigan
Brett Thompson, Mississippi
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Pam Autrey, Alabama, Board Liaison

FINANCE COMMITTEE

Julia George, North Carolina, Chair
(February – August 2011)
Randall Hudspeth, Idaho, Chair
(August 2010 – February 2011)
Cynthia Burroughs, Arkansas
Rula Harb, Massachusetts
Daniel Hudgins, North Carolina
Mark Majek, Texas
Diane M. Sanders, Washington
(August 2010 – June 2011)

INSTITUTE OF REGULATORY EXCELLENCE (IRE) COMMITTEE

Connie Kalanek, North Dakota, Chair
Louise Bailey, California – RN
Roseann Colosimo, Nevada
Ann M. Jones, Minnesota
Susan Odom, Idaho
Sharon J. Pierce, Maryland

LEADERSHIP SUCCESSION COMMITTEE

Barbara Morvant, Louisiana – RN, Chair
Louise Bailey, California – RN
Mary Blubaugh, Kansas
Lisa Emrich, Ohio
Patricia Lane, Virginia
Brenda McDougal, North Carolina
Paula Meyer, Washington
Sue Petula, Pennsylvania

MODEL ACT & RULES COMMITTEE

Rose Kearney-Nunnery, South Carolina, Chair
Kathleen Beebout, Iowa
Nathan Goldman, Kentucky
James (Dusty) Johnston, Texas
Sandra Priebe, Arkansas
Pam Randolph, Arizona
Caron Robertson, Massachusetts
Margaret (Peg) Sheaffer, Pennsylvania
Laura Skidmore Rhodes, West Virginia – RN
Betsy Houchen, Ohio, Board Liaison

NCLEX® EXAMINATION COMMITTEE (NEC)

Patricia Spurr, Kentucky, Chair
Margarita Bautista-Gay, Guam
(August 2010 – February 2011)
Usrah Claar-Rice, Washington
Claire Doody-Glaviano, Louisiana – PN
Doris Hill, Minnesota
Janice Hooper, Texas
Lorinda Inman, Iowa
Patricia Lange-Otsuka, Hawaii
(August 2010 – July 2011)
Barbara Peterson, Delaware
Lesleigh Robinson, Ohio
Barbara Zittel, New York

NCLEX® ITEM REVIEW SUBCOMMITTEE (NIRSC)

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Susan C. Baltrus, Maine

Kristin Benton, Texas

Janice Britton, Louisiana – RN

Deb Haagenson, Minnesota

Joy Ingwerson, Oregon

Patricia A. Johnson, Arizona

Barbara Knopp, North Carolina

(August 2010 – April 2011)

Cecilia Mukai, Hawaii

Nancy Murphy, South Carolina

Christine Naas, New Hampshire

(August 2010 – January 2011)

Amy Price, Alabama

Rebecca Reese, Idaho

Sharon Ridgeway, Minnesota

(August – October 2010)

Cristiana Rosa, Rhode Island

Catherine Rose, Rhode Island

(August 2010 – July 2011)

Rhonda Taylor, Washington

Linda Young, South Dakota

NURSE LICENSURE MODELS COMMITTEE

Charlotte Beason, Kentucky, Chair

Nancy Sanders, Alaska, Chair

Amy L. Allen, Michigan

(August 2010 – January 2011)

Mary Blubaugh, Kansas

Helga Bryant, Manitoba

(August – October 2010)

Sandra Evans, Idaho

Lori Scheidt, Missouri

Debra Scott, Nevada, Board Liaison

NURSING EDUCATION COMMITTEE

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Joe Baker, Jr., Florida

Katie Daugherty, California – RN

Katie L. Drake-Speer, Alabama

Margaret Hourigan, Maine

Marilyn Krasowski, Minnesota

Peggy S. Matteson, Rhode Island

Bibi Schultz, Missouri

Tish Smyer, Nevada

Shirley Brekken, Minnesota, Board Liaison

TERCAP® COMMITTEE

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J. L. Skylar Caddell, Texas

Chuck Cumiskey, Washington

Janet Edmonds, Idaho

Liz Faber, British Columbia

Marney Halligan, Minnesota

Ann Ricks, Mississippi

(August 2010 – June 2011)

Melinda Rush, Mississippi

Julia George, North Carolina, Board Liaison

UNIFORM LICENSURE REQUIREMENTS AND PORTABILITY COMMITTEE

Brenda McDougal, North Carolina, Chair

Karla Bitz, North Dakota

Sue Derouen, Kentucky

Jennifer L. Filippone, Connecticut

Heidi Goodman, California – RN

(August 2010 – January 2011)

Judith Nagel, Idaho

Barbara Newman, Maryland

Katherine Thomas, Texas, Board Liaison

MEMBER ACHIEVEMENTS



2011 AWARD RECIPIENTS

R. LOUISE McMANUS AWARD

The R. Louise McManus Award is the most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the purposes of NCSBN.



Kathy Malloch, PhD, MBA, RN, FAAN
Board Vice President,
Arizona State Board of Nursing

MERITORIOUS SERVICE AWARD

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



Julia George, MSN, RN, FRE
Executive Director, North Carolina Board
of Nursing.

Awards presented by NCSBN Board of Directors
President Myra Broadway
Photos: Andrew Campbell

EXCEPTIONAL LEADERSHIP AWARD

The Exceptional Leadership Award is granted to an individual who has served as a member board president and who has made significant contributions to NCSBN.



Lisa Klenke, MBA, RN
Past President,
Ohio Board of Nursing

EXCEPTIONAL CONTRIBUTION AWARD

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



Judith Personett, EdD, RN, CNAA
Board Member,
Washington State Nursing Care
Quality Assurance Commission



Mary Beth Thomas, PhD, RN
Board Staff,
Texas Board of Nursing

REGULATORY ACHIEVEMENT AWARD

The Regulatory Achievement Award recognizes the member board that has made an identifiable, significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare. (photo below)



Virginia Board of Nursing

MEMBER ACHIEVEMENTS (CONTINUED)

CENTENNIAL CELEBRATIONS



Idaho Board of Nursing



Oregon State Board of Nursing



Tennessee State Board of Nursing

Awards presented by NCSBN Board of Directors President Myra Broadway
Photos: Andrew Campbell

CENTENNIAL CELEBRATIONS (CONTINUED)



Vermont State Board of Nursing

Without continual growth and progress, such words as improvement, achievement, and success have no meaning.

– Benjamin Franklin

MEMBER ACHIEVEMENTS (CONTINUED)

INSTITUTE OF REGULATORY EXCELLENCE (IRE)

NCSBN inducted its fifth group of Fellows of the NCSBN IRE. The 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.

Awards presented by IRE Committee Chairperson Connie Kalanek. Photos: Andrew Campbell.



Joan K. Bainer
Administrator,
South Carolina State Board of Nursing



Linda D. Burhans
Board Staff, North Carolina Board of Nursing



SERVICE AWARDS



FIVE YEARS

Joan K. Bainer, MN, RN, NE, BC
Administrator, South Carolina State Board
of Nursing



FIVE YEARS

Michele Bromberg, MSN, APN, BC
Nursing Act Coordinator, Illinois Board of Nursing



FIVE YEARS

Diane Ruan-Viville, MA, RN
Executive Director, Virgin Islands Board of
Nurse Licensure



TEN YEARS

Lanette Anderson, JD, MSN, RN
Executive Director, West Virginia State Board
of Examiners for Licensed Practical Nurses



TEN YEARS

Lori Scheidt
Executive Director, Missouri State Board of Nursing



FIFTEEN YEARS

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

Awards presented by NCSBN Board of Directors President Myra Broadway
Photos: Andrew Campbell

NCSBN MILESTONES

1978



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

1979

Delegates adopted plan to revise
NCLEX-PN® Test Plan.

First LPN voting member recognized.

1981

Criterion-referenced scoring for NCLEX®
examination implemented.

1982

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

1983



Nursing Practice Act and Model Administrative
Rules developed.

1984

NCLEX-PN® Test Plan adopted.

1994



NCLEX computer adaptive testing (CAT)
implemented.

**Coming together is a beginning; keeping together is progress;
working together is success.**

– Henry Ford

1996

NCSBN website launched.

1997

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

1998

First online NCLEX-RN preparation course is launched on NCSBN Learning Extension.

1999

Uniform licensure requirements adopted.

2000

Utah becomes first state to adopt the NLC.

2002



Public access to Nursys® implemented.

2004

First Institute of Regulatory Excellence held.
Utah adopted the Advanced Practice Registered Nurse (APRN) Compact.

2005

International NCLEX examination testing launched.

2008



Published *The First 25 Years: 1978–2003* which explores the organization's work from 1978 to 2003.

NCSBN acquires exclusive ownership of NNAAP® and MACE®.

2009

NCSBN celebrates its 30-year anniversary.

Published *Nursing Pathways for Patient Safety*.

2010

Published first issue of *Journal of Nursing Regulation*.

2011



Facilitated collaboration among eight international nursing regulatory bodies with the Memorandum of Understanding.

Proposed consensus model for APRN regulation.

NCSBN FACTS

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.

Since 1994, more than 3.7 million candidates for U.S. nurse licensure have taken the NCLEX® exam via computerized adaptive testing (CAT).

The Learning Extension currently offers 40 online courses, reaching more than 231,000 nurses in 120 countries since its inception in 1998.

100,002 nurse licensure candidates in 10 countries have taken the NCLEX abroad.

NCSBN® welcomed its first international associate member in 2008.

The NCSBN Center for Regulatory Excellence Grant Program has awarded more than \$8 million in grants.

NCSBN has published 50 volumes of research briefs.

NNAAP® is the largest nurse aide certification examination program in the U.S. with more than 200,000 paper and practical examinations administered annually.

NCSBN's website www.ncsbn.org hosted 1.9 million visits during fiscal year 2011. Visitors viewed pages 9 million times and downloaded publications and other documents more than 700,000 times.

**In the arena of human life the honors and rewards fall to those
who show their good qualities in action.**

– Aristotle



NCSBN

National Council of State Boards of Nursing

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