The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of May 11, 2017 (5-10)

C. Administrative Updates
   1) Board Members – Term Expiration Dates:
      a. Paul Abegglen – 07/01/2019
      b. Elizabeth Smith Houskamp – 07/01/2020
      c. Maria Joseph – 07/01/2013
      d. Peter Kallio – 07/01/2018
      e. Sheryl Krause – 07/01/2018
      f. Lillian Nolan – 07/01/2019
      g. Luann Skarlupka – 07/01/2017
      h. Cheryl Streeter – 07/01/2018
      i. Pamela White – 07/01/2019
   2) Staff updates

D. Informational Hearing on Proposed Nurse Licensure Compact – Discussion and Consideration (11-39)

E. Education and Examination Matters - Discussion and Consideration (40-66)
   1) NCLEX Pass Rates of Board Approved RN and PN Schools
      a. Columbia College of Nursing
      b. Lakeshore Technical College

F. Legislative/Administrative Rule Matters - Discussion and Consideration (67-69)
   1) Scope Amending N 8.10 to Include Dentists
   2) Update on Legislation and Pending or Possible Rulemaking Projects
G. National Council of State Boards of Nursing (NCSBN) Items - Discussion and Consideration (70-72)
   1) Update as to Nurse Compact (NLC) and Enhanced Nurse Compact (eNLC)
   2) Annual Meeting – August 16-18, 2017 in Chicago Illinois

H. Board of Nursing Liaison Reports - Discussion and Consideration

I. Speaking Engagement(s), Travel, or Public Relation Request(s)- Discussion and Consideration

J. Informational Items

K. Deliberation on Items Added After Preparation of Agenda:
   1) Introductions, Announcements and Recognition
   2) Election of Officers
   3) Appointment of Liaison(s)
   4) Delegation of Authorities
   5) Administrative Matters
   6) Education and Examination Matters
   7) Credentialing Matters
   8) Practice Matters
   9) Legislative/Administrative Rule Matters
   10) Liaison Reports
   11) Board Liaison Training and Appointment of Mentors
   12) Informational Items
   13) Disciplinary Matters
   14) Presentations of Petitions for Summary Suspension
   15) Petitions for Designation of Hearing Examiner
   16) Presentation of Proposed Stipulations, Final Decisions and Orders
   17) Presentation of Proposed Final Decision and Orders
   18) Presentation of Interim Orders
   19) Petitions for Re-Hearing
   20) Petitions for Assessments
   21) Petitions to Vacate Orders
   22) Requests for Disciplinary Proceeding Presentations
   23) Motions
   24) Petitions
   25) Appearances from Requests Received or Renewed
   26) Speaking Engagement(s), Travel, or Public Relation Request(s)

L. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

M. Review of Pre-Screening Closure List (73-80)
N. Deliberation on Division of Legal Services and Compliance (DLSC) Matters
   1) Attorney Amanda Florek
      a. Administrative Warning
         1. 16 NUR 684 – S.E.C. (81-82)
      b. Proposed Stipulations and Final Decisions and Orders
         1. 16 NUR 672 – H.M.Z. (83-88)
         2. 16 NUR 674 – E.A.W. (89-94)
   2) Case Closures
   3) Monitoring
      a. Department Monitor Jesse Benisch
         1. Katy Hayden, R.N. – Requesting Full Licensure (95-108)
      b. Department Monitor Zoua Cha
         1. Lori Cuene, R.N. – Requesting Ability to Work in Home Health and/or Hospice (109-129)
   O. Deliberation on Proposed Final Decision and Orders
      1) Kimberly E. Jackson, L.P.N. – Respondent, DHA Case No. SPS-17-0003/DLSC Case No. 15 NUR 636 (169-179)
   P. Deliberation of Credentialing Matters
      1) Asta, Christopher – Military Equivalency Request (214-254)
   Q. Deliberation of Items Added After Preparation of the Agenda
      1) Education and Examination Matters
      2) Credentialing Matters
      3) Disciplinary Matters
      4) Monitoring Matters
      5) Professional Assistance Procedure (PAP) Matters
      6) Petitions for Summary Suspensions
      7) Petitions for Designation of Hearing Examiner
      8) Proposed Stipulations, Final Decisions and Orders
      9) Administrative Warnings
      10) Review of Administrative Warnings
      11) Proposed Final Decision and Orders
      12) Matters Relating to Costs/Orders Fixing Costs
      13) Case Closings
      14) Board Liaison Training
      15) Proposed Interim Orders
      16) Petitions for Assessments and Evaluations
      17) Petitions to Vacate Orders
      18) Remedial Education Cases
      19) Motions
      20) Petitions for Re-Hearing
      21) Appearances from Requests Received or Renewed
   R. Consulting with Legal Counsel
RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

S. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

T. Open Session Items Noticed Above not Completed in the Initial Open Session

U. **Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**
   1) Newsletter Update *(255-256)*

V. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

**ADJOURNMENT**

**NEXT MEETING DATE: JULY 13, 2017**
PRESENT: Paul Abegglen (via GoToMeeting,) Elizabeth Smith-Houskamp (via GoToMeeting,) Peter Kallio, Sheryl Krause, Lillian Nolan, Luann Skarlupka, Cheryl Streeter, Pamela White

EXCUSED: Maria Joseph

STAFF: Dan Williams, Executive Director; Sharon Henes, Administrative Rules Coordinator; Al Rohmeyer, Board Legal Counsel; Nifty Lynn Dio, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Sheryl Krause, Chair, called the meeting to order at 10:00 a.m. A quorum of eight (8) members was confirmed.

ADOPTION OF THE AGENDA

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 13, 2017

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to approve the minutes of April 13, 2017 as published. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

NCLEX Pass Rates of Board Approved RN and PN Schools

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge and thank Dr. Linda Matheson and Karen Roberts from Marian University for their appearance before the Board. Motion carried unanimously.

Rasmussen College – Green Bay

MOTION: Cheryl Streeter moved, seconded by Luann Skarlupka, to acknowledge and thank Julie Williams, Bill Panella, and Dawn Boettcher from Rasmussen College for their appearance before the Board. Motion carried unanimously.

Request for Authorization to Admit Students to a Nursing School

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to deny the current request of Americare School of Nursing for authorization to admit students to a nursing school. Reason for Denial: Should specify type of program, A.D.N., P.N., or both, program outcomes should be consistent with N 1, clinical site evaluation should include appropriate clinical experiences, confirm institutional accreditation. Motion carried unanimously.
MOTION: Luann Skarlupka moved, seconded by Pamela White, to acknowledge and thank Jinkee Sarah Beltran and Stephanie Balitaan from Americare School of Nursing for their appearance before the Board. Motion carried unanimously.

NATIONAL LEAGUE OF NURSING ACCREDITATION – DISCUSSION AND CONSIDERATION

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to table the discussion on National League of Nursing Accreditation to gather more information. Motion carried unanimously.

CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Sheryl Krause, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes; Peter Kallio-yes; Sheryl Krause-yes; Lillian Nolan-yes; Luann Skarlupka-yes; Elizabeth Smith-Houskamp-yes; Cheryl Streeter-yes; Pamela White-yes. Motion carried unanimously.

At this time, all external communication contacts will be terminated for purposes of going into Closed Session.

The Board convened into Closed Session at 11:46 a.m.

RECONVENE TO OPEN SESSION

MOTION: Peter Kallio moved, seconded by Pamela White, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 3:05 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to affirm all motions made in closed session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Attorney Amanda Florek

Proposed Stipulations, Final Decisions and Orders

MOTION: Cheryl Streeter moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. 16 NUR 200 (P.M.B.)
2. 16 NUR 573 (D.J.G.)
Motion carried unanimously.
MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against A.L.L., DLSC Case No. 16 NUR 353. Motion carried unanimously.

DLSC Attorney Kim Kluck

Proposed Stipulations, Final Decisions and Orders

MOTION: Cheryl Streeter moved, seconded by Paul Abegglen, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. 16 NUR 654 (A.L.P.)
2. 16 NUR 654 (C.S.B.)
3. 16 NUR 655 (T.L.W.)

Motion carried unanimously.

Case Closures

MOTION: Peter Kallio moved, seconded by Pamela White, to close the DLSC cases for the reasons outlined below:

1. 16 NUR 222 – Prosecutorial Discretion (P7)
2. 16 NUR 387 – Insufficient Evidence
3. 16 NUR 585 – No Violation
4. 16 NUR 595 - Prosecutorial Discretion (P2)
5. 16 NUR 684 (H.L.T.) – Insufficient Evidence
6. 16 NUR 708 – No Violation
7. 16 NUR 719 – No Violation
8. 16 NUR 720 – Prosecutorial Discretion (P2)
9. 16 NUR 740 (Gabrich) - Prosecutorial Discretion (P2)
10. 16 NUR 740 (Feiereisen) - Prosecutorial Discretion (P2)
11. 16 NUR 740 (Lemke) - Prosecutorial Discretion (P2)
12. 16 NUR 740 (Pocian) - Prosecutorial Discretion (P2)
13. 16 NUR 740 (Stroud) - Prosecutorial Discretion (P2)
14. 16 NUR 740 (Van Beek) - Prosecutorial Discretion (P2)
15. 16 NUR 740 (Vorpaphl) - Prosecutorial Discretion (P2)
16. 16 NUR 747 – Insufficient Evidence
17. 17 NUR 043 – Prosecutorial Discretion (P1)

Motion carried unanimously.

Monitoring – Jesse Benisch

Melissa Bloechl, R.N. – Requesting Full Licensure

MOTION: Cheryl Streeter moved, seconded by Luann Skarlupka, to grant the request of Melissa Bloechl, for full licensure. Motion carried unanimously.

Lisa Morgan, R.N. – Requesting Full Licensure

MOTION: Lillian Nolan moved, seconded by Peter Kallio, to grant the request of Lisa Morgan for full licensure. Motion carried unanimously.
Monica Stout, R.N. – Requesting Full Licensure

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to grant the request of Monica Stout for full licensure. Motion carried unanimously.

Department Monitor Zoua Cha

Kelly Edlebeck, R.N. – Requesting Modifications

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to grant the request of Kelly Edlebeck for reduction in drug screens to 28 per year and one hair test. The Board denies the request for access to controlled substances and reduction in AA/NA meetings. **Reason for Denial:** Respondent needs to practice nursing under the conditions of the modified Board Order before the Board will consider amending other requirements. Motion carried unanimously.

Monitoring – Ashley Ayres

Matthew Elliott, R.N. – Requesting Full Licensure, or Modifications and Monitoring Interruption

MOTION: Peter Kallio moved, seconded by Elizabeth Smith-Houskamp, to grant the request of Matthew Elliott for monitoring interruption from 06/12-16/2017 and reduction in drug screens to 14 per year and one hair test. The Board denies the request for full licensure and the request for termination of practice limitations C21-C23 from Board Order dated 03/14/2013. **Reason for Denial:** Respondent needs to practice nursing under the conditions of the modified Board Order before the Board will consider amending other requirements. Motion carried unanimously.

Angela Hanaman, R.N. – Requesting Full Licensure

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to deny the request of Angela Hanaman for full licensure. **Reason for Denial:** Failure to demonstrate continuous and successful compliance (i.e. missed check-ins). Respondent needs to fully comply with the complete terms and conditions of the original Board Order (03/05/2000.) Motion carried unanimously.

James Larson, R.N. – Requesting Modification

MOTION: Cheryl Streeter moved, seconded by Lillian Nolan, to deny the request of James Larson for reduction in drug screens. **Reason for Denial:** Respondent needs to practice nursing under the current conditions of the Board Order (10/04/2007) before the Board will consider amending other requirements. Motion carried unanimously.

Brenda Pecor, L.P.N. – Requesting Modification

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to table the request of Brenda Pecor for access to controlled substances, pending receipt of additional information. Motion carried unanimously.
Kathy Sayles, R.N. – Requesting Modification

MOTION: Lillian Nolan moved, seconded by Cheryl Streeter, to deny the request of Kathleen Sayles for access to controlled substances. **Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Order (11/03/2011). Motion carried unanimously.

Judy Story, R.N. – Requesting Full Licensure or Modification

MOTION: Cheryl Streeter moved, seconded by Peter Kallio, to grant the request of Judy Story for reduction in drug screens to 28 per year and one hair test. The Board denies the request for full licensure. **Reason for Denial:** Failure to demonstrate continuous and successful compliance. Respondent needs to fully comply with the complete terms and conditions of the original Board Order (04/10/2014). Motion carried unanimously.

(Paul Abegglen disconnected from the meeting at 3:00 p.m.)

**PROPOSED FINAL DECISION AND ORDER**

**Debra Acker – DHA Case No. SPS-17-001/DLSC Case No. 15 NUR 258 and 16 NUR 549**

(Cheryl Streeter recused herself and left the room for deliberation and voting in the matter of DLSC Case No. 15 NUR 258)

MOTION: Lillian Nolan moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Debra Acker, Respondent – DHA case number SPS-17-001/DLSC Case No. 15 NUR 258 and 16 NUR 549. Motion carried unanimously.

**Leia Cruz-Perez – DHA Case No. SPS-16-0062/DLSC Case No. 15 NUR 443**

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to adopt the variance to the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Leia Cruz-Perez, Respondent – DHA case number SPS-16-0062/DLSC Case No. 15 NUR 443. Motion carried unanimously.

**Deborah Polzin – DHA Case No. SPS-16-0037/DLSC Case No. 15 NUR 259 – Objections and Response to Objections**

(Peter Kallio recused himself and left the room for deliberation and voting in the matter of DLSC Case No. 15 NUR 259)

MOTION: Lillian Nolan moved, seconded by Luann Skarlupka, to adopt the Proposed Decision and Order with the Objections recommended by the Division of Legal Services and Compliance, in the matter of disciplinary proceedings against Deborah Polzin, Respondent – DHA Case No. SPS-16-0037/DLSC Case No. 15 NUR 259. The Board of Nursing has considered and rejects the Objections made by the Respondent’s Counsel. Motion carried unanimously.

**ADJOURNMENT**

MOTION: Pamela White moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.
The meeting adjourned at 3:07 p.m.
308 N. Butternut Street  
Stetsonville, WI 54480-9598

24 MAY 2017

Wisconsin Board of Nursing  
1400 E. Washington Avenue  
Madison, WI 53703

Dear Board Members:

My name is James A. Bichler. I am a Registered Nurse licensed in the state of Wisconsin. My credential number is 200202-30 issued on April 23, 2014 and expires on February 28, 2018. I am writing you today to express my support of Wisconsin passing laws to support the enhanced nurse licensure compact or eNLC.

When I found out I passed the NCLEX-RN examination and was granted a nursing license I didn’t realize at the time how lucky I was to be a resident of a state that was a member of the Nurse Licensure Compact. The fact that I was issued a “Multi-state” License didn’t really mean all that much to me. I had a job in Wausau, Wisconsin and rarely had to encounter out of state patients. I have lived in Wisconsin my entire life, but always enjoyed traveling so I decided after a year that I would become a travel nurse.

As a traveler, I decided the benefits of having a multi-state license are many. It allowed me to easily and seamlessly obtain employment in three remote-member states: Utah, Missouri, and Iowa. When I left to practice in these states I didn’t have to worry about obtaining and maintaining another nursing license. The process of obtaining nurse licensure can be cumbersome and expensive. If the compact didn’t exist, I don’t believe I would have become a traveler because the extra steps required to obtain additional licensure would have been too daunting to make travel nursing appealing.

The additional measures proposed in the enhanced nurse licensure compact are not unreasonable. I was surprised when I applied for licensure that submission of fingerprints for a background check was not required. The lack of fingerprint based checks in a few states that were part of the compact actually prevented several states from joining the original compact. I believe licensure practices should be uniform across all 50 states. I can respect the concern other states have with Wisconsin’s lack of a fingerprint-based background check requirement, as well as this being a requirement to stay a member state within the compact.
When I heard Wisconsin was considering withdrawing from the compact I was disappointed and a little worried. Wisconsin was one of the first states that entered into the original nurse licensure compact agreement. To hear that my state was considering withdrawing from the compact is appalling. As a travel nurse, my multi-state license is something I don’t take for granted.

The compact not only saves time and money, but allows for easier communication between member states if a nurse commits a violation of nursing practice. Disciplinary actions and orders are required to be submitted to Nursys. Once a member state takes disciplinary actions related to nursing practice, the other compact states are notified. Actions can then be taken quickly and swiftly by their home state to limit, suspend or revoke the license of the nurse who had action elsewhere. States that are not part of the compact may remain unaware of violations committed by a nurse while working in another state.

Wisconsin was one of the first states to enter into the original nurse licensure compact, joining on January 1, 2000. Since then, Licensed Practical Nurses and Registered Nurses have been able to practice both physically and electronically in 25 states without additional license fees or requirements.

Let’s keep Wisconsin moving “Forward” by embracing the proposed changes to the enhanced nurse license compact. I ask members of the board of nursing to support any efforts necessary to keep our great state a member of the NLC.

Respectfully,

James A. Bichler, RN-BC
Psychiatric-Mental Health Nurse
State of Wisconsin License #200202-30
I would like to issue my statement in regard to email dated 4/25/17 from the Wisconsin Department of Safety and Professional Services regarding the Informational Hearing on the Nurse Licensure Compact. I am a licensed registered nurse, along with nursing licensure I hold a master’s degree in nursing specializing in care coordination, a bachelors’ of health care management, and I am in the progress of pursuing my doctorate in nursing practice.

As a licensed registered nurse originally licensed and practicing in the state of Wisconsin, the nurse compact act is essential to my current practice. I currently work telephonically as a complex case manager, and as part of my work, I frequently call patients across the Wisconsin state line. Due to this essential job duty, I also hold a license in the state of Nevada due to their individual licensing requirements.

Where I have encountered difficulty or the inability to practice is in regards to states that are not in the current NLC agreement. My associate’s degree in nursing was obtained via distance learning via Excelsior College, after several years practicing as a LPN. Not only did I pass my boards with the minimum questions on the first attempt in 2009, I went on to graduate Summa Cum Laude Highest Honors with my MSN with a GPA of 3.85 on a 4.0 scale. In my previous role I worked as a dialysis nurse in both the chronic and acute setting, including providing dialysis in the ICU. I then went on to manage a large dialysis unit overseeing a 26 station hemodialysis facility and a peritoneal department.

My education path and school choice was related to my personal needs at that time and it has served me well by preparing me to be a well-rounded and qualified nurse. However, due to some individual state requirements that are not part of the NLC agreement, I have not been able to obtain a licensure in CA, OK, and GA without completing either an additional associates degree in nursing or completing additional clinical externship. As a master’s trained nurse with approximately 1.5 years prior to completion of my DNP, maintaining a license in a compact state, is essential to allowing me to provide consistent and quality patient education as well as aiding in care coordination to patients across not only Wisconsin, but the country.

As my official statement, I encourage the state of Wisconsin licensing board to maintain their status as a compact state.

Regards,

Jessica Dale RN MSN BSHCM
Doctoral student
May 30, 2017

Wisconsin Board of Nursing
Department of Safety and Professional Services
1400 East Washington Avenue
Madison, WI 53703

Dear Members of the Wisconsin Board of Nursing:

I am writing to express the Department of Public Instruction’s (DPI) support for Wisconsin continuing to participate in the Nurse Licensure Compact and to enter into the “enhanced” Nurse Licensure Compact (eNLC). The DPI works with school nurses throughout the state of Wisconsin and answers questions from school nurses in other states seeking information regarding licensure and practice issues. One issue of particular concern that frequently comes up is, how can school nurses care for students while on out-of-state field trips?

School districts frequently offer students enhanced learning opportunities by taking trips beyond the borders of Wisconsin. Likewise, many schools send their students to locations in Wisconsin to partake of our tourist attractions and natural scenery. The number of students with chronic and/or severe life-threatening health conditions continues to increase. These students with diabetes, seizure disorders, and history of allergy-related anaphylaxis attend the same field trips as their fellow students. Often, it is necessary for students to take medications or perform health-related procedures such as monitoring blood sugar levels and adjusting insulin dosages based on carbohydrate counts while on these field trips.

School districts are required to provide the same level of nursing services on field trips as they do during the school day. For many students this will mean access to school nursing services to protect their safety and promote their health. School nurses must either accompany students on the field trips or, if appropriate, may follow the delegation decision tree and delegate the procedures to unlicensed assistive personnel.

Having a multistate registered nursing license, such as with the eNLC, benefits school nurses, students, and school districts. While still accountable to the Nurse Practice Act of the state to which their students travel, school nurses benefit by the eNLC because they do not have to obtain separate licensure for each state. Obtaining multiple registered nurse licenses is cumbersome and expensive and may result in the school needing to cancel a field trip. Students cannot be told they must stay home while others participate; rather no one goes if arrangements cannot be made to have their health needs met.
With the eNLC, school nurses from any participating state will still practice the same high level of care to which we hold our Wisconsin registered nurses accountable. The eNLC will increase the flexibility of both in-state and out-of-state school nurses to accompany their students on field trips, saving school districts time and money. It will also allow students to experience a broader range of extracurricular activities.

Thank you for your consideration.

Sincerely,

[Signature]

Mike Thompson, PhD
Deputy State Superintendent

MT/mjc
RaeLene Mace RN, BSN, CEN  
100 E Main Street  
Stoughton, WI 53589

May 25, 2017

Wisconsin Department of Safety and Professional Services/ Wisconsin Board of Nursing

RE: Nursing Updates: WI Board of Nursing - Informational Hearing on the Nurse Licensure Compact

To Whom It May Concern:

I am a Wisconsin resident. I am also a nurse. I do travel assignments all over the country. I maintain a home in Wisconsin. I pay Wisconsin taxes. Wisconsin is my home.

Being part of the NLC has allowed me to practice as a nurse in multiple states without having to get a new license or maintain another license. As a nurse/consumer this is important to me. The fees of a new license and maintaining additional licenses can be pricey. I would not practice in many states if it weren’t for WI being part of the compact agreement. I know other nurses who have done travel assignments in WI that would not have come to WI if not for the compact

The NLC allows nurses like me to work in other states without having to get a new license for each state. If new legislation isn't introduced and passed, then my ability to work in other states is taken away. But more importantly, Wisconsin will lose too. It will be harder for hospitals to get travel nurses to fill shortages. Many travelers go to compact states due to not having to obtain an additional license for that state. Hospitals that are understaffed use travelers to help fill their needs at local WI hospitals. The traveling to WI also brings in additional money to the state. Travelers often go to local attractions. The tourism of travelers helps the state.

Not being part of the new eNLC Wisconsin will find that fewer travelers are going to be willing to come to Wisconsin. For residents like me it will force me to leave Wisconsin and set up residence in another state that will provide me with the compact license.

The NLC has many benefits for our state. The goal of the NLC is to improve patient care no matter where they live. The NLC is also crucial during times of disaster, allowing a nurse to easily cross state lines to help those in need. I spoke with Lucinda (Cindy) Rossoll who is FNP, RN who is a former ED manager, who stated that one of the benefits of the compact RN license is that it provides continuity with licenses. Cindy told me that in New Hampshire she had to let a nurse go due to narcotic diversion and abuse. Due to
the proximity to where they lived, that nurse then went and got a job in Vermont as a
nurse. Vermont not being part of the compact agreement was not aware of the narcotic
diversion nor that Cindy had reported her to the New Hampshire Board of Nursing. This
nurse then practiced in Vermont and was ultimately arrested for narcotic diversion and
abuse from work at the Vermont hospital. Had Vermont been part of the compact
agreement the nurse would never have been able to practice in Vermont. It would have
saved a lot of embarrassment for the State and the hospital.

Thank you for considering this very important issue to travel nurses and patients in
Wisconsin.

Thank you,
RaeLene Mace RN, BSN, CEN
rmace16@gmail.com
608-335-8281
Dear Members of the Wisconsin Board of Nursing,

I am writing in regard to the discussion relating to Wisconsin’s continuing participation in the enhanced Nurse Licensure Compact (eNLC). My hope is that the Board will move quickly in being a leader towards national acceptance of the eNLC.

My initial RN licensure came when I lived in Wisconsin, one of the earliest members of the original compact. At that time, I did not appreciate the significance of the Compact as it relates to the practice of nursing. Since then, and with making my primary residence Florida, I am excited that my “adopted” state has finally entered into the “forward” thinking that must be the normative practice of nurses.

As a travel/contract nurse, I currently hold four nursing licenses—two of them with compact states. As a travel/contract nurse, the ability to positively influence the culture of nursing practice is enhanced when I am able to move easily within the practice of my profession. I am excited about being able to contribute to the health care needs of those states that will either remain a member of eNLC or, like Florida, become a member of it for the first time. My hope (as well as my mother’s hope!) is that I will come back to Wisconsin as a contact nurse to experience the quality nursing care that first nourished me within the profession.

If any member of the Board would like to personally talk to me about this issue, please do not hesitate to contact me at the above address, through electronic message (pmastRN@mail.com), or by calling me directly (813-504-1995).

Sincerely,

Peter W. Mastalir, RN, BSN
To Whom it May Concern,

As a public health nurse, I am in favor of the eNLC, and the unrestricted movement it will provide to nurses responding to out-of-state disasters. I am also in favor of nurses meeting a minimum set of licensure requirements, as well as having a fingerprint federal criminal background check.

Thank you,
Charlotte Ahrens, RN,BSN
Public Health Nurse Consultant
Division of Public Health- Northern Region

Dear Board of Nursing,

I am in support of expanding reciprocity for a RN license to all 50 states. I do not know what the reciprocity status of Advance Practice Provider licensure is from state to state, but I am also in favor of reciprocity for APP’s that are nationally certified. Please consider both of these important issues and move forward with them.

Sincerely,
Jacqueline M. Akert RNC APNP

I am a retired RN with a BS in Nursing from UW-Madison. Although I am not working, I support the NLC and would join it if actively working. I have had medical issues and as a result, will not be able to continue working as an RN. I often wondered how travelling nurses can work in other states when I was a hospital nurse. I am glad they have finally instituted the NLC. I wholeheartedly support it to relieve the shortage of nurses. It will solve a lot of problems for those travelling and working in other states.
My name is Christine Anding. My contact is 262-607-1386 or christinemarie1950@gmail.com.

To whom it may concern.

I Rebecca Atkins RN am for joining the eNLC.

Thank you,
Rebecca Atkins
New Richmond, WI

Dear Sir/Madam, my name is Lucy Awuku-Darkoh RN, wi state. I am writing in support of the eNLN. This compact help with the border state lines, if there is a disaster for other nurses to help out, and also practice safely to the patients and the public. It also help in relocation and employment as well. I am in support for this legislation. Thank you for considering this very important issue to nurses and patients in WI State. Sincerely Lucy Awuku-Darkoh.
Mr. Dan Williams, Executive Director for the Wisconsin Board.

My name is Celmira Bay holding a Wisconsin licensed nurse. I want to be a member of the organization known as the Nurses Licensure Compact (NLC). Because I'm living in South America, Paraguay, and working as a volunteer at the rural clinic of the village as the director called Fundation Clyde E. Bay since 1999. I will not attend the meeting on June. My license number is 128125-30. Attached are information about my site of work and the latest theories and practices.

My best regards,
Celmira Bay, R.N. 128126-30.

I fully support Wisconsin's inclusion in the eNLC. Our society, including the world of healthcare, has become very mobile. In order to provide continuity of care to patients, we (RNs) must become equally mobile. This is especially important for RNs working within a short distance of state lines. In addition, expanding the reach of nurses would help with the severe nursing shortage felt in many rural areas.

Theresa Becker, MSN APNP
Midwest Nephrology Associates

I am supporting the eNLC. I believe it is time to unite all nursing licenses of all states. Raise the standards of education and nursing practices throughout the United States, is one benefit I can see happening from this. I never understood why any degree would not be accepted in another state, especially nursing since this profession is in high demand, and will be even more so in the future!

Sincerely,
Ines Berna RN

To Whom it may Concern:

Compact licensure has been a critical advantage for me as a military spouse. As a specific example, gaining licensure through endorsement took three months while waiting for my California license to go through, but I kept my Wisconsin license current. When we moved to Virginia, I had no trouble starting a new job because of the NLC. I am so grateful!

Sincerely,
Lacey Bloy

I have a Wisconsin nursing license and from July 2015 to 2016 was able to work in Tucson Az because of the compact state license, it's a wonderful tool so nurses can expand their work experience. In Arizona, I worked on a vent unit as they have them in some nursing homes, not in LTC's as they do in Wisconsin, it was a great job and it increased my nursing knowledge. Hope that this program can expand to more states.

Sent from my iPad
The Wisconsin Board of Nursing will be holding an informational hearing on the eNLC during their regular meeting on June 8, 2017. The hearing will be held at the Department of Safety and Professional Services, 1400 East Washington Avenue, Madison at 8:00 a.m. The Board hopes to receive input from nurses and other stakeholders related to joining the eNLC, as well as the possibility of withdrawing from the current NLC. Please feel free to attend this meeting if you are interested in providing information related to your knowledge or experiences related to the Compact. If you are unable to attend, feel free to submit a written statement to the Board. These written statements (letter or email) need to be received by May 26 so that they can be placed on the June 8 agenda for Board and public review. Please include your contact information should further information as to your statement be needed. You may use the following link for submission of your written statement. DSPSPracticeFAQ3@wisconsin.gov

Jim Bowers
Legislative Assistant
Office of Representative Kevin Petersen

Dear Wisconsin Board of Nursing:

The goal of the enhanced Nurse Licensure Compact (the "eNLC") is to improve patient care by allowing nurses to practice freely across state lines with one license and to assure that quality and safe patient care is provided no matter where the patient lives.

The eNLC has many benefits for our state:
1. Having all 50 states will make it easier for organizations to employ travel nurses without waiting for their license approval to be processed at each state level. Since we are all experiencing nursing shortages, anything that can shorten the time between offering a nurse a job and their being able to start working will enhance patient care outcomes.
2. In times of disaster, it will allow nurses to easily cross state lines to help those in need.
3. It will help military families. Military spouses who are nurses are burdened with applying for a new nursing license each time the family relocates. Often, they must wait 1-3 months to start working after they relocate, which hurts their family budget and cash flow. I personally know of one military wife who holds nursing licenses in Wisconsin, Florida, California, North Carolina and Alabama. She maintains all licenses so that she doesn't have to worry about getting a job if they get re-posted to one of these states. This is a waste of our military families' resources and time and creates undue burden for them. Under the eNLC, the spouse's employment can continue seamlessly.
4. Health care is getting more and more complex. Many nurses are working for integrated health care systems that cross state borders. If a nurse is needed to float between two hospitals across state lines, the nurse must maintain licenses in both states. This is very inefficient. Similarly, if a nurse works in a telehealth nursing job, he/she may need to maintain multiple licenses. This is very inefficient. Let's cut the waste out of government by having Wisconsin join the eNLC.
5. Requiring criminal background checks and a national database on meeting regulatory requirements will decrease risks to our patients.

Please advance legislation so that Wisconsin can join the eNLC as soon as possible! Thank you for bringing this issue to the attention of all Wisconsin nurses and thank you for enabling us all to have a voice in this important work! If you need any help in doing the work to pass this legislation, please feel free to contact me and I'll help any way I can.

Respectfully,
Laura J. Burke, PhD, RN-BC, FAAN
I would like to encourage you all to consider joining the eNLC. I am a bedside practicing RN of 24 years and am currently engaged in Travel Nursing. Besides the obvious benefits for myself, this compact allows many holes to be filled in Wisconsin Hospitals. I have recently worked for 5 different hospitals in the last 5 years in Wisconsin and 4 out of 5 needed to use traveling RN's in order to adequately staff their hospitals and provide high quality patient care. Please consider passing this bill. Thanks, Jackie Carrig

I am in favor of the eNLC. I have practiced in Maine via the NLC and would like the opportunity to practice in other compact states, should the opportunity arise.

Thank you.

Kathy Carter, RN, CEN
Polk County Division of Community Services
Behavioral Health Department

Hello,

My name is Anna and I've been a Registered Nurse for just over 5 years through the state of Wisconsin. Having a compact license had made it possible for me to become a travel nurse this past year. As long as Wisconsin is a compact state, I will be able to continue to work in this field and gain new knowledge and experiences while maintaining ties to my home state. Wisconsin is where my heart truly lives though I am not physically there during this season of my life. Should Wisconsin not remain a compact state, my life as a travel nurse will become much more complicated and difficult. My hope and prayer is that Wisconsin continues to be a compact licensure state so I and many others can continue working in the field of travel nursing and provide our patients with better, experienced care.

Anna Catalano RN BSN
Green Bay, WI

I would propose that we remain part of the NLC, it is a valuable group to belong to in order to make practicing across state lines easier and affordable. I believe this to be especially true for those who are travel Nurses or who live on the state boarders and practice in a different state than they live.

Coral Cerasani-Xiao RN, BSN, ACM

I would be interested in practicing in Florida.

Barb Connaughton

My name is Mahd Dasan
NLC holder since last year
working in the house of correction / franklin

it is awesome to have NLC
my phone number 414-369-0243
4721 S.13th st. apt# 1 Milwaukee WI 53221
if you have more information need , let me know please
email yamendasan@gmail.com
    Have a good day
Dear People,

I would like to continue to have my Registered Nurse license recognized by other states. I am thinking of retiring and moving south, and would like to work part-time. This would make an easier transition for me.

Thank you,
Lisa A. Davis

As a multistate practitioner that does NOT reside in a compact state, I am greatly in favor of all states joining the Compact. For myself and my team who are in and outside compact states, the quality of their practice is not impacted by the state in which they are initially licensed. However, the cost, administrative time, and burden placed on the nurse, our company, and each and every state’s credentialing staff is enormous. Thus, the value is zero and the burden is immense.

I am a strong advocate for bending the cost curve where value is not realized.

Thank you,
Teri Denhart, RN | Director, Health Coaches
American Specialty Health Management

To Whom it May Concern,

I am in support of the Enhanced Nurse Licensure Compact for Wisconsin. This will allow more access to better care for all. Because of significant shortages in nurse educators and nursing programs, it becomes necessary at times to use temporary personnel to fill staffing vacancies. Those personnel often come from other states to fill a staffing need. Additionally, this is going to get worse as the average age of nurses goes up and RNs enter into retirement. We must be able to draw from every resource in the US to provide care that people deserve. One drawback to continuing to be a part of the compact is that some states require continuing education to renew RN licensure every two years; Wisconsin is not one of those states but really should be. Throughout the state, health care systems are requiring CEUs within their own organizations. This is helpful to ensure RNs are educated to the newest best practices and technology that exists in Wisconsin. Other states may not have facilities that are doing this, making the competence of their RNs questionable. Despite the lacking requirements in Wisconsin and other states, please consider my request that Wisconsin join the eNLC in order to avoid significantly worsening access to nursing care.

Thank you,
Tracy Donaghy BSN RN CRRN

I support the new Compact proposal. I work for a health organization that has facilities in Wisconsin, Iowa, and Minnesota. It is extremely beneficial to be able to practice across states lines.

Thank you for thinking about me. I was just diagnosed with CJD which is in the prion family of disease. I had to give up my driving and give notice that I would not be able to continue my employment

Cathy Eisert

I strongly agree with joining the eNLC for greater mobility of our nursing workforce across the nation.

Kim Ernstmeyer, RN, MSN, APN-BC, CHSE
Good morning, Sir/Ma'am,

I am contacting you in hope for additional information on the Nursing Licensure Compact (NLC) and the proposed new eNLC.

I have been a WI RN for 7 years serving in the United States Air Force. Over the years it has surprised me to hear just how restrictive the current NLC is. My peers who are part of a compact state and are relocating to a new compact state (WI to TX, CO to TX, MD to NC are just a few examples) are still required to acquire a nursing license with their new compact state.

My undergrad introduction of the NLC may have incorrectly led me to believe this inconvenience would be avoided by the logic that if both states are part of the NLC, your nursing license will be good in your new state. I assume the problem is state regulation and states wanting jurisdiction on their nurses' actions....but being a member of the United States Air Force Nurse Corps, I am really optimistic it does not have to be that difficult. For the last seven years I have been working in multiple Medical-Surgical environments working with RNs with licenses from all over the US without difficulty.

Does the new eNLC reduce the requirement to purchase new licenses when nurses relocate their "home state?" All of the information I read on the proposed reading links (https://www.nursecompact.com/about.htm) do not clearly depict that this limitation actually exists and/or if there will be any solution to the new eNLC.

The selling point of the eNLC to allow nurse licenses to be more "dynamic and fluid across state boundaries" makes me optimistic you are advocating for nurses who are relocating their homes across state lines may be ego-centric of me due to my exposure of military nurses or military spouses who are nurses....but it is a valid concern that hopefully you are investigating and looking to resolve. I would love to hear any feedback you have on my thoughts and/or any upcoming changes you see with the eNLC that I may be overlooking.

Thank you for your time.
Heather Flavell, Capt, USAF, NC

Dear Dan,
My name is Margaret Foster #156835 Registered Nursing License I would very much support the Compact as I hold licenses in 3 states. I will not be able to attend the meeting however I am in support of this idea.
Many thanks
Margaret Foster

I am in support of the NLC for a number of reasons. Primarily to ensure consistency in public and patient safety across the states so we are speaking with 'one voice' related to key issues regarding state nurse licensure and eliminate the redundancy. Why should it be different from state-to-state? Given the mobility of today's nurses, this process will facilitate the ease in which nurses can obtain licenses and practice. I'm not clear on how issues of continuing education, which vary from state-to-state, will be addressed. I believe it is important that all states consider those things that are considered state-specific and determine if they are of value across the United States so that we are truly consistent with our expectations to allow us to practice to the highest level and full scope of our licensure.

Thank you for inviting my input.
Polly Gates

Thank you for this communication. I agree that the eNLC should be adopted. I believe the future of healthcare delivery would benefit by this agreement.

Patricia Gedemer
Thank you for the opportunity to provide a statement regarding joining eNLC. Over the years, I have been privileged to benefit from the Nurse License Compact (NLC) by being able to practice in two member states. Without the NLC, this would have been much more difficult to do.

It does not matter to me if Wisconsin would join eNLC and withdraw from our current NLC as long as those states currently included in NLC would be included in eNLC.

If additional questions, I would be happy to respond.

Thank you, Kathy Gettrust

Kathy Gettrust, RN, MSN
Excelsior College

I think it's a great idea. But, it needs to make sure that ANY nurse that has had ANY type of disciplinary action taken has their record accessible to all participating states. This SHOULD be the case for ALL license holders of any kind. All too often people leave one state and go to another, apply for a license and start practicing, perhaps, continuing their bad behavior. Will this also require a certain amount of CEU's to be necessary for continued licensure? Some states require that now of their nurses.

I am a guardian for someone and am responsible for monitoring their healthcare and estate. What clearly stands out to me is the unbelievable lack of assessment skills in the nursing home in which they reside. Even the NP and Primary often seem suspect. I'm constantly asking them questions which they can't seem to answer because they never thought about checking one or more things.

As a nurse I would give a shout out to Loudoun Hospital in Loudoun, VA. I was blown away by their care!

NORM

Board of Nursing,

I put myself through college twice to get my nursing degree and business degree. I started traveling this past January to help support myself financially and have a chance to travel the United States. I was never able to afford to travel anywhere growing up, and my compact license gives me the opportunity to travel to 24 other states without having to pay hundreds of dollars for each application fee per state and going through weeks to months of waiting for a license. With out Wisconsin being a compact state it will make it so much more expensive and harder to travel to other compact states in need. This ultimately affects our patients nationwide and affects their quality of care and medical outcomes. Please keep Wisconsin nurses licensure compact because thats half the United States that we can help and care for.

Thank you,
Emily Grieger RN

I am unable to attend the informational hearing on the Nurse Licensure Compact on June 8, 2017. I am in support of this compact. I have reviewed the information, and feel this is advantageous to the nursing profession, especially those nurses living in one state and practicing in another. It will also be better for our patients; patient will be assured of competent, professional nurses through the sharing of fingerprinting and criminal background checks.

Melissa Hamachek, MSN/Ed, RN
Manitowoc, WI
Please join the Nurse Licensure Compact so that nurses licensed in Wisconsin can practice in more states with their existing license.

Thank you
Danielle Haubrich, RN

I feel that nurses who have active licenses should be able to practice in any of the 50 United States or islands that are protectorates of the US. Nurses should be able to practice without borders.

Lynn M. Heindl, M.S., R.N.

Hi,
Will the States in the current compact be the states in the new compact with additional states? If not is there a grandfather provision for those states which are currently in the NCL compact?

Thank you,
Tina Hendzel, RN

I fully support the Nursing Compact and the need for Wisconsin to continue as a compact state. This has affected me personally as I was able to practice in the state of Arkansas for several years and then move back to Wisconsin. With the shortage of nurses it is imperative that nurses from other states be able to practice in Wisconsin. As a nursing manager we have utilized traveling nurses, hired nurse from other states etc.... If Wisconsin did not participate in the compact I fear Wisconsin would not be in a position to attract highly qualified nurses from other states. Please support the continuation of the Nursing Compact in Wisconsin.

Sheri Holm RN

Contact Name: Holt Holten
Email: h22holten@yahoo.co.uk

Message: So....in PLAIN, SUCCINCT, LAYMAN'S TERMS, what specifically is this email about? What is eLicensure? What are the advantages? Who are now the states on board? How much more does this cost me as a nurse? WHY are you emailing this? Is my licence now endangered?

Question- Is there a grandfather clause in the e version, or will nurses who are currently licensed or have been for a long time, need to take an exam for multistage licensure??

If a test is needed to be taken, I would oppose that, as have been practicing for 35 years.

Sincerely
Mary Hughlett

To Whom This May Concern,
This sounds as tho it's a good step going forward. The reasoning seems sound. I'm for the idea of grouping licensed personnel together. Let's go for it.

Gaye H.
WI LPN
I am writing about the current eNLC membership for nurses. I fully support this effort. Please consider membership to better nursing care across state lines.

Sara Hungerholt, FNP | Family Nurse Practitioner | Mayo Clinic Health System-Red Cedar | 2321 Stout Rd Menomonie, WI 54701

Please enact the enhanced NLC. This enables nurses to have one multistate license. 
Regards,
Jane

Sent from my iPhone

To whom it may concern:
Although I don’t have a direct experience with the NLC I do know of fellow colleagues who have and benefited from being able to work in different states with their Wisconsin licensure. I do have two concerns, which may or may not be pertinent to this issue and are already addressed.
First, I would assume that states involved in the current agreement would have standards of academic achievement that participants would have to meet including having graduated from an accredited program and for those in specialty areas, accreditation. Each participating state would be required to see that the RN meet those requirements before being issued a license to practice across state lines. If this is not done how would participating states know? Second, if a RN has a disciplinary action taken against him/her how would other participating states know and how quickly are they notified to ensure safe clinical practice of those RNs practicing across state lines?

Sincerely,
Douglas Johnson

KEEP us in the compact!!!!!

Why?

This affords more opportunities of employment and education across state lines onsite or via tele nursing.

Carmen Kosicek
RN, MSN, CNM, PMHNP-BC, CEO
To whom it may concern:

I am writing to express my concern regarding the Nurse License Compact (NLC). I am very proud to be a licensed Wisconsin Nurse! I was born and raised in Wisconsin, went to school in Wisconsin and am raising my family in Wisconsin. I am very thankful for the NLC as it allows me to work in my specialty area close to home. Additionally, as a nurse with experience in Emergency Management, the ER and EMS the NLC allows us to rapidly activate assets/services to meet needs in Southwestern Wisconsin in the event of an emergency. Within recent years our area of the state have seen significant flooding, tornadoes and severe storm damage (all seasons). From an EMS perspective our small rural town (2300 population) maintains a volunteer service which is partially held together by nurses who volunteer their time to help their neighbors by being active in EMS. Rural EMS is already struggling and taking away the NLC in an area like rural Southwest Wisconsin would be devastating! As a RN on the rescue squad I practice under my RN license in an AEMT service. Loss of the NLC would remove my and several other RN's ability to continue with EMS as we must be able to cross into Iowa for patient transport to some of our closest hospitals! Southwestern Wisconsin is a small area but there are a lot of nurses, like me and several co-workers who work our full time job in Iowa. I am employed as a Cath Lab RN in Dubuque, IA. This is a specialty that I can not work at in Southwestern Wisconsin without driving 45-90 minutes one to work every day which would also put me outside of Call response time. I have a husband who is a Renal Transplant patient and 5 children, one of whom is a Brain Cancer survivor with multiple late term effects most recently requiring a serious brain surgery for Cavernous Angioma in 12/16 which resulted in temporary loss of speech and movement of her right upper extremity. As a result of the NLC I am able to be employed in Iowa close to my home working in a high need specialty. This resulted in me being able to continue to work even while my daughter was still in inpatient rehab! It would have been impossible for me to work 45-90 miles away from home and have her that far away from home as well! It would be a horrible idea for Wisconsin to withdraw from the NLC. With our current nursing shortages, increased natural disasters and increased risk of Terrorism, etc, the large amount of rural area in our state and the shortages in EMS choosing to withdraw from the NLC would have devastating consequences on the lives and health of our citizens. Should Wisconsin choose to withdraw from the NLC the majority of nurses such as myself will not likely change their working situations just instead of paying the money for licensure in to Wisconsin it will be paid into the state in which he or she works which is also not in our states best interest.

In conclusion, I am in full support of the NLC which would also include eNLC to enhance and move towards our states being able to work together more closely providing the highest quality care for our residents while ensuring the highest quality care is delivered by those who work in Wisconsin as well as to our residents who because of the rural nature of our areas or insurance mandates must travel across states lines for health care. Please do not set our residents or our health care back by withdrawing from the NLC as we need it more today than ever before!

Sincerely,
Paula J. Kuhl, RN

Will there be any impact to those states who mandate CEU’s verses those that do not?

Catherine M Kumlin RN BSN
Viroqua Ortho
To the Board of Nursing  
Re: Informational Hearing on the Nurse Licensure Compact

Thank you for the opportunity to enter my thoughts on the eNLC. I am in full support for entering the eNLC. Providing this flexibility will allow educated, licensed professionals to be able to work in other states as their personal needs change or to allow the professional to choose assignments or take an opportunity to work in another area without the excessive time and paper requirements to apply for licensure. I do believe this will provide for opportunities for both nurses as well as hospitals, nursing homes, agencies, etc., to allow for meeting needs of vacancies AND with flexibility for nurses. I would like to state my voice to enter the eNLC and if this is not chosen, please do not restrict the current flexibility and at least continue with the current NLC. Thank you once again for allowing me to give my input.

Sincerely,
Susan M. LaGrange, RN, BSN

Good day,

I'm a new transplant to Wisconsin, and a nurse of over 20 years. Having had to get licensure in six different states, I can attest to the need for a well organized and well thought out Nurse Compact between the states.

My original state of licensure is California. The remarkably poorly run California Board of Nursing has made every licensure that I've had to attain an issue. They do not take part in the Nursys system, and require high fees to provide paperwork. It can also take them months to provide endorsement paperwork to other states.

I cannot enthusiastically enough endorse the need for states to enter into a nursing compact. I would certainly favor a national nursing license that is honored by all 50 states and Washington D.C. With technology as it is, running background checks on any nurse applicant is now a very easy process. More, all accredited nursing programs are recognized by every state.

Endorsement state to state is nothing more than an expensive and time consuming exercise in navigating a bureaucracy that does nothing to ensure patient safety.

Thank you for your consideration
Robert Laskey RN, BSN, CFRN

I am a licensed nurse in both California and Wisconsin. California requires 30 hours of CEUs per every 2 year re-licensing period. Wisconsin requires no continuing education to re-license. There is no reciprocity from California to Wisconsin for this reason, since California has a stronger or higher standard.

I feel that in order to maintain the high quality of nursing in this state, there needs to be some sort of continuing education requirements. That would probably put Wisconsin in a circle of states with a higher standard and contribute to the assurance of continuing education amongst the nurses in this state.

My contact information is below.
Thank you,
Saskia Lodder BSN, RN, SANE-A, SANE-P
Aurora Memorial Hospital of Burlington/

I would like to support this compact. As I live so close to the state line, I would like the ability to practice in both states without huge license fees and double requirements to maintain licensure in both states.

Thank you for your time and consideration,
Lisa Losch, BSN, RN, CNOR
Surgical Services Supervisor
Racine Aurora Surgery Center
To whom it may concern,

I have enjoyed working in compact states and love the fluidity of transition. When considering moving I always check if the state is a compact one. After reading the addendum to the current NLC, I am in favor of our state joining the eNLC. I have noticed, however, that some compact states require CEUs and some do not. I believe CEUs augment our nursing practice, although I understand the additional strain that places on what little time we as nurses have apart from work. Can we find a middle ground where nurses receive important information they can apply to their practice without cutting into their personal time?

Thank you,
Lacy Loudon RN BSN

I am a registered nurse that has been in several different roles throughout my career from ICU to pediatric homecare and several inbetween. I believe that the ability to move from state to state with the current license is a good one. As the baby boomer population retires and begins to need healthcare, the healthcare professions are needed even more significantly. The mobility allowed will help keep from a time lapse for nurses to practice when relocating.

I believe this policy is a good one.
Joyce Luckow RN
Kaukauna, Wisconsin

To Whom it may concern;
I agree with having an "Enhanced" license compact.
Sincerely, Dona Lundmark RN

Mr. Williams,

I am writing on behalf of ProHealth Care in support of the Enhanced Nurse Licensure Compact. ProHealth endorses the proposed enhancements to the 2000 Nurse Licensure Compact as presented by the Wisconsin Board of Nursing and Department of Safety and Professional Services.

As proposed, the enhancements will assist the Wisconsin Board of Nursing in further protecting the public's health and safety through:

- Criminal background checks of RNs.
- Uniform eligibility and licensure requirements for multistate RN licensure.
- An Interstate Commission that allows for legally binding rules to be adopted, with public input, for states in the Compact.
- Improved dispute resolution and enforcement processes.
- Procedures for states’ participation in the Compact.

Patient safety is of the utmost importance to nurses and health care providers. ProHealth Care believes that enhancements to the compact proposed for 2018 will improve patient safety and further the efforts of the Wisconsin Board of Nursing to protect the public.

Thank you for the opportunity to endorse the Enhanced Nurse Licensure Compact.

Sincerely,
Deborah Martin, DNP, MBA, RN, NE-BC, FACHE
Director, Professional Practice and Education
To whom it may concern,

I have just excepted my first job as a travel nurse. I for one have to say I am incredibly excited to hear that this process is taking place. I will be free to travel to all states and not limited in my travel experience. With the incredible nursing shortage that we are experiencing now that will only get worse in the near future this can only help all states.

Thank you,
Mildred May RN, BSN

Aloha Wisconsin Board of Nursing-
I am a Certified Registered Nurse Anesthetist. I was born and raised in Wisconsin. I graduated from UWEC and took my RN boards in Wisconsin in 1985. My RN license lapsed in 2000, and I recently renewed it. I have RN licenses in Pennsylvania and Hawaii, and have had RN licenses in Minnesota and New Jersey. I also have an APRN in Hawaii. Six licenses to practice in nursing over a 32 year span with more CEUs, special requirements and renewal paperwork than I can count. I’ve been fingerprinted, background checked, and had my finances reviewed for employment. I also need special certifications, i.e. BLS, ACLS, PALS along with a TB test and updated immunizations just to work.

I am considering becoming a travel CRNA, which is why I renewed my Wisconsin RN license. I have a 2 month contract in Racine, Wisconsin for June/July. As a resident of Hawaii, I am unable to utilize the Compact Licensure that Wisconsin affords me if I decide to work in another Compact state.

I am writing to implore you with two things. First, please remove the requirement that you must live in one of the compact states to utilize your RN license. All the other states outside the Compact States are competent in their licensing. The new language you are placing in the new agreement should cover this.

Second, as more states are requiring Advanced Practice Nurses to obtain a special license in addition to their RN, please encourage the Compact for APRNs. The process needs to be simplified.

Crossing state borders today is as easy as driving over county lines 32 years ago. People are more mobile and most do not stay in one job for a lifetime. Expanding toward a national RN licensure is the next step beyond compact. Unfortunately for me, I’ll probably be retired by then.

Mahalo for your time.
Dawn McCool, BSN, RN, CRNA

Good morning,

Yes, I agree with changing from the current NLC to the new eNLC. I didn’t see a statement indicating whether you required a certain number of nurses to agree with the new language. Just in case you require that, I wanted to give my feedback with regard to joining the new eNLC and withdrawing from the current NLC.

Although I don’t currently anticipate moving from Wisconsin to practice in another state, I like the option to do so without having to sit for nursing boards again.

Thank you, Jodie S. Meadowcroft-Hermans, BSN

Board of Nursing,
I am in favor of the ‘enhanced’ Nurse Licensure Compact (eNLC). Please registered my concern to this matter as a ‘yes’.

Rita Menet
To whom it may concern,

I am a registered nurse in WI. I have not used the Compact privilege but I am hopeful I will use at some time. I am glad that I have that opportunity.

Sincerely,
Cindy Michaels, RN, CIC
Infection Prevention & Control

Thanks you for giving me the opportunity to participate and present my view regarding the Nurse Licensure Compact.

The Compact is important to nurses who practice in multiple states. Applying for licensure to multiple states is a tedious process that requires time and expense. In the past, I've had to contact every state in which I've been licensed, pay a fee for information released along with multiple fees to maintain multiple licenses. The Nurse Licensure Compact simplifies the process and puts everything on an equal playing field. It makes very little sense for each state to have their own rules and regulations to obtain a license where is relatively easy to get licensed in one state but requires hours of work over days/weeks to get licensed in another. It makes far more sense for states to be able to share information and make licensure a smooth and less complicated process. We are a very mobile society and I have lived in multiple states throughout my career.

Robert B. Morgan CRNA

Members of the Wisconsin State Board of Nursing:

I am writing to you in **support** of the Enhanced Nurse Licensure Compact.

I have been an advocate of the original Nurse Licensure Compact since it was first discussed by the National Council of State Boards of Nursing (NCSBN) and the Wisconsin Board of Nursing in the 1990s. I was president of NCSBN from 1996-1998 and provided the leadership for adoption of the Nurse Licensure Compact. I called the first "special session" of the National Council in December 1997 to approve proposed language for the compact. As Administrative Officer/Consultant to the Wisconsin Board of Nursing I advocated for the adoption via legislation of the Nurse Licensure Compact in Wisconsin. Such adoption subsequently occurred, and I proudly possess one of the pens used by then Governor Tommy Thompson to sign the bill implementing the compact in Wisconsin.

I fully support the Nurse Licensure Compact as it removes antiquated barriers to nursing practice in our state and the other member states, while continuing to protect the public health, safety and welfare through safeguards written in the statutory and rule language and the NCSBN model language. I believe that the additions in the Enhanced Nurse Licensure Compact will serve to strengthen that protection while facilitating practice among the compact members. Hopefully more Member Boards will join the compact and achieve the unity needed among the Member Boards, as we face the impending national nursing shortage as well as technological advances in nursing practice across jurisdictions.

Thank you for requesting my input as a Wisconsin Registered Nurse.
Sincerely,
Thomas A. Neumann, MSN, RN
(Retired)
Hello,
I am in favor of Wisconsin being a part of either the NLC or the eNLC - whichever the board decides is best for registered nurses in Wisconsin.

I hope Wisconsin does not resign from participating as a compact state since it makes perfect sense to be a part of this. I recently moved from Missouri to Wisconsin and it was so easy to change my licensure to Wisconsin, which is as it should be. Not being a part of a compact state would be costly for nurses as well as complicated. There is no need for this.

Thank you for asking my opinion. I appreciate what you are doing and trust you will choose what is best for the nurses in Wisconsin.

Anne Orso

I have a PhD in Education, MSN in nursing, and am licensed to practice in Minnesota, Wisconsin, and the state of Washington. I live in Wisconsin and teach entry level nursing in Minnesota. I have taught for a number of schools in Minnesota online programs for RN to BSN programs. I also work with Western Governor’s University in Utah. I am not required to obtain a license in Utah because they recognize the compact license.

I am interested in the opportunity to obtain further/additional right to practice in other states. I love the compact program and would not want to lose it. If the switch would provide for coverage in the current states plus more, I am interested. If I would lose coverage that I am currently using, such as Utah, I would not be in favor of a change. I did not see a list of states that would go with the change.

Lynn Perkins, PhD, MSN, RN

To Whom It May Concern;

After reading the entire contents of the newly proposed entry into the "enhanced" Nurse Licensure Compact, I am compelled to write a brief opposition for the State of Wisconsin entering into this agreement. When reviewing the intent and purpose of the overarching plan, it is apparent that the creation and development of another bureaucratic regulatory board would be established to centralize authority and command oversight for many states. Ultimately, centralized authority removes decision making from the individual states. This scenario leans itself to the high probability that mandates and dictates will be applied with a "wide brush stroke" as in a one-size-fits-all. In effect removing decision making authority from the Nursing Board at a State level is unfavorable in my opinion. Who better to know the needs of the state than its own authority? I feel as though the Board of Nursing here in Wisconsin is well managed, transparent and relevant.

Examples of adverse changes could include though not be limited to the following:

- Fees
- Continuing education requirements and associated fees
- Discipline proceedings and outcomes
- Job descriptions
- Educational requirements
- Potential plethora of unnecessary mandates and regulations
- Standards of Practice changes
- Staffing mandates

I highly suggest that Wisconsin Board of Nursing refrain from joining the enhanced Nurse Compact.

Please feel free to contact me if you have any questions.

Kind regards,
Julie Pompos, RN BSN
I support compact RN licenses for the whole US and even Canada. The only reason states do not want to join is because they lose money on the application and background check fees which puts all patients in danger.

Thank you-
Don Prazuch

BON,

Please include WI license holders in the compact license.

Donna Raasch

Please consider the positive impact the Nurse Licensure Compact would have on Wisconsin Nurses. I hold a Wisconsin RN license and also a Michigan RN license. I am in the process of finishing my Masters of Nursing focusing on Nurse Education and plan to seek a teaching job with the nursing colleges when I am finished. Having the compact would enable me to teach via on-line without having to pay to be licensed in many of the participating states. I feel that when we pass our NCLEX examinations and become licensed, we should be able to practice in any state. I appreciate your time and hope the compact in Wisconsin is successful.

Sincerely,
Jean Sanborn RN, BSN

I support this act.

Vickie Schelvan
Director of Environmental Services

Yes, please join the compact. As a nurse doing phone triage for several states it is difficult to be renewing and applying for different licenses that have different requirements, dates, fees.

Patti Sell, RN

April 26, 2017
To Whom It May Concern:
I am in favor of the Nurse Licensure Compact (NLC). I do not want to withdraw from the current NLC. I want to be able to work in other states if I planned on moving from Wisconsin. Please take this vote as a yes to the NLC for Wisconsin.

Sincerely~Dawn Siekert RN
Dear Board of Nursing,

In my opinion, joining the new e-Compact with the other states will aide Wisconsin to train, credential and make it easier for nurses to work/leave/return to the State.

I've maintained my California Registered Nurse’s license since 1983. To maintain an active CA license I have to complete 30 CEU’s every 2 years and I had to submit a fingerprint card. I was an Air Force (NICU) Nurse for 3 years and worked in Texas and Mississippi. As Air Force Nurses we were covered to work in any military facility as long we maintained an active license. I married, had 3 children and moved to Air Force Basses in Massachusetts, Virginia and California. At that time I worked occasionally (California and Virginia had reciprocity for nurses) and volunteered with Air Force Base Family Services helping with blood drives etc. When my husband retired from the Air Force, we moved to Sun Prairie, WI. In 2003, I had to apply for a license in WI, filling out an application that listed my volunteer and work experience-but it was difficult because there were gaps in my work due to military moves, birth of children and a year- long separation where my husband was in Saudi Arabia and I was home to care for a newborn, 3 and 7 year old. I received my WI license without complications-but it would have been easier to just apply for a license in WI-using my active CA license. For the last 13 years, I’ve worked as a school nurse for the Sun Prairie Area School District. I like my job because the hours/yearly school schedule benefits our family and I’m excited to see some students pick the nursing field. I am also a preceptor for UW Madison nursing students-a few of them struggled with whether they wanted to take the nursing boards in WI and in the other state that they had their first nursing job.

By joining the new e-compact, it will make it easier for nurses to work in Wisconsin and the other states. It would also increase the flow of pertinent nursing license information from state to state.

Sincerely,
Susan Sommer RN

My name is Diane Streeter. I work for the Tomah VA. We have the opportunity to be able to transfer or apply to other VA’s across the Nation, as our Families may require due to our spouses jobs transferring for example. Or perhaps we just want a change and decide to move to another state.

it is great to have the ability to continue our Position, LPN or RN, at another VA any where in the U.S., without interruption of our service time or our place of business due to the need to reapply for a license in another state.

We also have the opportunity to be travel nurses to other states as well. This is true whether or not one works at the VA. To do so gives us much freedoms without the hassle of applying in each state we may need or want to go.

It would be my wish to have our licensure be available to the entire U.S.A.

Thank you very much,
Diane Streeter, LPN

Hello, i am unable to attend d/t my schedule at work and out of work activities. Thank you

Afzal Syed
Greetings,

I am very much in agreement with the National Compact concept. Primarily because either during my civilian career and/or my military career, I have moved to many states and the process was sometimes long and cumbersome to become credentialed in other states. I believe this may also assist our profession in providing staffing for areas of greatest need. I have supported facilities in neighboring states when the need arose, at the request of health systems that operated in different states.

Thank you for your interest and support of our profession.

William Ten Haaf RN, BSN
22867 Cortland Ave
Warrens WI 54666

Erin Thomas

As a travel nurse it's very important that Wisconsin keeps their compact state status. It's incredibly expensive and time consuming to apply for and receive a license in each state I'd like to work in. While I have several individual state licenses, I'm now leaning towards only working in compact states because of the cost and upkeep in maintaining several licenses.

It also benefits WI to be a compact state. Healthcare facilities are more able to easily acquire travel and permanent staff because if the ease of practicing in a compact state. Nurses need the ability to cross state lines to practice with ease.

Make the best choice for the nurses and healthcare employers in Wisconsin!

Thank you.

I think this is a wonderful idea and I definitely support it. My employer required me to obtain and maintain a license for Illinois even though I am never sent to our facility there. This is an unnecessary expense for me and since there is no difference between the requirements for being a nurse in Wisconsin and being a nurse in Illinois I have always found it ridiculous. I also like the fact that if a nurse is found in serious violation that he/she cannot just get another license in another state.

I am proud to be from a state that participates in the NLC! With Wisconsin being part of the NLC it gives the Wisconsin licensed rn a way to participate in employment with other states that participate in the NLC. Experienced Wisconsin rns have been moved out of the workforce for cheaper new graduates in the last 5 years. Also patient staff ratios remain high at times for acuity and participation in NLC allows nurses from other compact states such as travel nurse to be available and more willing to come to the state of Wisconsin to help out in times of need. Remaining as a NLC participant helps Wisconsin economy and is crucial to allow new rns from other states to practice easier here. This gives our healthcare system a better more equipped base than those states that choose not to participate. If rn wages were to raise to that of say California and go back to the rn truly being a white collar profession, allowing delegation and wage increase for higher levels such as the BSN verse ADN, the story may have a different spin. At our current stance non union RN professionals holding a BSN and higher need Wisconsin to stay within the compact.

I can't imagine why our state would withdrawal from the nursing licensure compact. I seriously hope that it doesn't as I plan to relocate with my significant other when he is sent to California for his training in the Navy and will be stationed there for two years. I'm proud of obtaining my degree here and see no negative reflection upon it from being part of a compact with other states. I became a nurse so that I could go anywhere with my degree. Please don't pull out.

Thank you for taking the time to read this

Tracy Verdegan
I am unable to attend the meeting, however, I feel this is an important issue that may help in our nursing shortage. I have no plans in leaving the state to work elsewhere, but for others I feel that it would be beneficial to have the opportunity to work in other states without having to be tested on your knowledge. We all study the same things, we all became nurses to help others. It shouldn't matter what state you live in.

Thank you
Gina Walcher, BSN, RN

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Dan,
I currently have nurses from Arizona and North Dakota, but have had nurses from Iowa in the past. We occasional get nurses from southern states such as Louisiana and Texas during the summer too.

Dana

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Dear Wisconsin Board of Nursing Representative:

I am writing to you to express my strong support for moving forward with the eNLC. In my opinion, I see only positives!

I have been a Registered Nurse since 1983. Due to being married to an ordained minister and moving from parish to parish over the years, I have obtained RN licensure in five states. I felt it was too costly (both in time and financially) to maintain all of them, so I maintain active licensure in Wisconsin, my "home" state, and in Ohio where I live and work.

I also feel that nurses serving as volunteers would benefit. I have served as a chairperson for the camps and conferences committee for our church denomination. Many of these events were attended by people from multiple states, and often the health care needs of the weekend or week long events were served by volunteer nurses. Recruitment would have been much easier with something like the eNLC. The daunting paperwork and turnaround time needed to acquire short term/temporary licensure in another state made many nurses reply, "Thanks, but no thanks!"

Thank you for your consideration of this exciting advance for the Wisconsin Board of Nursing.

Sincerely,
Cheryl Wallace, RN, BSN

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As a nurse consultant, I would love to be a part of the Compact group. I feel that it would benefit all nurses who travel. Illinois needs to become part of this group!
Sent from my iPhone

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Hello my name is Trina Weatherspoon LPN I'm very interested and excited about the new compact and the use of LPN's back in the hospital setting we have been removed in a lot of hospital's from different states hopefully with the new compact they will start to hire LPN's in that setting.
Hello,

I am writing to convey my support for continuation of the Nurse Licensure Compact (NLC), as well as inclusion of more states, potentially transitioning to eNLC. To date, this legislation has allowed me to reside in one state, yet work in a state that borders mine, without any additional fees, training, or other difficulties. It allows me the flexibility to work where I am most needed, and in a location that meets my needs and utilizes my skill set.

Thanks for your consideration of this important legislation. My contact information is below, should you require more input.

With peace & gratitude,
Tracy Weber, BSN, LMT, RYT
Tranquil Journey LLC

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Hello, I sent this to the Governor and my two reps. I firmly oppose the enhanced NLC. Thank you.

Dear Governor Walker,

The enhanced Nurse Licensure Compact (the "NLC") takes away state rights. This is an extremely important concept to practice by. We are not supposed to be a government run by the FEDS or federal organizations. States should not MERELY FACILITATE federal agencies unless it is spelled out in the US Constitution. We must guard these rights for states. Freedom is at stake. Yes, even in this capacity!! For these reasons I firmly oppose this compact. It seems similar to the Article V issue. PLEASE guard our freedoms!! Thank you for considering this very important issue to the cause of freedom nurses and patients in your district.

Sincerely,
Mary P Weigand RN

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To the members at the Board of Nursing of Wisconsin,
4/26/2017

The Nurse Licensure Compact creates benefits for licensed nurses that broaden the flexibility to practice in multiple states while only holding one license in one home state. This can be beneficial for nurses to create further options in jobs, increased opportunities in our nursing practice, and diverse experiences among the different regions in the US. The NLC and its system database provides less paperwork, expenses, and administrative processing that assists in eliminating the need for re licensure or multiple background checks for our nurses. Integrating the systematic approach of identifying the nurse while exchanging information in a nation wide database to meet the ethical, legal, and state guidelines in each jurisdiction provides more efficient and safer quality care in nursing. The NCL assists in reducing the time spent on delayed reporting if practicing in others states or erroneous information regarding public protection among certain licensed nurses.

However, while The Nurse Licensure Compact creates more flexibility and increased professional opportunity for the nurse and a system wide database for easier processing/reporting, I believe there are also an increased risk for reporting errors, misinformation, or even underreporting in such a single, broad database. When larger data bases hold an increased amount of people from an aggregate or a professional population, this can lead to potential less targeted factors and results of efficiency in reporting, monitoring, and exchanging vital information among licensed nurses. NLC's goal is to increase opportunities in healthcare practice such as telehealth or providing assistance in disasters across borders, but the risk of nurses being non compliant with new state regulations and ethical guidelines in our practice of nursing is greatly increased due to the knowledge deficit and poor time frame of relearning these rules and regulations. This can greatly reduce the quality of our patient centered care and implementation of steps to meet the needs, health, and standards in nursing and in each state to state population.

I hold a compact license (RN) in two states for many years and personally, have not found it beneficial to me. I would rather be licensed in one state while upholding the state's legislative, ethical, and professional guidelines in nursing to implement quality care to our patients while decreasing disparities of morbidities and mortality in our population(s). It is essential to create a team atmosphere in our multifaceted profession, yet continue to stay centered on similar goals, skills, teaching, and continued current development through the changes, updates, and implementations from the state of licensure who maintains and renews. Practicing in multiple states with the reduced time in retraining among different areas in our vast profession enhances the barriers to provide efficient care to the individual, family, community, or state population. Although continued education, training, and development from evidenced based research or new advances is essential, I believe it is the best interest of nurses and for our profession to keep this framework of guidelines within one state for better efficiency, accuracy, and for the promotion of targeted professional development.
I do hope my professional and personal insight and experience assists in providing more information integrated among your decision making process with NLC and the new eNLC. With many positive factors guiding the rationales to continue eNLC with many states, it is essential to counter balance the risks along with those benefits while implementing a policy that affects the growth and promotion of each professional nurse as well as the patients in our practice. If you wish to contact me further or provide me with other opportunities to voice my opinion, feel free to reach out. I am glad to assist in our board of nursing while continuing in change, policies, and reformation to meet the quality care with patients and professional standards in our nursing profession.

Dana Williams, R.N.
License 172370

To Whom it may concern,
I have been a practicing Registered Nurse in Wisconsin since 2009, working at St. Catherine's Medical Center Campus in Pleasant Prairie, Wisconsin. I have reviewed the information that has been provided, and believe entering into the eNLC would be a great idea. Many nurses are traveling these days for work, including myself. I live in Illinois, and travel just over the border to work. I have also been thinking about the possibility of working in Illinois, travel nursing, flight nursing, or telehealth. I am currently working full-time at the hospital, and working on my BSN in an accelerated program through Grand Canyon University Online. Being a member of the eNLC would open doors for nurses and help keep costs down. For example, some of us belong to other nursing associations, hold professional accreditations, and continue our education in nursing, all of which have a price tag. In my opinion, joining the eNLC would be a step in the right direction for the nursing profession.

Regards,
Chris Zeien RN
Columbia College of Nursing continually monitors NCLEX-RN pass rates for our graduates. Over the years, we have experienced fluctuations in our first time pass rates and made changes to proactively avert the continuing downward trend when it occurs. Last summer, I noticed the downward trend of our first time pass rates and put together a task force to examine the situation and develop a plan to correct the situation we were experiencing.

The first thing we did was examine our overall trends. We noted the following:

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<thead>
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<tbody>
<tr>
<td>Spring 2016</td>
<td>74.3%</td>
</tr>
<tr>
<td>December 2015</td>
<td>82.7%</td>
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<tr>
<td>Overall 2016</td>
<td>77.6%</td>
</tr>
<tr>
<td>Overall 2015</td>
<td>82.7%</td>
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</table>

We then examined our overall GPAs over the past 6 semesters. See below:
We noted that the grades at Columbia College of Nursing had been steadily improving, while performance on the NCLEX-RN had been declining. We then performed a root-cause-analysis to better understand our situation.

We found that our student body was employed extensively outside of the College. Many graduates assumed full time positions as graduate nurses upon graduation, limiting their time to allow adequate time to studying for the exam. These issues were out of our control. We then examined the internal factors that might be contributing to this situation. There was some concern about student integrity and possible cheating on examinations. Most faculty were providing review sessions and/or study guides to students, prior to every exam. These two issues were seen as key issues that we could impact.

In August, when faculty returned to the College, we provided background information and provided opportunities for brainstorming about how we could turn this situation around. This session provided the plan we implemented in Fall, 2016.

The plan we implemented included migrating all exams from paper to the ExamSoft platform. The ExamSoft platform allows us to administer all exams via the computer, in a similar format to the NCLEX-RN. It allows us to set the program so that students cannot go back to questions they have previously addressed, as is the case on the NCLEX-RN. We are able to have questions administered in random orders, so that the opportunities for students to cheat are minimized. It also allows us to incorporate multimedia, as is the case with the NCLEX-RN. We had been in the process of moving to ExamSoft for more than a year, it was somewhat coincidental that it was implemented at this time.

The second thing we changed was the way we supported students who were preparing for exams. Instead of the faculty preparing review sessions and/or study guides, faculty began offering review sessions in a different format. Review sessions are scheduled, but the faculty is only there to answer questions raised by students. Our thought behind this strategy was that students would need to study before the review sessions, in order to have questions to ask. When the students no longer have questions, the review session is ended. This strategy put the responsibility back on the students.

The third strategy we implemented was the use of UWorld in our final semester. UWorld offers more than 1900 review questions in formats that mirror the NCLEX-RN, they provide meaningful rationales for correct and incorrect options, and it offers the faculty a means of monitoring student progress. We also use the HESI Comprehensive Predictor exam to help students identify opportunities for improvement, prior to the NCLEX-RN.

Another strategy we used included sharing the information about GPAs and our NCLEX-RN pass rates with students at our All-College Assembly in Fall, 2016. I shared that if we continued down this path, at least one in four of them would be unsuccessful on the NCLEX-RN. I shared the implications of this situation on their ability to work as
professional nurses. I emphasized that we are all in this together. Faculty have responsibility in this situation, but so do the students. I shared the changes we were going to implement, and I provided rationale for those changes. These changes were all implemented in Fall, 2016.

As a result of these changes, our December, 2016 NCLEX-RN first-time pass rate is 93.3% (28 of 30), with one student yet to test. I believe these changes have been positive. The graduates are all encouraged to try to complete the NCLEX-RN prior to starting graduate nurse positions, if possible, in order to allow themselves time to study for the exam. I am confident the changes we have implemented are helping us reverse the downward trend of our NCLEX-RN pass rates. We will continue to monitor these findings closely, and we are committed to making whatever changes are necessary to ensure that our students are successful. We continue to have a faculty member who serves as the NCLEX-RN Coordinator. She works with each student individually to develop a plan for preparing for the exam, and she is available to coach and mentor them through the process.

Respectfully submitted,

Jill M. Berg, PhD, RN, FAHA, FAAN
President and Dean
5/12/2017

Dan Williams  
Program Manager  
_On Behalf of the Board of Nursing_  
Education and Examinations Office  
Wisconsin Department of Safety and Professional Services  
State Board of Nursing  
P.O. Box 8935  
Madison, Wi 53708

Re: LTC-Explanation and Analysis Documentation and NCLEX plan to meet the first time test taker NCLEX pass rate requirements.

Dear Mr. Williams,

I am submitting analysis of our students’ 2016 RN NCLEX pass rate and Lakeshore Technical College’s plan to meet the 80% NCLEX RN pass rate per N1.09. Please see attached.

Best Regards,

_Holly Euclide,_

Holly Euclide, MS, RN  
Associate Dean of Nursing  
Lakeshore Technical College  
1290 North Avenue  
Cleveland, Wi 53015
5/1/2017

To: State of Wisconsin Department of Safety and Professional Services Board of Nursing
Re: NCLEX RN pass rate improvement plan.

Dear Board of Nursing Members:

Lakeshore Technical College (LTC) Associate Degree Nursing Program is writing in follow up to
the reported NCLEX pass rates of 2014, 2015 and 2016. Based on the past three year pass rates
LTC has implemented numerous action strategies as noted in our plan presented below. We
have addressed each of the six (6) categories of Curriculum, Faculty, Students, Resources,
Policies, Administration.

The Associate Degree Nursing Program is committed to moving the program back to the high
level of NCLEX success that had historically achieved, and to consistently meet or exceed the
national benchmark.

We are pleased to report the last 2 cohorts tested have exceeded the national benchmark:

- May 2016 graduates demonstrated an 86% pass rate (18 of 21 passed on first attempt).
- December 2016 graduates demonstrated a 100% pass rate (22 of 22 passed on first
  attempt).

Our conclusion is that the program changes implemented over the last few years have resulted
in our recent pass rate success and we are optimistic of continued success. The most impactful
changes we believe have been:

- Increased emphasis on NCLEX preparation in 4th semester.
- Use of HESI integrated testing throughout each semester.
- Curriculum updates based on Mountain measures data.

The information below is our analysis and continued plan for improvement. This includes the
NCLEX test plan performance report as well as our specific program strategies, and
implementation with follow up actions.
The nursing program has identified and implemented the following:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Implementation</th>
<th>Follow Up</th>
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<tbody>
<tr>
<td>Curriculum: NCLEX preparation</td>
<td>Both 4th semester clinical courses were revised to include additional quizzing or other teaching strategies based on NCLEX content. In Fall 2016 all 4th semester courses contained either NCLEX test plan content embedded into the courses, or specialty exam &amp; EAQ. Revisions starting in Spring 2016 included:</td>
<td>May 2016 Graduates: 86%</td>
</tr>
<tr>
<td></td>
<td>• RN NCLEX Preparation cooperative learning study sessions including the following:</td>
<td>Graduates 21</td>
</tr>
<tr>
<td></td>
<td>o 2016 NCLEX RN detailed test plan - educator version was embedded in Transition Clinical and continues with all 4th semester students. Emphasis for remediation is placed on individualized review and comparison of topic areas from detailed test plan to the student’s own HESI RN Exit scores.</td>
<td>Number Tested 20</td>
</tr>
<tr>
<td></td>
<td>o Content including: Test taking strategies, Prioritization, Delegation, and Management of care.</td>
<td>Number Passed 18</td>
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<tr>
<td></td>
<td>o ARISE (Augmented Reality Integrated Simulation Education) serious games activities.</td>
<td>Attended Hurst Review 14</td>
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<td></td>
<td>Passed After Hurst 13</td>
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<tr>
<td></td>
<td></td>
<td>December 2016 Graduates: 100%</td>
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<td>Graduates 22</td>
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<td></td>
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<td>Number Tested 22</td>
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<td>Number Passed 22</td>
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<td></td>
<td>Attended Hurst Review 15</td>
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<tr>
<td></td>
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<td>Passed After Hurst 15</td>
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<tr>
<td></td>
<td></td>
<td>Results from December graduates show 100 % pass rates.</td>
</tr>
<tr>
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<td>Will continue to monitor NCLEX pass rates.</td>
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Curriculum: NCLEX Live Review

- Student remediation content review in HESI RN Exit and additional adaptive quizzing based on individual score.
- Final clinical day content review with emphasis on cohort HESI RN Exit exam low scoring topics. This final day also provides a meet and greet mentoring session between faculty and students.
  - Adaptive quizzing topics for all 4th semester clinical courses based on cohort student HESI RN Exit scores. See table Elsevier.
  - Theory courses included NCLEX style question format changes with increased; rigor, variety of alternate item formats, and prioritization, and delegation emphasis.

Adaptations to clinical final day review from Spring 2016 to Spring 2017 included increased use of simulations to reinforce low scoring topic/content areas. Spring 2017 simulation also included an ARISE scenario, OB, sepsis, end-of-life care, safety, pharmacology/mountain measures/etc.

The Hurst live review class was initially offered at LTC Cleveland campus on June 1, 2, and 3, 2016 as an optional review. Recognizing our low pass rates, but after highly encouraging the students to attend the review, the faculty decided to investigate NCLEX review options starting in Fall 2016. We reviewed different options and decided to move forward with Hurst as a vendor due to their remediation plan, cost, and student success.

The second review was held at LTC Cleveland campus on January 3, 4, and 5, 2017 as an optional review. Students who completed their 3rd semester courses as well as the December 2016 graduates were invited to attend.

Starting in Spring 2017, the nursing program implemented the Hurst review as mandatory for all students upon completion of 3rd semester courses. Students are required to purchase the Hurst Live Review with their other 3rd semester course materials, register for their first enrollment and participate in the review after the 3rd semester courses are completed. Students re-enroll for a second live review session (at no additional cost) after completing all 4th semester courses and prior to taking NCLEX – RN.

Curriculum: NCLEX Test Plan

The 2016 NCLEX – RN Detailed Test Plan – Educator Version has been introduced in Nursing Fundamentals Summer 2016, continued in Spring 2017 in Health Alterations, and will begin with those students entering 3rd semester in Complex Health Alterations 1 and Advanced skills starting in summer 2017. MHCC will embedded for Fall 2017. In 4th semester course will embed specific NCLEX activity statements for Spring 2018.
Curriculum: Computer Adaptive Quizzing and Supplemental course materials

Spring 2016, CHA 2 and Fall 2016 Management and Professional Concepts underwent revision with inclusion of NCLEX test plan content areas embedded.

Faculty incorporated Lippincott adaptive quizzes to provide experience with NCLEX style questions starting in 2nd semester Health Alterations Fall 2014, Spring 2015 with 3rd semester students. This continued with 4th semester students starting in Summer 2015. After utilizing the Lippincott product, a faculty subgroup decided to further investigate educational products to ensure evidence based product utilization for LTC curriculum. The faculty decided upon Elsevier products based on literature support, ability to integrate seamlessly throughout curriculum, and ability to utilize as a metric for curriculum evaluation.

With implementation of Elsevier products in summer 2016, Lippincott PassPoint adaptive quizzing was progressively replaced by Elsevier Adaptive Quizzing (EAQ).

Elsevier products included:
- HESI Patient Reviews with RN Case Studies and Practice Tests
- Fundamentals, Medical/surgical, and Management Specialty Exams
- EAQ (mastery leveled by semester)
- PN Exit V1 & V2
- RN Exit V1 & V2

Implementation of full Elsevier products began in summer 2016 in 2nd and 3rd semester courses. 1st semester incorporated Fundamentals specialty exam in Fall 2016. 4th semester courses began utilizing products on a tiered basis starting in Spring 2016 with RN Exit exam, and in Fall 2016 with Med/Surgical and Management specialty exams. All 4th semester students are utilizing EAQ as of Spring 2017. Full student access to all Elsevier products listed above will occur in Summer 2017.

Faculty: Professional Development

Faculty and administrator have engaged in professional development to improve instructional effectiveness. Instructional effectiveness strategies focused on: Clinical Decision Making, Item Writing, Cooperative Learning, Engaging Teaching Strategies, Concept Based Curriculum, NLN SIRC modules and other continuing education. The program administrator is monitoring faculty performance and teaching effectiveness each semester. Faculty class observation form was utilized Spring 17 to help guide administrators in what to look for in class. 8 faculty will be participating in Laerdal training onsite at LTC for 2 days in May 2017.

Trending the results of our implemented HESI specialty exams starting with first semester Fundamentals in Fall 2016. Faculty will review Fundamentals, med/surg, and management specialty exam topic areas for trends and make improvements in curriculum based on low scoring content areas. Faculty will review PN and RN Exit scores for trends and tracking fulfillment of student Learning outcomes.

See Faculty Classroom Observation Preparation Form.
See attached Faculty tables.

Remaining faculty will complete training for Laerdal Mannequin in Summer 2017.
| Curriculum: Accreditation | Accreditation Commission for Nursing Education (ACEN):  
| | • SPE meetings with focus on standards 1-6:  
| | o Twice at the end Spring semester  
| | o Once prior to Fall semester (August)  
| | o Once after Fall semester (January)  
| | o Subgroup meetings as needed.  
| | • Faculty are assigned to subgroup committees to address the Systematic Plan for Program Evaluation Standards 1-6.  
| | • The Nurse Administrator and three faculty members have attended ACEN self-study conferences in 2016-2017.  
| Faculty: Staffing | A full time Associate Degree Nursing Instructor was hired summer 2016 to fill a vacancy.  
| Curriculum: Item Analysis and Test Blueprinting | Monday October 31, 2016 faculty participated in Educational Assessments Company (EAC) Visual Data Training through a training webinar. January 9th faculty development day, EAC training occurred. Faculty are in the beginning phases of utilizing the item analysis tools provided by the Blackboard platform. Faculty are able to obtain data including the KR-20, p-Value, point biserial, and distractor point biserial correlation. In addition to the item analysis capabilities, faculty are in the beginning phases of blueprinting exams utilizing EAC Visual Data. This allows faculty to make decisions regarding validity and reliability of exams. Currently faculty are focusing on gathering data provided by EAC.  
| | The process of exam blueprinting is ongoing. NCLEX, QSEN, Bloom’s Taxonomy, and Nursing Process are currently identified in EAC visual data outcomes manager. A request was submitted in Spring 2017 to include SLO’s in outcomes manager.  
| Curriculum: Mountain Measurements | Faculty are using latest data provided by the Mountain Measurement Reports to identify gap areas in the curriculum.  
| | • Fall 2015 inclusion of QSEN competencies in Intro to Clinical Practice  
| | • Fall 2015 inclusion of QSEN competencies in Lifespan  
| | • Fall 2016 inclusion of QSEN competencies in Introduction to Clinical Care Management  
| | • Spring 2016 inclusion of QSEN competencies in Intermediate Clinical  
| | • Fall 2016 initiated tracking of Safety and Infection Control throughout the curriculum.  
| Resources and | Higgins (2003) discusses intrusive advising as an effective strategy with students experiencing academic difficulty.  
| Plan: ISMP, JC, WHO, QSEN safety topics identified.  
| | Mountain Measure data will reviewed at May SPE 2017 meeting days.  
| | Fall 2017 QSEN competencies embedded in Advanced Clinical Practice and Clinical Transitions.  
| | Will evaluate specific criteria in 2017-2018  
| | Currently faculty are focusing on gathering data provided by EAC. Discussion regarding evidence based practice standards is ongoing to develop test analysis guidelines to assure consistency among faculty.  
| | Will start using EAC visual data to complete blueprints to track easier. Faculty progress will be reported out at level meetings.  
| | See attached table Academic Specialist Outcomes.
<table>
<thead>
<tr>
<th>Student: Proactive Advising/Mandatory Academic Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through proactive interactions, the relationship between students and institutions is fostered, and students learn about institutional supports that can positively influence their academic progress (Interventions that Make a Difference, para.1). The program started proactive advising the Fall 2014 with Pharmacology due to course pass rates being less than 80%. The process of Intrusive Advising/Mandatory Academic Coaching (MAC) has evolved to this process based on student success. MAC is required in Nursing Pharmacology, Health Alteration was added Fall 2015 and Complex Health Alterations I added Spring 2016. Current process:</td>
</tr>
<tr>
<td>- Student Self-Perception Appraisal completed first week of the course. This identifies students at high risk and assists students in recognizing areas of risk.</td>
</tr>
<tr>
<td>- Students not meeting 80% passing requirement for Learning Plan exams or are repeating the course are required to complete: Student Action Plan for Success Form and My Weekly Calendar.</td>
</tr>
<tr>
<td>- Student will submit the forms and meet with the course instructor. The student and faculty will discuss the Student Self-Perception Appraisal, Action Plan for Success and Weekly Calendar to identify strategies for improvement. Examples include: Referral to Counselor; Accommodation Services Coordinator; Academic Support Center; and Online Student Support Specialist.</td>
</tr>
<tr>
<td>- Student referred to the Academic Specialist who provides tutoring for students groups. Peer tutors may be utilized with instructor approval.</td>
</tr>
<tr>
<td>- Students must comply with MAC plan in order to get access to next Learning Plan exam.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student and/or Resources: Peer Tutoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC offers peer tutors through our Academic Support Center. Faculty identify students who are meeting the course competencies and are willing to act as a peer tutor. The names of those students are shared with our Academic Support Center Specialist. Students seeking assistance are aligned with peer tutors.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student and/or Resources: Faculty availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty maintain minimally 3 office hours weekly. 1.5 hours are scheduled for face to face meetings and 1.5 hours may be virtual on face to face according to the students needs. During office hours students are provided numerous strategies for additional support and resources. Students with a grade below a C are referred through the Student Referral Form on the Bridge (LTC’s intranet). This notifies the LTC-Program Advisor for follow up. Follow up may include general academic support as provided by Boost Workshops (Time Management, Study Skills, Test Taking, Student Success Course and Stress Management).</td>
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<tr>
<td>Resources:</td>
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<tr>
<td>Student Referral Process</td>
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<tr>
<td>Curriculum:</td>
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<tr>
<td>Simulation</td>
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<tr>
<td>Administrator</td>
</tr>
</tbody>
</table>

If you have any further questions regarding evaluation of our program and strategies to help us increase our NCLEX-RN pass rates, please contact me at holly.euclide@gotoltc.edu or 920-693-1860.
<table>
<thead>
<tr>
<th></th>
<th>Spring 2015</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
<th>Fall 2016</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Totals</td>
<td>Percent</td>
<td>Totals</td>
<td>Percent</td>
</tr>
<tr>
<td>Total Students</td>
<td>29</td>
<td>59%</td>
<td>50</td>
<td>76%</td>
</tr>
<tr>
<td>Total Students Served</td>
<td>17</td>
<td>59%</td>
<td>38</td>
<td>76%</td>
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<tr>
<td>Students Mandated</td>
<td>8</td>
<td>28%</td>
<td>24</td>
<td>48%</td>
</tr>
<tr>
<td>Total Fails</td>
<td>3</td>
<td>10%</td>
<td>19</td>
<td>38%</td>
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<tr>
<td>Pass Rate of Total Students Served</td>
<td>3</td>
<td>82%</td>
<td>19</td>
<td>50%</td>
</tr>
<tr>
<td>Pass Rate of Mandated Students</td>
<td>3</td>
<td>63%</td>
<td>18</td>
<td>25%</td>
</tr>
<tr>
<td>Class Pass Rate</td>
<td>67%</td>
<td></td>
<td>62%</td>
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</tbody>
</table>

|                              | Spring 2015 | Fall 2015 | Spring 2016 | Fall 2016 |
|                              | Totals      | Percent   | Totals      | Percent   |
| Total Students               | N/A         |           | 50          | 76%       |
| Total Students Served        | 38          | 76%       | 35          | 73%       |
| Students Mandated            | 24          | 48%       | 22          | 46%       |
| Total Fails                  | 19          | 38%       | 4           | 8%        |
| Pass Rate of Total Students Served | 19    | 50%       | 4           | 89%       |
| Pass Rate of Mandated Students | 18       | 25%       | 4           | 82%       |
| Class Pass Rate              | 79%         |           | 87%         |           |

|                              | Spring 2015 | Fall 2015 | Spring 2016 | Fall 2016 |
|                              | Totals      | Percent   | Totals      | Percent   |
| Total Students               | N/A         |           | 40          | 70%       |
| Total Students Served        | 32          | 80%       | 27          | 96%       |
| Students Mandated            | 28          | 70%       | 27          | 96%       |
| Total Fails                  | 7           | 18%       | 7           | 25%       |
| Pass Rate of Total Students Served | 7       | 78%       | 7           | 74%       |
| Pass Rate of Mandated Students | 7       | 75%       | 7           | 74%       |
| Class Pass Rate (F2F)        | 89%         |           | 75%         |           |
| Class Pass Rate (Online)     | 69%         |           | N/A         |           |
Lakeshore Technical College
Faculty Classroom Observation Preparation

Instructor________________________________________ Date of Observation__________________
Observer’s Signature____________________________________

General Guidelines
Using the standard rubric which follows, Deans and Instructors are able to discuss classroom performance using criteria that reflects the competencies identified in the Faculty Job Description.

- Instructor will meet with the Dean prior to the observation, review the syllabus and learning plan, and discuss Pre-Observation Questions (below).
- Deans will observe the first hour of a selected class each semester.
- Discussion will take place during the EPR. We anticipate that not all criteria will be observable.

About one month prior to the observation:
1. Dean schedules the observation and notifies the Instructor.
2. Dean schedules the Pre-Observation meeting with the faculty as needed. This is probably more important for newer faculty. This can be scheduled about a week before the visit or earlier, and is 10 - 15 minutes long. In lieu of a formal meeting, email communication may occur at the Dean’s discretion.
   a. Dean requests learning plan to be used that day.
   b. Dean sends Instructor Pre- and Post-Observation Questions.

One week prior to the observation:
1. Dean and Instructor meet to review the Pre-Observation Questions, or Dean sends the questions to the faculty in the email that requests the learning plan.

Pre-Observation Questions
1. What feedback from students does the Instructor already have (Ex. anecdotal, early term informal survey, student written communication or other)?
2. What does the faculty want the Dean to look for and address (Ex. Improvements from discussion following last observation, skills that the Instructor has been working on)?
3. What can the Dean expect to see?
4. What effect is the classroom visitor likely to have on students or on Instructor?
5. Will the Dean be expected to participate in classroom activities and if so, to what extent?

Post-Observation Rubric and Questions to be reviewed during the EPR
1. How did the Instructor feel the session went? As expected? Any surprises?
2. How did the Dean feel the session went? As expected? Any surprises?
3. How did the Dean and faculty feel about the flow and pace of the lesson plan during the observation?
4. Review the rubric
5. Discuss what summative assessment was or will be done for the lesson plan.
6. What is the Instructor’s response to the observations?
7. Next steps and follow up activities (Ex. Professional development opportunities, mentors or mentoring others)
### Lakeshore Technical College
### Faculty Classroom Observation Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Exemplary</th>
<th>Effective</th>
<th>Developing</th>
<th>Comments or indicate Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization of Learning Activity</td>
<td>Lesson is exceptionally well organized. Uses time effectively.</td>
<td>Lesson is well organized.</td>
<td>Lesson is somewhat organized.</td>
<td></td>
</tr>
<tr>
<td>Learning plan communicated well to students</td>
<td>Learning objectives were clear and attainable and reflect the learning plan.</td>
<td>Objectives were clear but not linked to the learning plan.</td>
<td>Objectives lacked clarity or were not provided.</td>
<td></td>
</tr>
<tr>
<td>Informal or Formative Assessment</td>
<td>Assessment of student learning occurs at appropriate intervals.</td>
<td></td>
<td>Assessment of student learning did not occur.</td>
<td></td>
</tr>
<tr>
<td>Adult Learning Theory Demonstrated</td>
<td>Learning activities demonstrated change at appropriate intervals. E.g. Technology, lecture, video’s, groups, Cooperative Learning, real world examples; adjusted method to meet learners’ needs.</td>
<td></td>
<td>One mode of facilitation was demonstrated throughout the hour. Lesson is mainly faculty lead.</td>
<td></td>
</tr>
<tr>
<td>Student Engagement</td>
<td>Instructor consistently encouraged engagement through active learning techniques. Engages all students in the learning process.</td>
<td>Instructor manages interactions and disruptions well.</td>
<td>Minimal engagement between faculty and students is noted.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Faculty is approachable, makes eye contact, uses student’s names, includes all students, professional communication techniques apparent.</td>
<td></td>
<td>Instructor is preoccupied, distant, does not appear to be fully engaged with the students.</td>
<td></td>
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</tbody>
</table>

**Next Steps if appropriate**
# Faculty Development 2016-2017

<table>
<thead>
<tr>
<th>Clinical Decision Making</th>
<th>Item Writing</th>
<th>Cooperative Learning</th>
<th>Engaging Teaching Strategies</th>
<th>Concept Based Curriculum</th>
<th>Simulation</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Faculty</strong></td>
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<tr>
<td>Kay Avci</td>
<td></td>
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<tr>
<td>Vonni DeMaster</td>
<td>1/10/17 EAC Visual data test analysis presentation 1hr</td>
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<tr>
<td>Joy Fischer</td>
<td>Aug – Oct 2016 The Effect of Evaluator Training on Intra/Inter Rater Reliability in 1/10/17 EAC Visual data test analysis presentation 1hr</td>
<td>7/21/16 Cooperative Learning-Distance Learning 9hr</td>
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<table>
<thead>
<tr>
<th>Topic</th>
<th>Instructor</th>
<th>Dates/Details</th>
<th>Hours</th>
<th>Dates/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Stakes Assessment in Simulation: 4.8 contact hours</td>
<td>Kerry Hamm</td>
<td>June – August 2016, Test Development and Item Writing: NCSBN 17.5 contact hours</td>
<td>1/17</td>
<td>7/25/16 NLN Simulation Pedagogy: What Every Nurse Educator Needs to Know: 2 contact hours</td>
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<td></td>
<td></td>
<td>1/10/17 EAC Visual data test analysis presentation 1hr</td>
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<td>7/25/16 NLN Teaching and Learning Strategies 2 contact hours</td>
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<tr>
<td>Test Development and Item Writing: NCSBN 17.5 contact hours</td>
<td>Lori Hertel</td>
<td>1/10/17 EAC Visual data test analysis presentation 1hr</td>
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<td>NLN SIRC modules 1. Simulation Pedagogy: What Every Nurse Educator Needs to Know</td>
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<td>Name</td>
<td>Date</td>
<td>Event Description</td>
<td>Additional Information</td>
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<tr>
<td>Mary Karls</td>
<td>1/10/17 EAC</td>
<td>Visual data test analysis presentation 1hr</td>
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<tr>
<td>Chris Keaton</td>
<td>1/10/17 EAC</td>
<td>Visual data test analysis presentation 1hr</td>
<td>NLN SIRC modules 7/25/16 NLN Simulation Pedagogy: What Every Nurse Educator Needs to Know: 2 contact hours 7/25/16 NLN Teaching and Learning Strategies 2 contact hours</td>
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<tr>
<td>2. Teaching and Learning Strategies</td>
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<td>Institutional Access</td>
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<tr>
<td>3. Evaluating Simulation</td>
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<tr>
<td>4. Debriefing Foundations</td>
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<td>March 2017</td>
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| NLN SIRC modules |
| December 2016 |

| ACEN Self-Study Forum. April 6-7, 2017 |
| 9.5 CE hours |

<table>
<thead>
<tr>
<th>Barb Peters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/10/17 EAC Visual data test analysis presentation 1hr</td>
</tr>
<tr>
<td>NLT SIRC modules</td>
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<tr>
<td>December 2016</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tammy Spoerl</th>
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</thead>
<tbody>
<tr>
<td>1/10/17 EAC Visual data test analysis presentation 1hr</td>
</tr>
<tr>
<td>Course Design (FQAS) Fall 2016</td>
</tr>
<tr>
<td>Jill Vanne</td>
</tr>
</tbody>
</table>
### Faculty Development 2015-2016

<table>
<thead>
<tr>
<th>Clinical Decision Making</th>
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<tr>
<td>Kay Avci</td>
<td>June – July 2015 NCSBN Test development and item writing 17.50 contact hours</td>
<td>1/25/16 and 1/26/16 Achieving the Dream (7hr) and Accelerated/Cooperative Learning (7hr)</td>
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<tr>
<td>Vonni DeMaster</td>
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<tr>
<td>Joy Fischer</td>
<td>June – July 2015 NCSBN Test development and item writing 17.50 contact hours</td>
<td>1/25/16 Intro to cooperative learning 7hr 1/26/16 Accelerated Cooperative learning 7hr</td>
<td>7/3/15 Cert 54 History LTC 36hr 7/3/15 Cert 53 History LTC 36hr 10/2/15 Guidance and Counseling LTC 36hr 10/10/15 Course Construction LTC 36hr 11/24/15 QM Applying the rubric 8 contact hours</td>
<td></td>
<td>11/6/15 BB collaborate Train 1hr Oct-Dec 2015 Simulation for Healthcare Educators, Gateway Technical College, 3 credits 72 hours 5/24/16 Data &amp; Evidence analysis 4hr 3/11/16 ACT for Healthcare: Augmented Reality Integrated</td>
</tr>
<tr>
<td>Kerry Hamm</td>
<td>January 3, 2016 Elsevier Faculty Development Conference: Critical Thinking Test Item Writing 4 Contact Hours</td>
<td>January 25th and 26th 2016: Achieving the Dream and Accelerated/Cooperative Learning</td>
<td>January 4-5, 2016 Elsevier Faculty Development Conference: Main Conference 13.25 Contact Hours</td>
<td>January 3, 2016 Elsevier Faculty Development Conference: The Most Important Aspects you need to know about Concept Based Curriculum 4 Contact Hours</td>
<td>February 19, 2016 ACT for Healthcare: Augmented Reality Integrated Simulation for Education</td>
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<tr>
<td>Lori Hertel</td>
<td>OADN Conf A Call to ARMS: Why aren’t we Passing NCLEX 1.8 Contact Hours</td>
<td>OADN Conf NCLEX Pass Rates Got you Down? Linda Caputi 4.2 Contact Hours “I just Wrote A Critical Thinking Test Item...or at least I thought I did. Linda Caputi 1.5 Contact Hours</td>
<td>1/25/16 and 1/26/16 Achieving the Dream (7hr) and Accelerated/Cooperative Learning (7hr)</td>
<td>OADN Conf Academic Progression Panel 2.1 Contact Hours Student Success: Strategies for Testing Accommodation and Nursing Skills Competency Exams 1.5 Contact Hours Off With Their Heads: The Red Queen Disregards Due Process, But You Can Not! 1.5 Contact Hours</td>
<td>OADN Conf The American Nurse Project 1.8 contact hours</td>
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<tr>
<td>New Nurse Educator Role to Promote Technology Use and Nurse Educator Retention 1.5 Contact Hours</td>
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<tr>
<td>Mary Karls</td>
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<tr>
<td>QM Applying the rubric June 14, 2016 (8hr).</td>
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<tr>
<td>LuAnn Lonergan</td>
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<td>OADN Conf A Call to ARMS: Why aren’t we Passing NCLEX 1.8 Contact Hours</td>
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</tr>
<tr>
<td>Barb Peters</td>
<td>ATI National Nurse Educator Summit, April 25, 16 to April 27, 2016 9.0 Contact hours</td>
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</tr>
<tr>
<td>Tammy Spoerl</td>
<td>August 2015-Teaching Methods and Assessments certification course. (New EE orientation certification)</td>
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<td>Jill Vanne</td>
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<td>Faculty Development 2014-2015</td>
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<td>Cooperative Learning</td>
<td>Engaging Teaching Strategies</td>
<td>Concept Based Curriculum</td>
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<td>3/27/15 WTCS State Nursing Faculty Meeting, NCLEX and Critical Thinking: Linda Caputi 1 contact hour</td>
<td>3/27/15 WTCS State Nursing Faculty Meeting, NCLEX and Critical Thinking: Linda Caputi 1 contact hour</td>
<td>2/5/15 Education Diversity LTC 36hr</td>
<td>3/27/15 WTCS State Nursing Faculty Meeting, Concept Based Teaching Strategies: Linda Caputi 1.5 contact hours</td>
<td>3/12/15 Designing Concept focused simulations webinar 1</td>
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Kay Avci

Vonni DeMaster

Joy Fischer
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<td>Kerry Hamm</td>
<td>WTCS State Nursing Faculty Meeting 3/27/15 NCLEX and Critical Thinking: Linda Caputi</td>
<td>1 contact hour</td>
<td>3/23/15</td>
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<td>LuAnn Lonergan</td>
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<tr>
<td>NCLEX and Critical Thinking:</td>
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<td>Test Analysis 0.75 contact hours</td>
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<td>Teaching Strategies: Linda</td>
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<td>position started Jan 2015)</td>
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| Jill Vanne (Jan 5, 2015)      |               | 3/27/15 WTCS State Nursing Faculty Meeting, NCLEX and Critical Thinking: Linda     |
|                                |               | Caputi 1 contact hour                                                             |

| Certification Courses:        |               |                                                                                    |
| *Educational Diversity (#69)  |               | Feb 5, Mar 5, 26, April 233, 2015                                                |
| AND                           |               |                                                                                    |
| *Evaluation in Education      |               | (#54) May 2015                                                                     |
| (Jan 2015)                    |               |                                                                                    |
**State of Wisconsin**  
**Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  
Sharon Henes  
Administrative Rules Coordinator

2) Date When Request Submitted:  
30 May 2017

Items will be considered late if submitted after 12:00 p.m. on the deadline date:  
- 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:  
Board of Nursing

4) Meeting Date:  
8 June 2017

5) Attachments:  
☑ Yes  
☐ No

6) How should the item be titled on the agenda page?  
Legislation and Rule Matters – Discussion and Consideration

1. Scope amending N 8.10 to include dentists
2. Update on Legislation and Pending and Possible Rulemaking Projects

7) Place Item in:  
☑ Open Session  
☐ Closed Session  
☐ Both

8) Is an appearance before the Board being scheduled?  
☐ Yes  
☐ No

9) Name of Case Advisor(s), if required:

10) Describe the issue and action that should be addressed:

11) Authorization

**Sharon Henes**  
30 May 2017

Signature of person making this request

Date

Supervisor (if required)

Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda)  
Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.
STATEMENT OF SCOPE
BOARD OF NURSING

Rule No.: N 8.10

Relating to: Collaboration with Dentists

Rule Type: Both Permanent and Emergency

1. Finding/nature of emergency (Emergency Rule only):

Advanced practice nurse prescribers, who work in dental practice settings, are encountering barriers to working in those practices due to the requirement that advanced practice nurse prescribers are to work collaboratively with a physician. Most dental practices do not have physicians on staff. This rule is necessary for the preservation of the health and welfare of the public by increasing health care access by allowing advance practice nurse prescribers to collaborate with a dentist when working in a dental setting.

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to amend the rule to require an advanced practice nurse prescriber to work with in a collaborative relationship with a physician or a dentist.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Advanced practice nurse prescribers shall work in collaboration with other health care professions with at least one being a physician. As health care practice evolves, there are advanced practice nurse prescribers working in dental practice settings. These dental practice settings may not have a physician as part of the practice. This proposed rule will require advanced practice nurse prescribers to work in a collaborative relationship with a physician or dentist.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

s. 15.08 (5) (b) Each examining board: shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

s. 441.16 (3) (b) The board shall promulgate rules necessary to administer this section, including rules for defining the scope of practice within which an advanced practice nurse may issue prescription orders.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

75 hours

6. List with description of all entities that may be affected by the proposed rule:

Dentists and advanced practice nurse prescribers

Rev. 3/6/2012
7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None to minimal. This rule is not likely to have a significant economic impact on small businesses.

Contact Person: Sharon Henes, Administrative Rules Coordinator, (608) 261-2377

Authorized Signature

Date Submitted
PROGRAM SCHEDULE*
Tuesday, Aug. 15, 2017

8:00 am – 5:30 pm
Registration Opens
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

9:00 am – 5:00 pm
Nurse Licensure Compact Administrators (NLCA) Meeting
Open to the public.

4:00 – 5:00 pm
Nominee from the Floor Interviews with the Leadership Succession Committee (LSC)
Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the Leadership Succession Committee the day before adoption of the slate of candidates by the Delegate assembly. Please contact arosenberger@ncsbn.org to schedule a time.

6:00 – 8:00 pm
NCSBN Welcome Reception
AceBounce
230 N Clark St.
Chicago, IL 60601

NCSBN welcomes all attendees to the 2017 Annual Meeting. Please join us at AceBounce for a networking reception. This is also an opportunity to meet your 2017 candidates.

The reception is open to attendees only. Shuttles will be provided. The first shuttle will depart from the hotel lobby at 5:30 pm.

Wednesday, Aug. 16, 2017
6:30 – 7:30 am
Walking Tour
The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 9:30 am
Continental Breakfast

7:30 – 9:30 am
Organization Exchange

7:30 am – 5:00 pm
Registration
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:45 – 8:00 am
Resolutions Committee Meeting
Open to Resolutions Committee members only.

8:00 – 9:00 am
Delegate Orientation
Open to all attendees.

9:30 – 10:30 am
Delegate Assembly: Opening Ceremony
Welcome
- Opening Ceremony
- Introductions
- Announcements
- Opening Reports
- Credentials
- Adoption of Standing Rules
- Adoption of Agenda
- Report of the LSC
  - Presentation of the 2017 Slate of Candidates
  - Nominations from Floor
  - Approval of the 2017 Slate of Candidates

10:30 – 10:45 am
Organization Exchange Break

10:45 – 11:00 am
President’s Address
Kathy Thomas, MN, RN, FAAN
President, NCSBN BOD
Executive Director, Texas Board of Nursing

11:00 – 11:15 am
CEO’s Address
David C. Benton, RGN, PhD, FFNF, FRCN, FAAN
CEO, NCSBN

11:15 am – 12:30 pm
Keynote
The Next Era of Regulation: Partnerships For Change
Mary Wakefield, PhD, RN
Former Acting Deputy Secretary, US Department of Health and Human Services (HHS)

12:30 – 1:30 pm
Lunch

1:30 – 2:45 pm
Candidate Forum
Tony Graham
Chair, NCSBN LSC
Board Staff, North Carolina Board of Nursing

Support NCSBN and your fellow NCSBN members. Come to the Candidate Forum to hear from the nominees for NCSBN elected office positions.

2:45 – 3:00 pm
Organization Exchange Break

3:00 – 5:00 pm
Committee Forums
Finance Committee
Gloria Damgaard, MS, RN
Treasurer, NCSBN Board of Directors
Executive Director, South Dakota Board of Nursing

BOD Subcommittee
Kathy Thomas

Bylaws Committee
Mark Majek, MA, PHR, SHRM-CP
Chair, NCSBN Bylaws Committee
Board Staff, Texas Board of Nursing

Simulation Guidelines
Nathan Goldman, JD
Director-at-Large, NCSBN Board of Directors
General Counsel, Kentucky Board of Nursing

3:00 – 5:30 pm
Parliamentarian Office Hours
Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm on Thursday, Aug. 17.

Thursday, Aug. 17, 2017
6:30 – 7:30 am
7-Minute Workouts
The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 8:30 am
Continental Breakfast

*Schedule and locations are subject to change. Updated 05.16.17
Thursday, Aug. 17, 2017, con’t

7:30 – 8:30 am
Organization Exchange

7:30 am – 3:30 pm
Registration
Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

8:30 – 9:00 am
Elections

9:00 – 10:00 am
The Future of Nursing: Mobile Technology, Robotics and More
Margie Molloy, DNP, RN, CNE, CHSE
Assistant Professor and Director, The Center for Nursing Discovery (CND), Duke University School of Nursing
Ryan Jeffrey Shaw, PhD, RN
Director, Duke Health Innovation Lab; Associate Professor Duke University School of Nursing; Center for Health Informatics School of Medicine; Center for Applied Genomics & Precision Medicine, Duke University

10:00 – 10:15 am
Delegate Assembly: Election Results

10:15 – 10:30 am
Organization Exchange Break

10:30 – 11:15 am
Education Session

11:15 – 11:30 am
EO Service Awards
Kathy Thomas

11:30 am – 12:00 pm
What’s on your mind about nursing regulation today? Q&A with the NCSBN Board of Directors
Join the 2017 Board of Directors for an interactive presentation about your concerns and insights on nursing regulation.

12:00 – 3:30 pm
Knowledge Network Lunches
NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends and issues. Choose from the following options:
- Consumer Member Network
  This session is only for consumer/public members that serve on a board of nursing.
- NCSBN Executive Officers
  Open to NCSBN Executive Officers only
- NCSBN Board Presidents
  Open to NCSBN Board Presidents only.
- Regulatory Network
  Open to all attendees.

2:00 – 3:30 pm
Parliamentarian Office Hours
Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm.

3:30 – 4:30 pm
Resolutions Committee Meeting
Open to Resolutions Committee members only.

6:00 – 6:30 pm
Awards Reception
Evening Cocktail Attire.

6:30 – 9:00 pm
Awards Ceremony followed by Dinner
Evening Cocktail Attire.

Friday, Aug. 18, 2017

8:00 – 9:00 am
Pearson VUE Sponsored Breakfast

8:00 am – 12:00 pm
Registration

9:00 – 10:00 am
Keynote
Dr. John Edward Hasse, PhD, MA
Author

As the biographer of Duke Ellington, the creator of Jazz Appreciation Month, the founder of the Smithsonian Jazz Masterworks Orchestra, a Grammy-nominated writer on music and an accomplished musician himself, Hasse is a global voice for American jazz music—and a leader himself in the search for creative achievement. One of America’s foremost music historian-educators, Hasse helps audiences understand the power music has to move and inspire us to greater heights.

10:00 – 10:30 am
Break

10:30 am – 12:00 pm
Delegate Assembly
New business and closing ceremonies

11:30 am – 12:30 pm
Boxed Lunch

12:00 – 2:00 pm
Post-DA Board of Directors Meeting
FY18 NCSBN Board of Directors only.

collaborating for the future of regulation

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REGISTRATION

Registration must be submitted online by Monday, July 31, 2017.

Accommodations
Hyatt Regency Chicago
151 E. Upper Wacker Drive
Chicago, IL 60601

Check in time: 3:00 pm
Check out time: 12:00 pm
Room rate: $219 Single/Double
Rate is subject to a 17.4% state and local tax (subject to change).

Reservations
To reserve your hotel room:
1. Call 888.421.1442 referring to NCSBN Annual Meeting room block in order to receive the NCSBN guest room rate; or
2. Book online.

The cut-off for the room block is Monday, July 24, 2017, or until the block is full, whichever comes first.

Failure to cancel a hotel reservation 24 hours prior to scheduled arrival may result in being charged one-night's stay.

Attire
Business casual attire is appropriate for all meeting functions. Meeting room temperatures fluctuate; dress in layers to ensure your comfort.

Transportation
Airport:
O'Hare International Airport (ORD):
Plan on approximately 40–70 minutes in travel time from the airport to the hotel depending on arrival time.

Midway International Airport (MDW):
Plan on approximately 30–60 minutes in travel time from the airport to the hotel depending on arrival time.

Public Transportation:
The Chicago Transit Authority (CTA) is a fast and convenient way to travel to and from the airport, avoiding traffic. A one-trip fare is $5 from the airport terminal and $2.25 to the airport. The Chicago Area Regional Transportation Authority provides information for Metra and other regional train and bus transportation.

Shuttle:
Go Airport Express shuttle service is available at O'Hare and Midway airports. Use the link to receive the discount rates. From O'Hare, one-way fare is $23; from Midway, one-way fare is $19 USD. You may also call 888.284.3826 and mention the code NCSBN to the reservations agent to receive the discounted rates.

Taxi:
Taxicabs are available on a first come, first served basis from the lower level curb front of all terminals. Shared ride service is available. There are no flat rates because all taxicabs run on meters. Expect to spend approximately $40 to $50 USD and about an hour travel time for a taxicab ride from ORD to downtown Chicago; and $30 to $35 USD and 40 minutes for a taxicab ride from MDW to downtown Chicago. For wheelchair accessible vehicles, please call United Dispatch at 800.281.4466.

Rideshare:
Uber and Lyft pick up and drop off at ORD and MDW.

Registration Fees
The deadline for registration is Monday, July 31, 2017 or until the meeting is at capacity, whichever comes first.

The capacity for the meeting is 350 attendees and is on a first-come, first-served basis. Online registration will stop once capacity is reached; a wait list will then be started.

Registration fees:
$450 per person for nonmembers.
$350 per person for NCSBN Member Boards (NCSBN members are staff or board members of state boards of nursing and associate members).

The registration fee includes continental breakfasts, beverage breaks, lunches, welcome reception, awards dinner and meeting materials.

Registration may be paid by credit card or check. If paying for multiple registrations by check, submit the confirmation print out for each attendee. Payment is due Monday, July 31, 2017. Make your check payable to NCSBN and write “2017 Annual Meeting” on it.

Send registration confirmation print out with payment to:
NCSBN
Attn: Mary Trucksa
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601
Phone: 312.525.3600
Fax: 312.279.1032

Online Registration
You must register for the meeting at: WWW.NCSBN.ORG/EVENTS
If you do not receive correspondence from the NCSBN Meetings department within one week of submitting your registration form, contact 312.525.3639 or via email.

Cancellations
Registration cancellations must be received by Monday, July 31, 2017.
No refunds will be provided after this date. Attendees must contact NCSBN Meetings at 312.525.3639 or via email to cancel.

Attendees are responsible for cancelling all flight and hotel arrangements.

Continuing Education
CE provider: ABNP1046
Expiration date: October 2018
Subject: Wisconsin Board of Nursing Newsletter – May 2017
Sent: 06/01/2017 04:11 PM CDT
Sent By: Kimberly.Wood@wisconsin.gov
Sent To: Subscribers of Board of Nursing

107,575 Recipients

99% Delivered
0% Pending
1% Bounced
32% Open Rate
4% Click Rate

Email Delivery Stats

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