

**COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN NURSING**  
250 Washington Street, Room 3C  
Boston, MA 02108

And Via Zoom Webinar

Wednesday, April 9, 2025 9:00 am | 4 Hours | (GMT-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://zoom.us/j/96087605694>

Webinar ID: 960 8760 5694

Join by Phone:

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**Minutes of the Regularly Scheduled Board Meeting**  
Wednesday, April 9, 2025

**Board Members Present In Room 3C**

None

**Board Members Not Present**

L. Kelly, DNP, RN, CNP, Vice  
Chairperson

K.A. Barnes, JD, RPh

K. Crowley, DNP, RN

**Board Members Present Via Audio Or Video**

A. Alley, MSN, RN, Chairperson

S. Abshir, LPN

A. Joseph, MD

L. Keough, PhD, RN, CNP

J. Monagle, PhD, RN

D. Nikitas, BSN, RN

R. Reynolds, PhD, MSN, RN

R. Sesay, ASN, RN

H. Underwood, LPN

**Staff Present In Room 3C**

P. Scott, Licensing Coordinator

L. Bermudez, Program Coordinator I

S. Gaun, Office Support Specialist I

**Staff Not Present**

L. Almeida, RN, Nursing Investigations  
Supervisor

**Staff Present Via Audio Or Video**

H. Cambra, JD, BSN, RN, Executive Director

L. Hillson, PhD, MSN, RN, Assistant Director for  
Policy and Research

H. Engman, JD, Chief Board Counsel

R. Barros, JD, Board Counsel

M. Bresnahan, JD, Board Counsel

C. Walsh, MSN, RN, Nursing Education Coordinator

H. Caines Robson, MSN, RN, Nursing Education  
Coordinator  
P. McNamee, MS, RN, Nursing Practice Coordinator  
C. DeSpirito, JD, BSN, RN, Complaint Resolution  
Coordinator  
A. Hallowell, BSN, RN, Complaint Resolution  
Coordinator  
M. Waksmonski, MSN, RN, SARP Coordinator  
G. Luke, MBA, SARP Monitoring Coordinator  
E. Conlon, SARP Monitoring Coordinator  
K. Jones, Probation Compliance Officer

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**TOPIC:**

Call to Order & Determination of Quorum

**DISCUSSION:**

A. Alley confirmed by roll call that a quorum of the Board members was present and announced that the meeting was being recorded.

**ACTION:**

At 9:02 a.m., A. Alley, MSN, RN, Chairperson, called the April 9, 2025 Regularly Scheduled Board Meeting to order.

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**TOPIC:**

Approval of Revised Agenda

**DISCUSSION:**

H. Caines Robson requested that VIII. D. 3. Quinsigamond Community College Associate Degree Nursing Program would follow VIII. C. 3. Quinsigamond Associate Degree Nurse Program and VIII. D. 4. Quinsigamond Community College Practical Nursing Program would follow VIII. E. 2. Quinsigamond Practical Nursing Program.

H. Caines Robson requested to defer VIII. G. 1. RNNE10017161 and X. D. Proposed Advisory Ruling Education 25-03: Clarification of Nursing Faculty and Nursing Preceptor Qualifications.

H. Cambra requested to defer X. E. Staff Action Policy Placeholder.

**ACTION:**

Motion by A. Alley, seconded by L. Keough, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to approve the Revised Agenda as revised.  
Motion carries.

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**TOPIC:**

Approval of Board Minutes for the March 12, 2025 Meeting of the Regularly Scheduled Board Meeting

**DISCUSSION:**

None.

**ACTION:**

Motion by A. Alley, seconded by L. Keough, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to accept the Minutes of the March 12, 2025 Regularly Scheduled Board Meeting as presented.  
Motion carries.

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**TOPIC:** Reports, Announcements and Administrative Matters  
Announcements

**DISCUSSION:**

H. Cambra reminded Board Members to change their Outlook passwords to avoid being locked out of their accounts.

H. Cambra announced that Board Elections will be held during the June Board Meeting, and asked Board Members to think about nominations. H. Cambra added that a list of what the Chair and Vice Chair roles entail will be distributed to Board Members. H. Cambra stated that all nominations are to be sent to H. Cambra.

**ACTION:**

So noted.

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**TOPIC:** URAMP  
Activity Report

**DISCUSSION:**

M. Waksmonski was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Probation  
Staff Action Report – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation  
Request for Termination of Probation/Stayed Probation – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Probation

Request for Notice of Violation and Further Discipline – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Practice Coordinator Staff Report**DISCUSSION:**

P. McNamee was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

Nursing Education Staff Report

**DISCUSSION:**

H. Caines Robson was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

Middlesex Community College Associate Degree Nursing Program – Represented by Director of Nursing Education S. Lavalley, present via Zoom Audio and Video, with Dean of Health K. Townsend, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by J. Monagle, seconded by R. Reynolds, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Middlesex Community College Associate Degree Nursing program's change report and find that the plan is sufficient to address the low completion rates; and
2. Continue Full Approval Status at this time.

Motion carries.

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**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

April 9, 2025 Regular Session Board Meeting Minutes  
(to be Approved 05/14/2025)



Regis College Baccalaureate Degree – Represented by Associate Dean M.L. Cullen, present via Zoom Audio and Video

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's systematic evaluation plan.
2. Accept the Board staff compliance memo.
3. Find the Program compliant with 244 CMR 6.04 (1)(h); and
4. Continue full approval status at this time.

Motion carries.

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**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

Regis College DEM – Represented by Associate Dean M.L. Cullen, present via Zoom Audio and Video

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's systematic evaluation plan.
2. Accept the Board staff compliance memo.
3. Find the Program compliant with 244 CMR 6.04 (1)(h); and
4. Continue full approval status at this time.

Motion carries.

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**TOPIC:** Education

244 CMR 6.06 (2) Site Survey Waiver Requests

MGH Institute of Health Professions ABSN – Represented by Interim Dean P. Reidy, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

J. Monagle asked P. Reidy if the report submitted afterwards has the compliance issues corrected and is there any evidence that the Program brought the Martha's Vineyard program was brought before the Board. P. Reidy stated that the Martha's Vineyard program was a pilot program for students, and at that time there were no regulations in place that said that it was mandatory to do. P. Reidy stated that since that time, there may have been new regulations in place, but asked for clarification. H. Caines Robson stated that the requirements to get Board approval prior to implementing a new option has always been in

place, and the memorandum stated that the program could not begin until Board approval was obtained. R. Reynolds voiced concerns regarding the Program's noncompliance.

**ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e), 1(f), 1(i), 1(j), (1)(k), 1(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (5)(a), (5)(c), (5)(d), (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 (1)(g), (1)(h), (3)(a), (3)(b), (3)(c), (4)(b)(4) and (5)(b) and 244 CMR 6.07(a).
3. Determine the program does not warrant a 244 CMR 6.06 (2)(a) waiver of a 244 CMR 6.06(1) Regularly scheduled site survey;
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due by July 9, 2025:
    - i. a revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes and 14 Board required policies [ref 244 CMR 6.04 (1)(h)];
    - ii. Submit all 14 Board required policies including revisions to ensure specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (3)(b)];
    - iii. Revised published admission policy to require all candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health [ref 244 CMR 6.04(3)(a)];
    - iv. Submit a comprehensive plan to ensure direct patient care clinical experiences for the mental health component of the curriculum [ref 244 CMR 6.04 (4)(b)(4)];
    - v. revised written agreements with cooperating agencies utilized as clinical learning sites are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency including primary responsibility for patient care [ref 244 CMR 6.04(5)(b)].
    - vi. Submit a change report for an additional of a program option with all supporting documentation [ref 244 CMR 6.07(a)].
  - b. Due by October 14, 2025:
    - i. a fully implemented, data-driven, faculty-operated systematic evaluation plan with evidence that trended and aggregate outcomes were used to develop, maintain and revise the program [ref 244 CMR 6.04 (1)(h)]; and
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

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**TOPIC:** Education

244 CMR 6.06 (2) Site Survey Waiver Requests

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e), 1(f), 1(i), 1(j), (1)(k), 1(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (5)(a), (5)(c), (5)(d), (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 (1)(g), (1)(h), (3)(a), (3)(b), (3)(c), (4)(b)(4) and (5)(b)
3. Determine the program does not warrant a 244 CMR 6.06 (2)(a) waiver of a 244 CMR 6.06(1) Regularly scheduled site survey;
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due by July 9, 2025:
    - i. a revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes and 14 Board required policies [ref 244 CMR 6.04 (1)(h)];
    - ii. Submit all 14 Board required policies including revisions to ensure specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (3)(b)];
    - iii. Revised published admission policy to require all candidates for admission to provide satisfactory evidence of compliance with the immunization requirements specified by the Massachusetts Department of Public Health [ref 244 CMR 6.04(3)(a)];
    - iv. Submit a comprehensive plan to ensure direct patient care clinical experiences with substitution inline with the NCSBN simulation guidelines [ref 244 CMR 6.04 (4)(b)(4)];
    - v. revised written agreements with cooperating agencies utilized as clinical learning sites are current and specific in defining parameters of activities and the responsibilities of the program, the student and the cooperating agency including primary responsibility for patient care [ref 244 CMR 6.04(5)(b)].
  - b. Due by October 14, 2025:
    - i. a fully implemented, data-driven, faculty-operated systematic evaluation plan with evidence that trended and aggregate outcomes were used to develop, maintain and revise the program [ref 244 CMR 6.04 (1)(h)]; and
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

**TOPIC:** Education

244 CMR 6.06 (2) Site Survey Waiver Requests

Quinsigamond Associate Degree Nurse Program – Represented by Dean of School of Healthcare  
P. Schmohl, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

R. Reynolds asked P. Schmohl to explain how the Program is going to address the issues with the Program Administrator, and P. Schmohl stated that they submitted a change in Administrator application to Board staff.

**ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the staff compliance report;
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(f), 1(g), 1(h), 1(i), 1(j), (1)(k), 1(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(a), (5)(b), (5)(c), (5)(d), (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 (1)(e), and (3)(b).
3. Continued Full Approval Status at this time;
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. **Due by May 9, 2025:**
    - i. Submit a comprehensive plan to ensure a Program Administrator dedicated full-time to the role is in place;
  - b. **Due by July 14, 2025:**
    - i. A revision and publication of the 14 Board policies which include specific nondiscriminatory criteria;
    - ii. For the effectiveness of the nursing education program:
      1. Submit a comprehensive plan to ensure Faculty's participation in professional development in nursing education; and
      2. revise the immunization requirements to include the alternative options for TB testing. In addition, ensure that this component is evaluated in the SEP.
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

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**TOPIC:** Education

244 CMR 6.07 (1) Nursing Education Program Changes

Boston College Direct-Entry Master's Program – Represented by Associate Professor and Department Chair S. Bond, present via Zoom Audio and Video, with Dean K. Gregory, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by J. Monagle, seconded by R. Reynolds, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's submitted request for a change to the Program Direct Entry Master's Curriculum
2. Accept the Board staff compliance memo.
3. Determine the Program warrants approval for the proposed curriculum change to the Boston College Direct Entry Master's Curriculum.
4. Direct the program to submit the following directive by May 9th, 2025 to demonstrate compliance:
  - a. table of credit hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards including consistent credit-to-contact hour ratios [244 CMR 6.04(4)(b)(2)(4)].

Motion carries.

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**TOPIC:** Education

244 CMR 6.07 (1) Nursing Education Program Changes

Massachusetts Bay Community College Practical Nurse Program – Represented by Assistant Dean and Program Administrator S. Martin, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by J. Monagle, seconded by R. Reynolds, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's submitted notification of an increase in admission 20% or more above the program's three-year admissions mean.
2. Accept the Board staff compliance memo.
3. Find that the program has the resources to support the increase.
4. Approve the programs increase in admissions; and
5. Continue Full Approval Status at this time.

Motion carries.

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**TOPIC:** Education

244 CMR 6.07 (1) Nursing Education Program Changes

Quinsigamond Community College Associate Degree Nursing Program – Represented by Dean of School of Healthcare P. Schmohl, present via Zoom Audio and Video

**DISCUSSION:**

H. Caines Robson summarized her previously distributed memorandum and attached exhibits to the Board.

R. Reynolds asked P. Schmohl for the program's plan to appoint a new Program Administrator, and P. Schmohl stated that he has been Dean since 2017 and oversaw all the healthcare programs, specifically  
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the nursing program. P. Schmohl stated that he works closely with the faculty and hopes his experience as Dean shows he is experienced with nurse education. R. Reynolds clarified that P. Schmohl does not meet the requirements for Program Administrator, and asked P. Schmohl what the Program's plan will be to appoint a new Program Administrator. J. Monagle stated that the Program would have to submit the plan by May 9, 2025. P. Schmohl confirmed that a plan will be submitted by the deadline.

**ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Determine the submitted Notification of Change in Program administrator and the supporting documents demonstrated that Pat Schmohl does not meet the requirements at 244 CMR 6.04 (1)(e) and (2)(a);
2. If it is determined that the identified candidate does not meet the requirements at 244 CMR 6.04 (1)(e) and (2)(a); direct the program to submit, Due **May 9, 2025:**
  - a. a plan to recruit a program administrator that meets the requirements at 244 CMR 6.04 (1)(e) and (2)(a); and
3. Failure to correct the regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

A. Joseph abstained.

Motion carries.

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**TOPIC:** Education

244 CMR 6.07 (1) Nursing Education Program Changes

Quinsigamond Community College Practical Nursing Program – Represented by Dean of School of Healthcare P. Schmohl, present via Zoom Audio and Video, with Program Administrator M. Yoder and Program Coordinator L. Machado, present via Zoom Audio and Video

**DISCUSSION:**

P. Schmohl asked to withdraw this request. R. Barros stated that it is acceptable to defer this matter.

**ACTION:**

Deferred.

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**TOPIC:** Education

244 CMR 6.08 Noncompliance with the Standards of Nursing Education

American International College Baccalaureate Program – Represented by Director of Nursing E. Furman, present via Zoom Audio and Video

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

A. Alley asked if the non-discriminatory language is missing from all policies, and C. Walsh stated that it was missing from only some.

R. Reynolds asked if the Program had been extended an opportunity previously to submit a revised SEP, and C. Walsh stated that they have not been.

**ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir,

A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e), (1)(f), 1(g), 1(i), 1(j), (1)(k), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(a), (5)(b), (5)(c), (5)(d), (5)(e) and (5)(f), and noncompliance with 244 CMR 6.04 (1)(h), (1)(l), and (3)(b);
3. Determine a preponderance of the evidence supports continued full approval.
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due by August 14, 2025:
    - i. A revision and publication of the 14 Board policies which includes specific nondiscriminatory criteria [ref 244 CMR 6.04 (3)(b)]
    - ii. An updated written policy for the maintenance and retirement of school, faculty, student, and graduate records; An audit of the records maintenance and records policy [ref 244 CMR 6.04 1(l)]
  - b. Due by November 14, 2025:
    - i. A current updated systematic evaluation plan that that includes all components of 244 CMR 6.04, operating definitions, expected levels of achievement (achievable and measurable), a calendar outlining the schedule of evaluation for all components along with evidence of faculty participation in the development process, findings (aggregated and trended data) and outcomes that were used to develop, maintain and revise the program[ref: 244 CMR 6.04 (1)(h)]; and
    - ii. Evidence demonstrating the effectiveness of the 14 Board required policies ref: 244 CMR 6.04(1)(g)]
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

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**TOPIC:** Education

244 CMR 6.08 Noncompliance with the Standards of Nursing Education

Quinsigamond Practical Nurse Program – Represented by Dean of School of Healthcare P. Schmohl, present via Zoom Audio and Video, with Program Administrator M. Yoder and Program Coordinator L. Machado, present via Zoom Audio and Video

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

R. Reynolds asked if the teaching component was discontinued, and M. Yoder stated that the pass rate was not 62% as stated, it was 78% in 2022. M. Yoder added that the teaching component was not discontinued and will not remove that component, M. Yoder stated that the Program came before the Board in 2018 for that same reason and has continued to hold full approval status since. M. Yoder stated that the two (2) preceptors not meeting the requirements were the responsibility of the affiliating agency, and the program has put in safeguards in place to ensure that preceptors are qualified. R. Reynolds voiced concerns that the Program is not willing to follow the regulations. M. Yoder stated that she was given permission and was not deliberately going against the regulations.

L. Keough asked if there was any ability to compromise with the teaching regulations, and M. Yoder stated that she teaches a minimal amount, and her job description allows her to do everything she needs to do administratively. A. Joseph asked if M. Yoder was working full time hours as Administrator, and M.

Yoder confirmed. L. Keough asked how many credits she teaches in a semester, and M. Yoder stated that it varies, and she teaches two (2) credits in spring and three (3) credits in the fall. C. Walsh clarified that M. Yoder is listed as supplemental faculty on the syllabi. J. Monagle asked why M. Yoder is listed on many of the syllabi, and M. Yoder stated that many individuals are listed, and it is to provide students with multiple resources for questions.

R. Reynolds asked C. Walsh to reiterate the regulation requirements for Program Administrators. H. Caines Robson stated that the teaching component is written into the Program Administrator for the Program. D. Nikitas asked what the prior Board discussion determined in 2018, and H. Cambra recommended reconvening the Education Sub-Committee to have a more in-depth conversation to address this component. M. Yoder stated that the job description does not contain a teaching component. P. Schmohl asked if the Sub-Committee would convene before the May 9, 2025 deadline. J. Monagle recommended reconsidering the deadline to allow more time for the Sub-Committee to discuss.

### **ACTION:**

Motion by R. Reynolds, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the staff compliance report;
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(f), 1(g), 1(h), 1(i), 1(j), (1)(k), 1(l), (1)(m), (2)(a), (3)(a), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(a), (5)(b), (5)(c), (5)(d), (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 (1)(e), (2)(b), (2)(c), and (3)(b);
3. Determine a preponderance of the evidence supports continued full approval.
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due by May 9, 2025:
    - i. Submit a comprehensive plan to ensure a Program Administrator dedicated full-time to the role is in place;
  - b. Due by July 14, 2025:
    - i. A revision and publication of the 14 Board policies which include specific nondiscriminatory criteria;
    - ii. Submit a comprehensive plan of action to verify preceptor qualifications prior to selecting; and
    - iii. For the effectiveness of the nursing education program:
      1. Submit a comprehensive plan to ensure faculty have participation in professional development in nursing education.
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].
6. Re-convene Education Sub-Committee to discuss nuances of program administrator role and reduce quorum requirement from three (3) members to two (2) members.

Motion carries.

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### **TOPIC:** Education

2025 Q1 NCLEX Performance Statistical Reports

Explanation of NCLEX Data Reports

Q1 NCLEX MA Graduates Regardless of State of Licensure

Q1 NCLEX MA Licensure Candidates Regardless of State of Education

Nursing Education Program with NCLEX Pass Rates Below 80%

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**DISCUSSION:**

C. Walsh was available for questions.

**ACTION:**

So noted.

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**TOPIC:** Education

Review of education for out of state applicants for licensure  
RNNE10017161

**DISCUSSION:**

Deferred.

**ACTION:**

Deferred.

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**TOPIC:** Requests for License Reinstatement – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Proposed Revisions to Staff Action Policy 24-02

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to approve the revisions to Staff Action Policy 24-02.

Motion carries.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Proposed Revisions to Education Policy 99-03

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, S. Abshir,

A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to approve the revisions to Staff Action Policy 99-03.  
Motion carries.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Proposed Advisory Ruling Education 25-02: Nursing Program Policy requirements to ensure non-discriminatory and non-ambiguous language

**DISCUSSION:**

C. Walsh summarized her previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to accept the proposed advisory ruling.

Motion carries.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Proposed Advisory Ruling Education 25-03: Clarification of Nursing Faculty and Nursing Preceptor Qualifications

**DISCUSSION:**

Deferred.

**ACTION:**

Deferred.

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**TOPIC:** Strategic Development, Planning and Evaluation

Presentation / Report

Staff Action Policy Placeholder

**DISCUSSION:**

Deferred.

**ACTION:**

Deferred.

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**TOPIC:** Strategic Development, Planning and Evaluation

Topics for Next Agenda

**DISCUSSION:**

None.

**ACTION:**

So noted.

**TOPIC:**

G.L. c. 112, s. 65C Session

**DISCUSSION:**

None.

**ACTION:**

Motion by A. Alley, seconded by L. Keough, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the G.L. c. 112, s. 65C Session at 11:05 a.m.

Motion carries.

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**G.L. c. 112, s. 65C Session 11:05 a.m. to 11:55 a.m.**

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**TOPIC:**

Adjudicatory Session

**DISCUSSION:**

None.

**ACTION:**

Motion by A. Alley, seconded by J. Monagle, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the Adjudicatory Session at 10:58 a.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

Motion carries.

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**Adjudicatory Session 10:58 a.m. to 11:05 a.m.**

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**TOPIC:**

G.L. c.30A, §21 Executive Session – None

**DISCUSSION:**

None.

**ACTION:**

None.

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**G.L. c. 30A, § 21 Executive Session – None**

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**TOPIC:**

Adjournment

**DISCUSSION:**

None.


**ACTION:**

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, S. Abshir, A. Joseph, L. Keough, J. Monagle, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to adjourn the meeting at 11:55 a.m.

Motion carries.

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Minutes of the Board's April 9, 2025, Regularly Scheduled Meeting were approved by the Board on May 14, 2025.



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Anthony Alley, MSN, RN  
Chairperson  
Board of Registration in Nursing

Agenda with exhibits list attached.

**Commonwealth of Massachusetts  
Board of Registration in Nursing**

**REVISED Notice of the Regularly Scheduled Meeting**

**Regular Session**

250 Washington Street  
Conference Room 3C  
Boston, Massachusetts 02108

And Via Zoom Webinar

Wednesday, April 9, 2025 9:00 am | 4 Hours | (GMT-04:00) Eastern Time (US & Canada)

Event address for attendees:  
<https://zoom.us/j/96087605694>  
Webinar ID: 960 8760 5694

Join by Phone:  
+1 929 436 2866 US (New York)  
Webinar ID: 960 8760 5694

**Wednesday, April 9, 2025**

**PRELIMINARY AGENDA AS OF 04/2/25 4:40pm**

<b>Estimated Time</b>	<b>Item #</b>	<b>Item</b>	<b>Exhibit</b>	<b>Presented by</b>
9:00 a.m.	I.	<b>CALL TO ORDER &amp; DETERMINATION OF QUORUM</b>	None	
	II.	<b>APPROVAL OF REVISED AGENDA</b>	REVISED Agenda	
	III.	<b>APPROVAL OF MINUTES</b> A. Draft Minutes for the March 12, 2025 Meeting of the Board of Registration in Nursing, Regular Session Via Zoom	Minutes	
	IV.	<b>REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS</b> A. Announcements	Oral / Memo	HC
	V.	<b>URAMP</b> A. URAMP Activity Report	Report	MW
	VI.	<b>PROBATION</b> A. Probation Staff Action Report – None B. Termination of Probation / Stayed Probation – None C. Request for Notice of Violation and Further Discipline – None		



		<b>LUNCH BREAK</b>	
	<b>XI.</b>	<b>M.G.L. c. 112, § 65C SESSION</b>	<b>CLOSED SESSION</b>
	<b>XII.</b>	<b>M.G.L. c. 30A, § 18 ADJUDICATORY SESSION</b>	<b>CLOSED SESSION</b>
	<b>XIII.</b>	<b>EXECUTIVE SESSION</b> The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual.  1. Specifically, the Board will discuss and evaluate the Good Moral Character and Massachusetts Department of Children and Families Cases as required for registration for pending applicants.  2. Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their petitions for license status change.  3. Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their compliance with the term of monitored licensed practice or participation in the Board's Substance Addiction Recovery Program.  4. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the March 12, 2025 meeting.	<b>CLOSED SESSION</b>
5:00 p.m.	<b>XIV.</b>	<b>ADJOURNMENT</b>	

***If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Stacy Hart at Stacy.Hart@mass.gov in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.***