

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN NURSING**

250 Washington Street, Room 3C
Boston, MA 02108

And Via Zoom

Wednesday, February 11, 2026 9:00 am | 2 Hours 15 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event Address for Attendees:

<https://zoom.us/j/97023960533>

Webinar ID: 970 2396 0533

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Minutes of the Regularly Scheduled Board Meeting

Wednesday, February 11, 2026

Board Members Present In Room 3C

None

Board Members Not Present

K. Crowley, DNP, RN

Board Members Present Via Audio Or Video

A. Alley, MSN, RN, Chairperson (Left at 9:50am,
Returned at 9:59am)

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

S. Abshir, LPN

L. Giambarresi, PharmD, RPh

A. Joseph, MD

D. Nikitas, BSN, RN

K. Pelletier, ADN, RN

R. Reynolds, PhD, MSN, RN

K. Sanclemente, BSN, 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

H. Engman, JD, Chief Board Counsel

H. Caines Robson, MSN, RN, Nursing
Education Coordinator

Staff Present Via Audio Or Video

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

J. Matthews, MSN, APRN, MPH, Deputy Executive
Director

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

R. Barros, JD, Board Counsel
M. Bresnahan, JD, Board Counsel
C. Walsh, 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, URAMP Director
J. Showalter, MSCJ, LADCI, URAMP Program
Coordination Supervisor
G. Luke, MBA, URAMP Monitoring Coordinator
E. Conlon, URAMP Monitoring Coordinator
K. Molter, Program Coordinator I
K. Jones, Probation Compliance Officer
D. McKenney, Compliance Officer
R. Laguerre, Compliance Officer
V. McDonough, Nursing Education (Consultant) I
R. Cody, Compliance Officer
S. McCauley, Compliance Officer
J. Scranton, Compliance Officer
J. Cody, Compliance Officer
M.F. Sheckman, Compliance Officer
K. Foster, Compliance Officer
E. Ketchum, Program Coordinator I
A. Ouchterloney, Investigations Intern

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 9:00 a.m., A. Alley, MSN, RN, Chairperson, called the February 11, 2026 Regularly Scheduled Board Meeting to order.

TOPIC:

Regular Session

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Regular Session at 9:02 a.m.

Motion carries.

February 11, 2026 Regular Session Board Meeting Minutes
(to be Approved 03/11/2026)

TOPIC:

Approval of Agenda

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to approve the Agenda as presented.

Motion carries.

TOPIC:

Approval of Board Minutes for the January 14, 2026 Meeting of the Regularly Scheduled Board Meeting

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to accept the Minutes of the January 14, 2026 Regularly Scheduled Board Meeting as presented.

R. Reynolds abstained.

Motion carries.

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 thanked Board Members who have signed up for the Complaint Committee Meetings and asked Board Members to sign up for at least 1-2 meetings per year.

H. Cambra noted that Board Members will be receiving an email gathering interest in attending a Council on Licensure and Regulation Board Member Educational series. H. Cambra stated that it consists of one (1) monthly live session, which is also recorded, and lasts from March to July. H. Cambra stated that it includes things like Foundation of Occupational and Professional Regulation, Board Member Rules and Responsibilities, Administrative Rule Making, Professional Discipline, and Assessing Competence. H. Cambra stated that it is a great opportunity and is still figuring out the logistics, but would like feedback on who is interested in attending.

ACTION:

So noted.

TOPIC: URAMP – None

DISCUSSION:

None.

ACTION:

None.

TOPIC: Probation – None

DISCUSSION:

None.

ACTION:

None.

TOPIC: Practice Coordinator Staff Report

DISCUSSION:

P. McNamee was available for questions. P. McNamee noted an increase in standard of conduct, APRN abandonment, care for family members, and denial of conditional licensure due to past GMC inquiries. A. Joseph stated that he has been noticing that physicians, facilities, and nurses seem to have different understandings of responsibilities to patients during care, discharge, and follow-up care. A. Joseph asked P. McNamee for thoughts on whether something is lacking in the education process about these responsibilities, and P. McNamee stated that it is the practitioner's responsibility during practice closure or transition of care. A. Joseph clarified that there seems to be a different approach to things from nurses, physicians and facilities. P. McNamee stated that in the context of a family member caring for another family member, ethically, there would need to be a transition and ensure that the documentation is up to date, that reports are sent to appropriate providers for follow-up care, along with potential boundary issues and objectiveness that would need to take place. P. McNamee stated that there is an AMA Code of Ethics. P. McNamee stated that it is the totality of care, regardless of the setting. P. McNamee stated that when responding to abandonment inquiries, she refers Licensees to 244 CMR 10.00. A. Alley added that there have been many primary care office closures and the NPs that worked at those offices now have no place else to go because there is no other primary care office to go to. A. Alley added that many primary care offices are becoming concierge services, and voiced concerns that there are a lot of patients that no longer have a provider. A. Alley questioned what the NPs responsibility would be if there is no practice for patients to follow them to, and if that would fall under abandonment, by definition.

ACTION:

So noted.

TOPIC: Education

Nursing Education Staff Report

1. February Nursing Education Staff Action Report
2. 2025 Site Survey Report
3. 2025 Nursing Education Annual Report
4. 2025 Nursing Education Programs Admissions, Enrollment and Graduate numbers

DISCUSSION:

C. Walsh was available for questions. L. Kelly stated the reports were thoroughly written and commended the Nursing Education team for the work they are doing, and Board Members agreed.

ACTION:

So noted.

TOPIC: Education

244 CMR 6.05 (3) Annual Report

Bunker Hill Community College, Associate Degree Program – Represented by Director of Nursing
K. Wenger, present via Zoom Audio and Video

DISCUSSION:

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

R. Reynolds stated that the Program has identified a variety of issues and concerns and asked if the frequency of evaluation is going to be yearly, and if the Program has specific requirements beyond the statements provided, in terms of numbers and how the Program is going to track progress or lack of progress. K. Wenger stated that it will be more frequent than yearly, and when looking at individual students, factors were identified as to why many students did not return, and interventions include ongoing support of students, tracking students taking remediation courses, and keeping in communication to keep them engaged to see if they would be continuing in the program. K. Wenger stated that the Program started an intervention spreadsheet to help identify which interventions focus on academics, which are more individualized, which focus on students that don't return, how many students utilize tutoring, which would be tracked each semester. R. Reynolds asked if there was a certain person assigned to look at the data or multiple people, and K. Wenger stated that multiple people are reviewing the data, and there is a dedicated special programs coordinator for the Nursing Program. L. Kelly stated the Program has done a lot of good work, which is great to see.

ACTION:

Motion by R. Reynolds, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Board staff memorandum;
2. Accept the Bunker Hill Community College Associate Degree Nursing program's change report for completion rate below 70%;
3. Determine non-compliance with 244 CMR 6.05 (3)(b);
4. Continue Full Approval Status;
5. Determine if the proposed plan is sufficient to address the low completion rates;
6. If the determination is made that the Program's plan is not sufficient, Direct the Program to submit the following:
 - a. **Due April 3, 2026:**
 - i. A comprehensive, data-driven root cause analysis addressing factors contributing to declining and persistently variable program completion rates across academic years 2022, 2024, and 2025, including differences between May and December graduation cohorts;
 - b. **Due June 5, 2026:**

- i. Submit evidence to verify that the Program has established quantifiable benchmarks for improving completion rates, including interim and long-term targets, and a defined method for evaluating progress toward those targets over successive academic years; and
- c. **Due August 14, 2026:**
 - i. Submit an interim progress report to Board staff within six (6) months of the Board's action detailing implementation status of the retention plan, preliminary outcome data, and any modifications made based on ongoing evaluation. Continue Full Approval Status at this time.

Motion carries.

TOPIC: Education

244 CMR 6.06 (2) Site Survey Waiver Requests

McCann Technical, Practical Nurse Program – Represented by Program Coordinator C. Berthiaume, and Superintendent J. Brosnan, present via Zoom Audio and Video

DISCUSSION:

J. Matthews summarized C. Walsh's previously distributed memorandum and attached exhibits to the Board.

L. Kelly stated the last site survey was in 2017, there are significant regulations that have not been met and recommended conducting a site survey. R. Reynolds agreed and stated it would help strengthen the program and help them become compliant with the regulations. C. Berthiaume stated this is the initial accreditation process, has been a learning process, and has helped highlight areas of improvement. C. Berthiaume stated that C. Walsh provided examples of things for improvement and the program is working on those improvements. C. Berthiaume stated that the SEP was re-written a few years ago and there are a few gaps to fill in, and the Program meets monthly with faculty. C. Berthiaume stated that the work the Program is doing may not have been fully captured.

ACTION:

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

1. Accept the staff compliance report finding:
 - a. written evidence of the program's accreditation.
 - b. the written findings of the Board-recognized accrediting agency in nursing based on its review of the program.
 - c. 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), (2)(a), (2)(b), (2)(c), (3)(a), (3)(d), (4)a, (4)b(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(a), (5)(b)(1), (5)(b)(2), (5)(c), (5)(d), (5)(e), (5)(f) and noncompliance with 244 CMR 6.04 ,(1)(g), (1)(h), (1)(m), (3)(b) and (3)(c);
2. Continue Full Approval status at this time;
3. Determine the Program does not qualify for a Waiver of 244 CMR 6.06(1)(a) Site Survey of Nursing Education Programs and schedule a site survey;
4. Direct the Program to provide to the Board the following to demonstrate correction of the regulatory deficiencies
 - a. Due: March 13, 2026:

- i. Demonstrated accuracy, consistency, and integrity of all published program information, including program approval and accreditation status, number of graduates in each class, annual NCLEX first-time pass rates, transfer credit policy, and common clinical placement requirements among cooperating agencies, across all program publications and websites.
 - b. Due: June 1, 2026:
 - i. A revision and publication of the 14 Board policies which include specific nondiscriminatory criteria;
 - ii. Demonstrate faculty role in the development, implementation, and evaluation of all Board-required nursing policies, informed by comprehensive program data analysis, including evidence of policy effectiveness and alignment with parent institution policies or documented justification for differences based on nursing program outcomes’;
 - iii. A systematic evaluation plan 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; with
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)].

K. Pelletier not present.

Motion carries.

TOPIC: Education

244 CMR 6.06 (2) Site Survey Waiver Requests

Northshore Community College, Associate Degree Program – Represented by Assistant Dean of Nursing Program S. Maciewicz, present via Zoom Audio and Video

DISCUSSION:

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

S. Maciewicz stated that in the Program’s SEP, the Program did include in their systematic plan to review policies and mentioned it may have been a language issue because faculty are doing the work, so the Program needs more clarity on that in the plan. S. Maciewicz stated that the Program uses a state contract and agrees that there is no statement that the contracts will be reviewed annually. S. Maciewicz stated that due to previous Board advice, the Program does an annual written contact with clinical agencies, reminding them to do an annual review. S. Maciewicz stated the state Community College attorneys are working on modifying the contract to be in compliance with the Board standard. R. Reynolds appreciated that the Program is being very proactive but noted the last site survey was in 1995, which is a very long time ago.

ACTION:

Motion by R. Reynolds, seconded by D. Nikitas, and voted by roll call with A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the staff compliance report finding:
 - a. written evidence of the program’s accreditation.

- b. the written findings of the Board-recognized accrediting agency in nursing based on its review of the program.
 - c. 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)(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(b), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(a), (5)(b)(2), (5)(c), (5)(d), (5)(e), (5)(f) and noncompliance with 244 CMR 6.04 (1)(h), and (5)(b)(1);
2. Continue Full Approval status at this time;
 3. Determine the Program does not qualify for a Waiver of 244 CMR 6.06(1)(a) Site Survey of Nursing Education Programs and schedule a site survey;
 4. Direct the Program to provide to the Board the following to demonstrate correction of the regulatory deficiencies;
 - a. Due May 13, 2026:
 - i. Revised clinical agreements to include a provision for an annual review of the agreement;
 - ii. Provide a fully implemented, data-driven, faculty-operated systematic evaluation plan that includes all components of 244 CMR 6.04, including the evaluation and effectiveness of the 14 Board policies, with evidence that aggregated and trended outcomes were used to develop, maintain, and revise the program; with
 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)].

S. Abshir not present.

Motion carries.

TOPIC: Education

244 CMR 6.07 Notification of Change

Endicott College, Baccalaureate Degree Program – Represented by Dean of School of Nursing and Health Sciences A. Smith, Associate Dean of Undergraduate Nursing and Program Administrator E. Smith, and Associate Dean of Nursing and Health Sciences, E. Landers, 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 D. Nikitas, and voted by roll call with S. Abshir, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Endicott College Baccalaureate Degree Nursing program's notification of change in program accreditation status;
2. Approve the Endicott College Baccalaureate Degree change in accreditation agency to the Accreditation Commission for Education in Nursing (ACEN);
3. Direct the Program to submit to the Board, within 15 days of receipt, all accreditation-related correspondence with its Board-recognized nursing accrediting agency, in accordance with 244 CMR 6.04(1)(c); and
4. Continue full approval status at this time.

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Nursing Education Standard

February 11, 2026 Regular Session Board Meeting Minutes
(to be Approved 03/11/2026)

Assabet Valley, Practical Nurse Program – Represented by Director of Practical Nursing T. Martinez, and Superintendent Director E. Houle, present via Zoom Audio and Video

DISCUSSION:

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

C. Walsh summarized the underlying complaint and added that the Program recently identified that the student did not complete the final exam or the ATI Comprehensive Predictor. C. Walsh stated that this component is new information that was not presented at the January Board meeting. C. Walsh explained the options proposed by the Program. T. Martinez added that there would be no cost to the student. R. Reynolds stated that it has been a long time since the incident and is inclined to offer the student the opportunity to repeat the entire semester, so they are not coming in with a deficit of being in the classroom. L. Kelly asked R. Reynolds for the pros and cons of giving the choice to the student, and R. Reynolds stated that the student should be allowed to decide for themselves what they want to do. C. Walsh stated that the option was to be able to offer the student both options. L. Kelly stated that she is glad the financial aspect was addressed by the Program. A. Joseph asked if the student wanted to repeat the course at their own pace and convenience, rather than retaking the course in a formal sense, is that something that the Program would consider? T. Martinez stated that the student was not in good academic standing due to the amount of time the student had missed and would offer the student the opportunity to come in and complete the requirements at their own pace but would recommend retaking the semester. T. Martinez stated the Program would do as much as they can to support the student's success. C. Walsh stated that if that was an option, that the directives would need to include that the program needs to follow their policies.

ACTION:

Motion by R. Reynolds, seconded by S. Abshir, and voted by roll call with S. Abshir, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Board staff memorandum;
2. Accept the Program's request for reconsideration of the directive to allow the student to complete only the clinical portion of the remaining program components;
3. Determine the Program warrants reconsideration of the Board's January 14, 2026 vote; and
4. If the Board votes to reconsider, determine whether to direct the Program to implement one of the following options:
 - a. Permit the student at no cost to the student to complete all outstanding program requirements including the final examination, required clinical hours, and the ATI Comprehensive Predictor examination, within a Board-approved timeframe beginning April 13, 2026, at the start of Term 3; and/or
 - b. Permit the student the opportunity to repeat the semester, or any portion thereof, at no cost to the student, to ensure completion of all required academic and clinical components in a manner consistent with program policies and regulatory expectations.

A. Alley abstained.

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Nursing Education Standard

Bunker Hill Community College, Associate Degree Program – Represented by Director of Nursing

K. Wenger, 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 A. Alley, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, 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)(g) and (5)(b); and
3. Continue Full Approval Status at this time.

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Nursing Education Standard

Simmons College, Baccalaureate Degree Program – Represented by Associate Dean for Academic Affairs

C. Kapaale, present via Zoom Audio and Video

DISCUSSION:

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

C. Kapaale clarified that the course was being taught online due to losing the in-person faculty member, and included that the course was online in the self-report. C. Kapaale stated that the Program was not hiding that fact, and was planning on returning to face-to-face instruction, which was explained in the curriculum change report, which noted that there were difficulty finding faculty to teach in person and the online format was working, hence the curriculum change. C. Kapaale stated that regarding the faculty for 448, that faculty would have been reported in the faculty table for the direct entry program, because 335 is cross-listed and 448 falls on the direct-entry side. A. Alley asked C. Kapaale what other steps have been made to remedy the concerns and findings of noncompliance and C. Kapaale stated that regarding the faculty who did not have an active Massachusetts license, the Program now ensures that all documents related to the licensure check process are opened and reviewed, to prevent any oversight at the time of hire and evaluation. C. Kapaale stated the Program is ensuring that licensure is verified at the time of hire. C. Kapaale added that regarding the teaching the courses and the modality they are supposed to be in, the Program is compliant with what was submitted in the curriculum change report and approved. L. Kelly voiced concerns regarding the noncompliance and the response from the Program. L. Kelly stated that it appears that the remediation has been complete, and C. Walsh confirmed the Program appears to be in compliance and is following what was submitted and approved in their curriculum change report. L. Kelly stated that the Board wouldn't be monitoring anything if the Program was put on warning status due to the remediation being complete. R. Reynolds agreed and asked when the last site survey was. C. Walsh stated it was in 2021. R. Reynolds asked if C. Walsh is receiving regular reports to ensure that the corrections are continuing and C. Walsh stated she is not. R. Reynolds recommended building that into the motion, and C. Walsh asked if the Board would consider a clock-to-credit curriculum table where the Program can analyze what was done during the reporting period, so the Board can see what done in 2024, 2023, and what is currently being done, and for a comparison to have on file. Board Members agreed and A. Alley asked how far back and C. Walsh recommended starting from the Fall of 2023. D. Nikitas asked if the Program could submit something more formal to follow-up on measures put in place to prevent this from happening again and C. Walsh stated the Program provided a comprehensive plan and C. Walsh can ask for subsequent information, more details on the plan or how they are following it, and noted the

Program has been following the comprehensive plan for a year now. C. Walsh stated that the Board could consider asking for a follow-up analysis. D. Nikitas and R. Reynolds stated that would be helpful.

ACTION:

Motion by R. Reynolds, seconded by D. Nikitas, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Board staff memorandum;
2. Find the program non-compliant with 244 CMR 6.07 (1)(e) a revision to the curriculum resulting in a major change in the sequence of the majority of courses offered or an increase, decrease or substitution in the number of credit hours or the number of clock hours either in content or methods of delivery to meet nursing program outcomes;
3. Find the program noncompliant with 244 CMR 6.08 (1)(a) Board receipt of information documenting a violation of 244 CMR 6.04;
4. Find the program noncompliant with 244 CMR 6.08 (1)(c) Failure to adhere to the program's stated mission, philosophy, outcomes, policies, or approved curriculum plan;
5. Find the program noncompliant with 244 CMR 6.08 (1)(e) Failure to provide information to the Board, enrolled students, program applicants, or the public concerning the program, or providing false or misleading information;
6. Determine if the Program warrants continued Full Approval Status
7. Direct the Program to submit:
 - a. **Due March 1, 2026:**
 - i. a clock-to-credit hour table dating back from 2023 to present, and some substantive evidence to show the review of records upon hire and continuing status when teaching
8. 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 6.08 Noncompliance with Nursing Education Standard

Southeastern Regional Vocational Technical Practical Nurse Program – Represented by Director of Practical Nursing J. Gregoire, and Executive Director K. Lazaro, present via Zoom Audio and Video

DISCUSSION:

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

R. Reynolds voiced concerns about the Program's lack of accreditation, and the extension is for the submission of the application but doesn't guarantee approval. J. Gregoire stated the Program met with the surveyor for ACEN accreditation in December and the Program is working on things and feels confident in their mentorship plan. J. Gregoire stated that there is strong support and anticipate success. J. Gregoire stated the Program has until June to resubmit but haven't set an exact date due to wanting to attend the Board Meeting first. L. Kelly voiced concerns about the significant noncompliance but appreciated the Program's work on the accreditation and is working hard with Board staff to get there. L. Kelly stated the Program is working hard to address the areas of concerns. L. Kelly stated that the dates outlined in C. Walsh's memo appear to be a doable goal for the Program. L. Kelly recommended adding a report on the ACEN application and accreditation and A. Alley recommended a monthly progress report on movement towards accreditation until submission. R. Reynolds stated that it is a good idea and recommended the reports for the next three (3) months and A. Alley recommended adding a final report when the

application was completed. R. Barros asked for clarification if the monthly reports will address everything outside the ACEN accreditation process, such as updates on plan of correction for any other deficiencies. L. Kelly stated that the Board is comfortable with C. Walsh's recommendations and the proposed timelines are sufficient, but in addition to that, add the ACEN monthly updates.

ACTION:

Motion by R. Reynolds, seconded by A. Alley, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, 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)(c), (1)(d), (1)(e), (1)(f), (1)(g), (1)(i), (1)(j), (1)(k), (1)(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(b), (3)(c), (3)(d), (4)(a), (5)(a), (5)(c), (5)(d), (5)(e) and (5)(f), and noncompliance with 244 CMR 6.04 (1)(b), (1)(h), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), and (5)(b);
3. Find the Program noncompliant with 244 CMR 6.08 (1)(b) failure to obtain or retain program accreditation;
4. Find the Program noncompliant with 244 CMR 6.08 (1)(d) ongoing difficulty in retaining qualified administrators or faculty;
5. Find the Program noncompliant with 244 CMR 6.08 (1)(f) failure to provide clinical experiences necessary to meet the student learning outcomes or nursing education outcomes;
6. Determine the Program warrants an extension to achieve compliance with 244 CMR 6.04(b)(1) through July 31, 2026, following the Board's prior deferral from October based on site survey findings;
7. Determine a preponderance of the evidence supports continued with Full Approval Status
8. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

a. Due by March 13, 2026:

- i. Submit a comprehensive plan for curricular changes with an implementation schedule, including:
 1. Addition of direct patient care components for maternity;
 2. Identification and adoption of a clearly defined curriculum framework;
 3. Selection and integration of a clinical judgment model across theory and clinical course;
- ii. Documentation of direct patient care maternity clinical experiences, supported by fully executed clinical affiliation agreements and/or memoranda of understanding;
- iii. Submit an updated clock-to-credit hour allocation table showing direct patient care hours, laboratory hours, simulation hours, and clinical sites per course for all clinical experiences;
- iv. Submit a comprehensive plan for test writing, maintenance of exam questions, and test item analysis;
- v. Submit a mentoring plan for the newly appointed Program administrator;

b. Due by June 12, 2026:

- i. Development and documentation of course-specific student learning outcomes (CSLOs) that are explicitly identified, mapped, and aligned with level outcomes and End-of-Program Student Learning Outcomes (EPSLOs), accompanied by a curriculum table showing measurable, consistent learning outcomes and progression of student achievement across all courses;

- ii. Submit a curriculum table demonstrating measurable, consistent learning outcomes and progression of student achievement across all courses;
- iii. Identify measurable direct patient care clinical learning outcomes and evaluation criteria for all specialty areas (medical-surgical, mental health, pediatrics, and obstetrics) demonstrating student competency in clinical practice;
- iv. Provide evidence that evaluation methods (e.g., student assignments, clinical evaluations, testing) are valid, reliable, and measurable indicators of student achievement of course and program learning outcomes;
- v. Revise clinical evaluation tools to include measurable, behavior-based criteria aligned with EPSLOs and course-level outcomes and provide evidence of consistent application across all courses and evaluators;
- vi. Conduct an internal audit of all clinical affiliation agreements to ensure compliance with Board regulations; revise agreements to specify annual review, responsibilities of the program and agency, and clearly defined learning experiences;

c. Due September 11, 2026:

- i. A systematic evaluation plan 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;
- ii. Conduct and submit a curriculum gap analysis and NCLEX test plan mapping to ensure alignment and full coverage of required content areas and competencies;
- iii. Provide evidence that all exam items are analyzed and mapped to course objectives and End-of-Program Student Learning Outcomes (EPSLOs), aligned with Bloom’s Taxonomy, and include NCLEX-style questions to ensure integrity, consistency, and fairness across all cohorts;

d. Due Monthly:

- i. Progress report providing updates on the Program’s progress towards ACEN Accreditation

9. 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: Requests for License Reinstatement – None

DISCUSSION:

None.

ACTION:

None.

TOPIC: Strategic Development, Planning and Evaluation
Topics for Next Agenda

DISCUSSION:

None.

ACTION:

So noted.

TOPIC:

Adjournment of Regular Session

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to adjourn the Regular Session at 10:47 a.m.

Motion carries.

TOPIC:

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

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the G.L. c. 112, s. 65C Session at 11:10 a.m.

Motion carries.

G.L. c. 112, s. 65C Session 11:10 a.m. to 12:33 p.m.

TOPIC:

Adjudicatory Session

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Adjudicatory Session at 12:35 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

Motion carries.

Adjudicatory Session 12:35 p.m. to 12:40 p.m.

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Executive Session at 1:05 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

Motion carries.

G.L. c. 30A, § 21 Executive Session 1:05 p.m. to 2:32 p.m.

TOPIC:

Adjournment

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to adjourn the meeting at 2:32 p.m.

Motion carries.

Minutes of the Board's February 11, 2026, Regularly Scheduled Meeting were approved by the Board on March 11, 2026.



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

Agenda with exhibits list attached.

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

Notice of the Regularly Scheduled Meeting

Regular Session

250 Washington Street
Conference Room 3C
Boston, Massachusetts 02108

And Via Zoom

Wednesday, February 11, 2026 9:00 am | 2 Hours 15 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event Address for Attendees:

<https://zoom.us/j/97023960533>

Webinar ID: 970 2396 0533

Join by Phone:

pm

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| | I. | | | |
| | II. | APPROVAL OF AGENDA | Agenda | |
| | III. | APPROVAL OF MINUTES A. Draft Minutes for the January 14, 2026 Meeting of the Board of Registration in Nursing, Regular Session Via Zoom | Minutes | |
| | IV. | REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS A. Announcements | Oral / Memo | HC |
| | V. | URAMP – None | | |
| | VI. | PROBATION – None | | |
| | VII. | PRACTICE A. Practice Coordinator Staff Report | Report | PM |

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| | <p>VIII. EDUCATION</p> <p>A. Nursing Education Staff Report</p> <ol style="list-style-type: none"> 1. February Nursing Education Staff Action Report 2. 2025 Site Survey Report 3. 2025 Nursing Education Annual Report 4. 2025 Nursing Education Programs Admissions, Enrollment and Graduate numbers <p>B. 244 CMR 6.05 (3) Annual Report</p> <ol style="list-style-type: none"> 1. Bunker Hill Community College, Associate Degree Program <p>C. 244 CMR 6.06 (2) Site Survey Waiver Requests</p> <ol style="list-style-type: none"> 1. McCann Technical, Practical Nurse Program 2. Northshore Community College, Associate Degree Program <p>D. 244 CMR 6.07 Notification of Change</p> <ol style="list-style-type: none"> 1. Endicott College, Baccalaureate Degree Program <p>E. 244 CMR 6.08 Noncompliance with Nursing Education Standard</p> <ol style="list-style-type: none"> 1. Assabet Valley, Practical Nurse Program 2. Bunker Hill Community College, Associate Degree Program 3. Simmons College, Baccalaureate Degree Program 4. Southeastern Regional Vocational Technical Practical Nurse Program | <p>Report Report Report Report</p> <p>Memo</p> <p>Compliance Report Compliance Report</p> <p>Memo</p> <p>Memo Compliance Report Memo Compliance Report</p> | <p>CW CW CW CW</p> <p>CW</p> <p>CW CW</p> <p>CW</p> <p>CW CW CW CW</p> |
| | <p>IX. REQUESTS FOR LICENSE REINSTATEMENT – None</p> | | |
| | <p>X. STRATEGIC DEVELOPMENT, PLANNING, AND EVALUATION</p> <p>A. Topics For Next Agenda</p> | | |

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| | | LUNCH BREAK | |
| | XI. | M.G.L. c. 112, § 65C SESSION | CLOSED SESSION |
| | XII. | M.G.L. c. 30A, § 18 ADJUDICATORY SESSION | CLOSED SESSION |
| | XIII. | <p>EXECUTIVE SESSION 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.</p> <ol style="list-style-type: none"> 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 January 14, 2026 meeting. | CLOSED SESSION |
| 5:00 p.m. | XIV. | ADJOURNMENT | |

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.