

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

250 Washington Street, Room 3C
Boston, MA 02108

And Via Zoom

Wednesday, January 14, 2026 9:00 am | 2 Hours 15 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event Address for Attendees:

<https://zoom.us/j/96748475352>

Webinar ID: 967 4847 5352

Join by Phone:

+1 929 436 2866 US (New York)

Webinar ID: 967 4847 5352

Minutes of the Regularly Scheduled Board Meeting

Wednesday, January 14, 2026

Board Members Present In Room 3C

None

Board Members Not Present

K. Pelletier, ADN, RN

R. Reynolds, PhD, MSN, RN

Board Members Present Via Audio Or Video

A. Alley, MSN, RN, Chairperson

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

S. Abshir, LPN

K. Crowley, DNP, RN

L. Giambarresi, PharmD, RPh

A. Joseph, MD

D. Nikitas, BSN, RN (Joined at 9:05am)

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
L. McShane, Nursing Investigations Supervisor
M. Waksmonski, MSN, RN, SARP Coordinator
J. Showalter, MSCJ, LADCI, URAMP Program
Coordination Supervisor
G. Luke, MBA, SARP Monitoring Coordinator
E. Conlon, SARP Monitoring Coordinator
K. Molter, Program Coordinator I
K. Jones, Probation Compliance Officer
M.F. Sheckman, Compliance Officer
V.A. McDonough, Compliance Officer
R. Cody, Compliance Officer
D. McKenney, Compliance Officer
S. McCauley, Compliance Officer
J. Cody, Compliance Officer
M. Hale, Compliance Officer
R. Laguerre, Compliance Officer
L. Woodward, Compliance Officer
K. Foster, Compliance Officer
E. Ketchum, Program Coordinator I
J. Dillon, Director of Policy for Bureau of Health
Professions Licensure
L. Nelson, Deputy Director, Bureau of Health
Professions Licensure
J. Lavery, Director, Bureau of Health Professions
Licensure

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 January 14, 2026 Regularly Scheduled Board Meeting to order.

TOPIC:

Regularly Scheduled Board Meeting

DISCUSSION:

None.

ACTION:

January 14, 2026 Regular Session Board Meeting Minutes
(to be Approved 02/11/2026)

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Regularly Scheduled Board Meeting at 9:03 a.m.
Motion carries.

TOPIC:

Approval of Agenda

DISCUSSION:

H. Cambra deferred X. B. AR Placeholder.

ACTION:

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

TOPIC:

Approval of Board Minutes for the December 10, 2025 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, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Sesay, and H. Underwood unanimously in favor to accept the Minutes of the December 10, 2025 Regularly Scheduled Board Meeting as presented.
L. Giambarresi, K. Sanclemente abstained.
Motion carries.

TOPIC: Reports, Announcements and Administrative Matters
Announcements

DISCUSSION:

H. Cambra welcomed L. Giambarresi to the Board.

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

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

ACTION:

So noted.

TOPIC: URAMP
Activity Report

DISCUSSION:

M. Waksmonski was available for questions.

L. Kelly asked M. Waksmonski for clarification on participants or applicants having difficulty getting evaluations and M. Waksmonski stated it is challenging for applicants to find an evaluator, partly due to limited availability of psychiatrists and psychologists that know about the Program and how to pass direct licensees to those clinicians that are advertising to do these evaluations. M. Waksmonski provided an update about a notice of opportunity to potentially provide a list of evaluators to applicants to be able to find evaluators easier.

ACTION:

So noted.

TOPIC: Probation – None

DISCUSSION:

None.

ACTION:

None.

TOPIC: Practice Coordinator Staff Report

DISCUSSION:

P. McNamee was available for questions.

L. Kelly asked P. McNamee to talk about the two (2) sessions with the Nursing Counsel on Workforce Sustainability and P. McNamee provided a brief explanation on the Apprenticeship taskforce and how it works. L. Kelly asked if the Board has any data about nursing students who are functioning in their last semester in healthcare settings and NCLEX pass rates, and P. McNamee stated that the Board has no jurisdiction and it is a facility authorization model. P. McNamee stated that the facility would have to provide the data and determine variable factors and then track NCLEX pass/fail scores. P. McNamee stated that there are several challenges and A. Alley stated it would be interesting to see whether students in apprenticeships programs have higher pass rates, but it is up to the Programs that have that opportunity to track that. A. Alley reiterated that the Board does not have jurisdiction over Apprenticeship Programs.

L. Kelly asked if the Board has any data on students who have the ability to practice nursing in their last semester to say that these students pass their Boards, and P. McNamee stated they do not have that data. P. McNamee asked H. Cambra to discuss it internally to see if there are any agencies that the Board can work with to provide the data. H. Cambra asked for clarification if the Board wants last semester and new graduates or focus on last semester pass rates, and L. Kelly stated that she is unsure, so H. Cambra stated that it can be all-encompassing.

ACTION:

So noted.

TOPIC: Education

DISCUSSION:

C. Walsh was available for questions.

ACTION:

So noted.

TOPIC: Education

244 CMR 6.05 (2) Initial Approval

Middlesex Community College, Practical Nurse Program – Represented by Director of Nursing S. Lavallee, and Dean of Health K. Townsend, present via Zoom Audio and Video

DISCUSSION:

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

S. Lavallee stated that the Program is actively working to make this program successful and will provide an update in April. K. Crowley stated that this has been going on for almost three (3) years, but voiced concerns that the Board is using resources to monitor the Program with no progression. K. Crowley asked the Program to explain the three (3) month turnaround is doable now when it hasn't been for the past few years, and S. Lavallee stated that the Program is actively working with Board staff regarding the items that still need to be developed. S. Lavallee she accepted the administrator position in Summer 2024 and the curriculum needs changes, and the Program curriculum committee will meet to discuss changes. S. Lavallee stated that there may be a candidate for Program Administrator, and did not hire faculty due to the fact that she did not know when the Program was going to be approved, but had several interested faculty members. S. Lavallee stated that there have been questions regarding clinical sites and S. Lavallee stated there will be a clinical site but needed a timeline for those things to take place. S. Lavallee added that by April the faculty will be returning from break to regroup, present these things to them, and walk through missing pieces that need to be developed, and is requesting until April to provide an update on moving forward with the timeline.

K. Crowley asked C. Walsh if option three (3) in the memo indicates that if the Board votes to accept the extension, that Board Staff will identify specific completed material that must be submitted before the April date, otherwise will be moving to option four (4) and C. Walsh confirmed.

ACTION:

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

1. Determined the Program warrants approval of an extension of 244 CMR 6.05 (2) which outlines the requirement of the initial approval status to the parent institution, to remain until April 2026;
2. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies by April 17, 2026; Submit a completed initial application. The submission shall include, but not be limited to, the following:
 - a. A comprehensive implementation and operational plan detailing the Program's and the parent institution's timelines for admissions to the Program, proposed admission dates, anticipated student enrollment and projection numbers, and readiness to initiate the program;

- b. A detailed plan outlining proposed advertising and student recruitment activities, including timelines and methods, contingent upon Board approval;
 - c. Faculty and leadership recruitment plans, including timelines and strategies for the recruitment and appointment of qualified faculty and a Program Administrator, with documentation of required qualifications;
 - d. Curriculum documentation, including course syllabi, clock to credit allocation tables, course sequencing, and clinical evaluation tools;
 - e. Clinical education resources, including an update on the availability and capacity of clinical sites, executed or pending affiliation agreements, and the number of students supported by each site; and
3. Materials addressing all previously identified areas where Board staff were not able to determine compliance, along with any additional documentation necessary to demonstrate compliance with applicable statutes and regulations governing nursing education programs;
 4. Failure to submit the required materials by the established deadline may result in further Board action or impact on the Board's ability to continue its review of the application.

Motion carries.

TOPIC: Education

244 CMR 6.06 (1) Site Survey

Assabet Valley Regional Vocational, Practical Nurse Program – Represented by T. Sanford, 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.

T. Sanford added that the Program is committed to following all Board regulations. K. Crowley asked for feedback regarding the clinical hours that were not permitted to be made up by the student that filed the complaint and how the Program is ensuring that the policy is applied fairly. C. Walsh stated that the Program took immediate action and changed the progression and attendance policy to avoid that happening again, notified all students that the change was effective immediately, and allowed for the make-up of hours. T. Sanford added that there was a line in the policy that stated that online clinical assignments could be arranged for students in good standing. T. Sanford stated that the student was in good standing and missed 57 hours of clinical. T. Sanford stated that she took accountability for missing that line, and that line was there from COVID years when the program was online, and the Program is not currently an online program. T. Sanford stated that there were faculty that came back beyond contracted hours for any missing hours, but the faculty that had to come back after, didn't, and only had 11 hours at that time, and the student was missing greater than 20 hours. T. Sanford added that policies were changed where students are no longer progressing with a lifeline and not meeting those requirements to be moved forward within the terms. K. Crowley asked if makeup hours are not allowed anymore and T. Sanford confirmed. K. Crowley asked if the student was taken care of and finished the clinical and T. Sanford stated the student did not and dismissed the student. T. Sanford stated the Program did not have the in-person clinical hours available and the student was dismissed. T. Sanford stated that the student reached out to be readmitted, and there was an interview to have the student readmitted, but the student did not show up and may be readmitted to the class of 2027. L. Kelly asked if there were any other students that were impacted by this and T. Sanford stated this was just this one (1) student. L. Kelly asked if the Program looked at the student data and T. Sanford stated there were no other students. K. Crowley asked when the student was dismissed and T. Sanford stated June 9th.

K. Crowley stated the student was harmed and was dismissed during the last semester due to not completing the hours. K. Crowley stated that the Program had a policy allowing the student to make up the hours and didn't offer the student that availability. K. Crowley stated the policy doesn't say that the hours needed to be made up in person, and the student could have done online work. K. Crowley added that the Program is having the student reapply and re-interview. L. Kelly stated the Program offered the student to come back and K. Crowley stated that the offer was to apply and re-interview again. L. Kelly ask for clarification on what was offered to the student. T. Sanford stated that the Program has a re-admission policy for previously dismissed students, and the Program would be willing to take the student back due to the Program taking accountability for wrongfully dismissing the student. A. Alley stated that the admission policy would be null and void due to the wrongful dismissal. L. Kelly stated the Program revised the policies and placed safeguards to prevent this from happening again. C. Walsh recommended having the Program doing an audit of dismissed students. K. Crowley stated that the student should be allowed back to complete the program. A. Joseph asked when the student would be allowed back and K. Crowley stated that the student should be allowed back immediately so the student could complete eight (8) hours of clinical. T. Sanford stated the Program reached out to the student and they were going to come back to discuss when they would come back, and the Program could accept the student back now for term three (3), but the student has not been responsive to the Program in coming back. K. Crowley stated that it was under the presumption that the student would be considered for a future year, so the Program needs to immediately course-correct and inform the student that the Program acted prematurely and would like to invite the student back to just complete the eight (8) clinical hours and does not need to go through the re-admission process.

A. Alley recommended determining if the Program has enough egregious non-compliance to warrant approval with warning status. K. Crowley stated that until the Board knows if this was repetitive behavior via the audit, she is leaning towards approval with warning status. L. Giambarresi asked if it is possible to defer the decision until the audit results are provided. R. Barros stated that it is an option if the Board would like more information. H. Cambra asked if it is possible to make a conditional motion, so that if Board staff determine that this has impacted multiple students, then the motion could outline next steps, so that the current student's piece can move forward and place conditions on the larger step of approval with warning. T. Sanford stated that Term three (3) would not start until April. K. Crowley stated that the student can still complete eight (8) hours of clinical during the current term and doesn't need to wait until April.

L. Kelly stated the non-compliance is significant, there is the maternity and mental health components, progression concerns, SEP concerns and more. A. Joseph stated that warning status could be helpful to the Program so they can organize around the warning and do what needs to be done. R. Barros recommended issuing a directive that the Program moves forward with admitting the student and proceeding with the notice to the student inviting them back immediately and deferring the issue regarding the warning status until the receipt of the audits.

ACTION:

Motion by K. Crowley, seconded by R. Sesay, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, 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)(b), (1)(c), (1)(d), 1(e), (1)(f), (i), 1(j), (1)(k), (1)(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (c), (3)(d), (4)(a), 4)(b)(3), (4)(b)(4), (5)(a), (5)(c), (5)(d), (5)(e) and (5)(f), partially met 244 CMR 6.04 (1)(g) and noncompliance with 244 CMR 6.04 (1)(h), (3)(b), (4)(b)(1), (4)(b)(2), and (5)(b);

3. Find the Program noncompliant with 244 CMR 6.08 (1)(a) Boards receipt of information documenting a violation of 244 CMR 6.04-the program did not adhere to published attendance and progression policy;
4. 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;
5. Determine a preponderance of the evidence warrants a change to Approval With Warning Status;
6. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Directly admit the wrongfully dismissed student immediately to allow them to complete the eight (8) missed hours of clinical;
 - b. Submit an audit report of all student dismissals for the past two (2) years, and include the reason for those dismissals
 - c. Due February 13, 2026:
 - i. A comprehensive plan ensuring direct patient care experiences for the maternity and mental health components of the curriculum consistent with NCSBN simulation guidelines; [ref: 244 CMR 6.04 (4)(b)(1)];
 - ii. A revised and published student progression policy prohibiting advancement without successful completion of all prerequisite theory, lab, and clinical coursework; [ref: 244 CMR 6.04 (4)(b)(2)];
 - d. Due May 22, 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; [ref: 244 CMR 6.04 (1)(h)];
 - ii. A curriculum alignment submission that includes a completed NCLEX test plan gap analysis mapped to all didactic and clinical coursework; revised clinical evaluation tools that clearly identify measurable expectations for student performance; and documentation identifying the clinical judgment model adopted by the Program and evidence of its integration across the curriculum [ref: 244 CMR 6.04 (4)(b)(2)];
 - iii. A revision, publication, and evaluation of the fourteen (14) Board-required policies, including specific nondiscriminatory criteria and evidence demonstrating the effectiveness of each policy [ref 244 CMR 6.04(3)(b) and 6.04(1)(g)];
 - iv. Evidence of implementation of the Program's direct patient care plan for maternity and mental health, including finalized clinical rotation schedules, fully executed clinical affiliation agreements, and documentation demonstrating that all students received required direct patient care experiences consistent with NCSBN simulation guidelines [ref: 244 CMR 6.04 (4)(b)(1)];
 - v. Complete an internal audit of all clinical affiliation agreements to ensure compliance with Board regulations and revise written agreements with cooperating agencies utilized as clinical learning sites specifying that they are developed and reviewed annually by both program and agency personnel and defining the responsibilities of the program and the cooperating agency [ref: 244 CMR 6.04 (5)(b)(1)];
7. If the determination is made that the Program is placed on Approval with Warning Status, as specified at 244 CMR 6.08(2), direct the Program to:

- a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
 - b. inform all program graduates that they remain eligible to write the NCLEX.
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 6.06 (1) Site Survey

Northern Essex Community College, Practical Nurse Program – Represented by Dean for Health Professions K. Hudson, and Vice President of Academic Affairs A. Gilliland, present via Zoom Audio and Video

DISCUSSION:

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

K. Hudson stated that the Program met the intent of the requirements, but documentation and current processes didn't meet the current accreditation expectations. K. Hudson stated the Program is aware of that and is in the process of working on that and making corrections and implementing processes that ensure ongoing monitoring and accountability in both programs.

L. Kelly asked when the last site survey was and C. Walsh stated it was around 15 years ago. L. Kelly noted that this documents how Programs can sway down a path when there is such a lengthy time between site surveys and ensuring compliance with regulations. L. Kelly stated that the non-compliance is significant and acknowledges the Program is working to swing back into compliance with the regulations. K. Crowley agreed and noted the disconnect between course objectives, end-of-program outcomes, and student expectations in many of the courses. K. Crowley appreciated the Program taking serious note to this and being proactive to get as much as they can done between the time of the findings and today's meeting, but the changes still need to be verified.

ACTION:

Motion by K. Crowley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, 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)(b), (1)(c), (1)(d), (1)(g), (1)(i), (1)(j), (1)(k), (1)(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (4)(a), (5)(a), (5)(c), (5)(d), (5)(e), and (5)(f), partially met compliance with 244 CMR 6.04 (1)(f) and noncompliance with 244 CMR 6.04 (1)(e), (1)(h), (3)(b), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(b)(1), and (5)(b)(2);
3. Find the Program non-compliant with 244 CMR 6.08 (1)(e) failure to adhere to the program's stated mission, philosophy, outcomes, policies or curriculum plan; the program implemented a "pilot" curriculum in fall 2025, where the Program shifted the clinical course from normal sequencing without prior approval;
4. Find the Program non-compliant with 244 CMR 6.08 (1)(f) failure to provide clinical experiences necessary to meet the student learning outcomes or nursing education outcomes;
5. CMR 6.08 (1)(f) failure to provide clinical experiences necessary to meet the student learning outcomes or nursing education outcomes;

6. Determine a preponderance of the evidence warrants a change to approval with warning status;
7. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Due March 13, 2026:
 - i. Comprehensive plan identifying a formal and informal process for students to participate in Program governance; including defined roles, selection processes, frequency of participation, and a process for a feedback loop [ref 244 CMR 6.04 (1)(f)];
 - ii. Program administrator job description and subsequent organizational charts, outlining the responsibility of the Assistant Dean of Nursing [ref 244 CMR 6.04 (1)(e)];
 - iii. Update all faculty job descriptions to explicitly incorporate regulatory responsibilities, including but not limited to participation in systematic program evaluation and the review and evaluation of program policies;
 - iv. A comprehensive plan to address curriculum requirements, including the addition of direct patient care components for maternity and mental health, sequencing of courses to ensure prerequisite completion, NCLEX test plan gap analysis mapped to the curriculum, revised clinical evaluation tools with clearly defined expectations, and the adoption and integration of a clinical judgment model, with an implementation schedule [ref 244 CMR 6.04(4)(b)(1) and 6.04(4)(b)(2)];
 - b. Due May 15, 2026:
 - i. Evidence of student involvement in program governance including, but not limited to, meeting minutes, attendance records, and announcements demonstrating opportunities to participate in program meetings and governance [ref 244 CMR 6.04(1)(f)];
 - ii. A revision and publication of the 14 Board policies which include specific nondiscriminatory criteria [ref 244 CMR 6.04 (3)(b)];
 - iii. An updated clock-to-credit hour allocation table that clearly identifies direct patient care hours, laboratory hours, simulation hours, and clinical sites per course for all direct patient care experiences [ref 244 CMR 6.04(4)(b)(1)];
 - c. Due July 3, 2026:
 - i. A systematic evaluation plan that includes all components of 244 CMR 6.04, operating definitions, expected levels of achievement (achievable and measurable) 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, including evaluation of the 14 Board required policies effectiveness [ref 244 CMR 6.04(1)(h)];
 - ii. Evidence that evaluation methods (e.g. student assignments, clinical evaluations) are valid and reliable indicators of students' achievement of course and program learning outcomes [ref: 244 CMR 6.04(4)(b)(4)];
 - iii. Identification of measurable direct patient care clinical learning outcomes and evaluation criteria for mental health, pediatrics, and obstetrics to demonstrate student competency in clinical practice and alignment with required academic and clinical standards [ref 244 CMR 6.04(4)(b)(1)];
 - iv. 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 [ref 244 CMR 6.04(4)(b)(2)];

- v. Submission of a curriculum gap analysis and NCLEX test plan mapping that identifies areas of alignment and ensures full coverage of required content areas and competencies [ref 244 CMR 6.04(4)(b)(3)];
 - vi. Revision of all course assignments and evaluation rubrics to include clearly defined, measurable grading criteria and ensure consistent application across all courses [ref 244 CMR 6.04(4)(b)(4)];
 - vii. Revised clinical affiliation agreements that include provisions for annual review and delineate the responsibilities of both the Program and the clinical agency [ref 244 CMR 6.04(5)(b)(1)-(2)]; and
 - viii. Identification and implementation of a formal, structured mechanism for student input into program development and evaluation, including clearly defined student roles and expectations documented in policies or bylaws, with documentation demonstrating how student feedback is reviewed, incorporated into programmatic decisions (e.g., meeting minutes, action plans, curriculum or policy revisions, and evidence of a feedback loop communicating outcomes or actions back to students [ref 244 CMR 6.04 (3)(d).
8. If the determination is made that the Program is placed on Approval with Warning Status, as specified at 244 CMR 6.08(2), direct the Program to:
- a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
 - b. inform all program graduates that they remain eligible to write the NCLEX; with
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: Education

244 CMR 6.06 (1) Site Survey

Northern Essex Community College, Associate Degree Program – Represented by Dean for Health Professions K. Hudson, and Vice President of Academic Affairs A. Gilliland, present via Zoom Audio and Video

DISCUSSION:

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

K. Crowley noted that the current pass rate is 73.8% for 2025, and stated that when programs start to derail, students will be affected. K. Crowley thanked the Program for taking this seriously and addressing some of the areas of noncompliance.

ACTION:

Motion by K. Crowley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, 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)(b), (1)(c), (1)(d), (1)(g), (1)(i), (1)(j), (1)(k), (1)(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (4)(a), (5)(a), (5)(c), (5)(d), (5)(e), and (5)(f), partially met compliance with 244 CMR 6.04 (1)(f) and noncompliance with 244 CMR 6.04 (1)(e), (1)(h), (3)(b), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(b)(1), and (5)(b)(2);

3. Find the Program non-compliant with 244 CMR 6.08 (1)(e) failure to adhere to the program's stated mission, philosophy, outcomes, policies or curriculum plan; the program implemented a "pilot" curriculum in fall 2025, where the Program shifted the clinical course from normal sequencing without prior approval;
4. Find the Program non-compliant with 244 CMR 6.08 (1)(f) failure to provide clinical experiences necessary to meet the student learning outcomes or nursing education outcomes;
5. Determine a preponderance of the evidence warrants a change to approval with warning status;
6. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Due March 13, 2026:
 - i. Comprehensive plan identifying a formal and informal process for students to participate in Program governance; including defined roles, selection processes, frequency of participation, and a process for a feedback loop [ref 244 CMR 6.04 (1)(f)];
 - ii. Program administrator job description and subsequent organizational charts, outlining the responsibility of the Assistant Dean of Nursing [ref 244 CMR 6.04 (1)(e)];
 - iii. Update all faculty job descriptions to explicitly incorporate regulatory responsibilities, including but not limited to participation in systematic program evaluation and the review and evaluation of program policies;
 - iv. A comprehensive plan to address curriculum requirements, including the addition of direct patient care components for maternity and mental health, sequencing of courses to ensure prerequisite completion, NCLEX test plan gap analysis mapped to the curriculum, revised clinical evaluation tools with clearly defined expectations, and the adoption and integration of a clinical judgment model, with an implementation schedule [ref 244 CMR 6.04(4)(b)(1) and 6.04(4)(b)(2)];
 - b. Due May 15, 2026:
 - i. Evidence of student involvement in program governance including, but not limited to, meeting minutes, attendance records, and announcements demonstrating opportunities to participate in program meetings and governance [ref 244 CMR 6.04(1)(f)];
 - ii. A revision and publication of the 14 Board policies which include specific nondiscriminatory criteria [ref 244 CMR 6.04 (3)(b)];
 - iii. An updated clock-to-credit hour allocation table that clearly identifies direct patient care hours, laboratory hours, simulation hours, and clinical sites per course for all direct patient care experiences [ref 244 CMR 6.04(4)(b)(1)];
 - c. Due July 3, 2026:
 - i. A systematic evaluation plan that includes all components of 244 CMR 6.04, operating definitions, expected levels of achievement (achievable and measurable) 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, including evaluation of the 14 Board required policies effectiveness [ref 244 CMR 6.04(1)(h)];
 - ii. Evidence that evaluation methods (e.g. student assignments, clinical evaluations) are valid and reliable indicators of students' achievement of course and program learning outcomes [ref: 244 CMR 6.04(4)(b)(4)];
 - iii. Identification of measurable direct patient care clinical learning outcomes and evaluation criteria for mental health, pediatrics, and obstetrics to demonstrate

- student competency in clinical practice and alignment with required academic and clinical standards [ref 244 CMR 6.04(4)(b)(1)];
- iv. 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 [ref 244 CMR 6.04(4)(b)(2)];
 - v. Submission of a comprehensive curriculum gap analysis and NCLEX test plan mapping that identifies areas of alignment and ensures full coverage of required content areas and competencies [ref 244 CMR 6.04(4)(b)(3)];
 - vi. Revision of all course assignments and evaluation rubrics to include clearly defined, measurable grading criteria and ensure consistent application across all courses [ref 244 CMR 6.04(4)(b)(4)];
 - vii. Revised clinical affiliation agreements that include provisions for annual review and delineate the responsibilities of both the Program and the clinical agency [ref 244 CMR 6.04(5)(b)(1)-(2)]; and
 - viii. Identification and implementation of a formal, structured mechanism for student input into program development and evaluation, including clearly defined student roles and expectations documented in policies or bylaws, with documentation demonstrating how student feedback is reviewed, incorporated into programmatic decisions (e.g., meeting minutes, action plans, curriculum or policy revisions, and evidence of a feedback loop communicating outcomes or actions back to students [ref 244 CMR 6.04 (3)(d).
7. If the determination is made that the Program is placed on Approval with Warning Status, as specified at 244 CMR 6.08(2), direct the Program to:
 - a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
 - b. inform all program graduates that they remain eligible to write the NCLEX; with
 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 6.07 (2) Notification of Program Change

Boston College, DEM – Represented by Program Administrator and Department Chair S. Bond, and Dean of School of Nursing K. Gregory, present via Zoom Audio and Video

DISCUSSION:

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

ACTION:

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

1. Accept the Board staff memo; and
2. Determine the submitted table of credit and clock hours for each course demonstrate congruence with the published curriculum map and in accordance with generally accepted academic standards including consistent credit-to-contact hour ratios.

K. Sanclemente recused.
Motion carries.

TOPIC: Education

244 CMR 6.07 (2) Notification of Program Change

MCPHS University Boston, Baccalaureate Degree Program – Represented by Program Administrator D. McManus, and Dean of School of Nursing T. Gravel, present via Zoom Audio and Video

DISCUSSION:

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

K. Crowley thanked the Program for submitting everything the Board needed for review.

ACTION:

Motion by K. Crowley, seconded by A. Alley, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and

H. Underwood unanimously in favor to:

1. Accept the Board staff memo;
2. Accept the Program's 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; and
3. Approve the Program's 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.

Motion carries.

TOPIC: Education

244 CMR 6.07 (2) Notification of Program Change

MCPHS University Worcester, Baccalaureate Degree Program – Represented by Program Administrator P. Murray, and Dean of School of Nursing T. Gravel, present via Zoom Audio and Video

DISCUSSION:

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

ACTION:

Motion by K. Crowley, seconded by A. Alley, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and

H. Underwood unanimously in favor to:

1. Accept the Board staff memo;
2. Accept the Program's 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; and
3. Approve the Program's 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.

Motion carries.

TOPIC: Education

244 CMR 6.07 (2) Notification of Program Change

MCPHS University Worcester, Baccalaureate Degree Program – Represented by Program Administrator P. Murray, and Dean of School of Nursing T. Gravel, present via Zoom Audio and Video

DISCUSSION:

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

ACTION:

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

1. Accept the Program’s 244 CMR 6.07 (1)(a) Notification of adding or removing a program option within a nursing program;
2. Accept the Board staff memo; and
3. Determine the program warrants approval for the proposed additional of an option as previously outlined.

Motion carries.

TOPIC: Education

2025 NCLEX Performance Statistical Reports

Explanation of NCLEX Data Reports

Q4 NCLEX MA Graduates Regardless of State of Licensure

Q4 NCLEX MA Licensure Candidates Regardless of State of Education

Nursing Education Program with NCLEX Pass Rates Below 80%

DISCUSSION:

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

K. Crowley asked that for the Programs that are not meeting the 80% pass rate that aren’t in current oversight for other issues, are still getting follow-up from the Board, and C. Walsh confirmed. D. Nikitas asked if the average number of schools on the list that have pass rates below 80%, typically around 11, or is it above average, and C. Walsh stated that it is a little above average. C. Walsh stated that this is happening nationally that a lot of states are reporting decrease in LN and RN pass rates, and NCSBN is involved in conversations with various jurisdictions. D. Nikitas stated she is looking forward to getting more information on the topic. K. Crowley noted that the graduating students’ education may have been affected by COVID. C. Walsh stated that the RN numbers include the bachelor’s and associate degree programs and depending on when they entered the program, were taking prerequisites, some may still have been in during the COVID pandemic. C. Walsh stated that NCSBN was considering that as one (1) of the factors.

ACTION:

So noted.

TOPIC: Education

NCLEX Performance by Board Approved Programs

NCLEX PN Performance

NCLEX RN Performance

DISCUSSION:

January 14, 2026 Regular Session Board Meeting Minutes
(to be Approved 02/11/2026)

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

L. Kelly asked if the students tested with the next generation NCLEX questions and C. Walsh confirmed.

ACTION:

So noted.

TOPIC: Requests for License Reinstatement – None

DISCUSSION:

None.

ACTION:

None.

TOPIC: Strategic Development, Planning and Evaluation

Presentation / Report

Affirmation of the revisions to URAMP Operational Policy, 24-08

DISCUSSION:

J. Dillon summarized M. Waksmonski's previously distributed memorandum and attached exhibits to the Board.

A. Joseph stated there is a national shortage of qualified mental health providers, and it is an important step forward and recognizes the importance and contribution of the practitioners in these areas. J. Dillon stated it is a URAMP goal to expand the pool of available evaluators and make the admission process as efficient as possible. K. Crowley noted that the current policy still excludes APRNs and asked J. Dillon to give an overview of the length of time for the new eligibility requirements for evaluators to be presented to the Boards, approved, and implemented. J. Dillon stated there is evidence-based justification to support the expansion of the pool of qualified providers and should be able to have the policy ready for presentation to the Board within the next quarter, or three (3) months. J. Dillon stated that the reason there is a separate policy owned by URAMP is because the operational policy presented today delegates certain powers typically available to all 23 Boards, to URAMP and REC. J. Dillon stated that when the policy is updated, it is presented to all 23 Boards to get approval, which is a lengthy process of about three (3) to six (6) months. J. Dillon stated that the policy specific to the evaluators does not need to go to all the Boards and the plan is to collaborate with about two (2) or three (3) Boards who are directly involved so they can assist with getting the criteria correct for the policy. J. Dillon stated the policy can be written quickly and take it through the approvals process more quickly than the larger operational policy. A. Alley stated that the revisions that the Board was concerned about, concerning the restrictive language, were removed from the current version. L. Kelly stated that she appreciated that Board staff took the Board's conversation from last month to make revisions that reflected the Board's concerns.

ACTION:

Motion by L. Kelly, seconded by A. Alley, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to accept the revisions to URAMP Operational Policy, 24-08.

Motion carries.

TOPIC: Strategic Development, Planning and Evaluation
Presentation / Report
AR Placeholder

DISCUSSION:
Deferred.

ACTION:
Deferred.

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, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to adjourn the meeting 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, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the G.L. c. 112, s. 65C Session at 11:06 a.m.
Motion carries.

G.L. c. 112, s. 65C Session 11:06 a.m. to 1:06 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, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Adjudicatory Session at 1:06 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

Motion carries.

Adjudicatory Session 1:06 p.m. to 1:13 p.m.

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Executive Session at 1:38 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

Motion carries.

G.L. c. 30A, § 21 Executive Session 1:38 p.m. to 4:31 p.m.

TOPIC:

Adjournment

DISCUSSION:

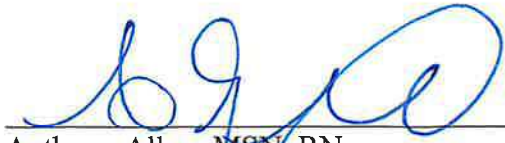
None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with S. Abshir, A. Alley, K. Crowley, L. Giambarresi, A. Joseph, L. Kelly, D. Nikitas, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to adjourn the meeting at 4:31 p.m.

Motion carries.

Minutes of the Board's January 14, 2026, Regularly Scheduled Meeting were approved by the Board on February 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, January 14, 2026 9:00 am | 2 Hours 15 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event Address for Attendees:

<https://zoom.us/j/96748475352>

Webinar ID: 967 4847 5352

Join by Phone:

+1 929 436 2866 US (New York)

Webinar ID: 967 4847 5352

Wednesday, January 14, 2026

PRELIMINARY AGENDA AS OF 1/2/26 3:40pm

Estimated Time	Item #	Item	Exhibit	Presented by
9:00 a.m.	I.	CALL TO ORDER & DETERMINATION OF QUORUM	None	
	II.	APPROVAL OF AGENDA	Agenda	
	III.	APPROVAL OF MINUTES A. Draft Minutes for the December 10, 2025 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 A. URAMP Activity Report	Report	MW
	VI.	PROBATION – None		

		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 December 10, 2025 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.