

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

250 Washington Street, Room 3C  
Boston, MA 02108

And Via Zoom Webinar

Wednesday, January 8, 2025 9:00 am | 3 Hours 30 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event address for attendees:

<https://zoom.us/j/94628664176>

Webinar ID: 946 2866 4176

Join by Phone:

+1-929-436-2866 US (New York)

Webinar ID: 946 2866 4176

**Minutes of the Regularly Scheduled Board Meeting**

Wednesday, January 8, 2025

**Board Members Present In Room 3C**

None

**Board Members Not Present**

J. Monagle, PhD, RN

**Board Members Present Via Audio Or Video**

A. Alley, MSN, RN, Chairperson

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

K.A. Barnes, JD, RPh

K. Crowley, DNP, RN

A. Joseph, MD

L. Keough, PhD, RN, CNP (Arrived at 9:10am)

D. Nikitas, BSN, RN

R. Reynolds, PhD, MSN, RN

R. Sesay, ASN, RN

H. Underwood, LPN

**Staff Present In Room 3C**

P. Scott, Licensing Coordinator

L. Bermudez, Program Coordinator I

S. Gaun, Office Support Specialist I

**Staff Not Present**

**Staff Present Via Audio Or Video**

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

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

H. Engman, JD, Chief Board Counsel

R. Barros, JD, Board Counsel

M. Bresnahan, JD, Board Counsel

C. Walsh, MSN, RN, Nursing Education Coordinator

H. Caines Robson, MSN, RN, Nursing Education

Coordinator  
P. McNamee, MS, RN, Nursing Practice Coordinator  
C. DeSpirito, JD, BSN, RN, Complaint Resolution  
Coordinator  
A. Hallowell, BSN, RN, Complaint Resolution  
Coordinator  
L. Almeida, RN, Nursing Investigations Supervisor  
M. Waksmonski, MSN, RN, SARP Coordinator  
G. Luke, MBA, SARP Monitoring Coordinator  
E. Conlon, SARP Monitoring Coordinator  
L. Ferguson, Paralegal  
K. Jones, Probation Compliance Officer

---

---

**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 9:05 a.m., A. Alley, MSN, RN, Chairperson, called the January 8, 2025 Regularly Scheduled Board Meeting to order.

---

---

**TOPIC:**

Approval of Revised Agenda

**DISCUSSION:**

L. Hillson requested that Agenda Item X. A. be moved up to following Item IV. A. Announcements.

M. Waksmonski amended the following SARP policies:

SARP Policy 18-01 SARP Re-admission Post Surrender and Discipline to SARP Policy 18-02

SARP Policy 18-01 SARP Eligibility for Admission to SARP Policy 18-03

SARP Policy 99-01 SARP Medical Waiver to SARP Policy 99-04

H. Caines Robson deferred Agenda Items VIII. C. 7. UMass Amherst Baccalaureate Degree Program and VIII. C. 8. UMass Boston Baccalaureate Degree Program and requested that Agenda Item VIII. E. 1. Diman Regional Vocational Technical School Practical Nursing Program immediately follows Agenda Item VIII. C. 2. Diman Regional Vocational Practical Program.

**ACTION:**

Motion by K.A. Barnes, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to approve the Revised Agenda as revised.  
Motion carries.

---

---

**TOPIC:**

## Approval of Board Minutes for the November 13, 2024 Meeting of the Regularly Scheduled Board Meeting

### **DISCUSSION:**

None.

### **ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to accept the Minutes of the November 13, 2024 Regularly Scheduled Board Meeting as presented.

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 announced that L. Hillson will be reaching out to Board Members to schedule a 2<sup>nd</sup> Board Meeting in February and to be on the lookout for emails.

H. Cambra stated that L. Hillson sent an email asking Board Members if they will be attending the Board Meeting, and asked Board Members to look out for this email on a monthly basis to help avoid last minute cancellations and to notify Board staff if you are unable to attend. H. Cambra stated that due to Open Meeting Law, Board staff cannot send emails to personal or work emails and are restricted to use Board Members' DPH emails.

H. Cambra stated that C. DeSpirito sent out an email for Complaint Committee signups and noted that two (2) upcoming meetings do not have quorum. H. Cambra asked Board Members to sign up if they are able.

H. Cambra announced that the Commonwealth of Massachusetts has adopted the Nurse Licensure Compact (NLC), and informed Board Members of the implementation process that must occur before the NLC can become operational in the Commonwealth. H. Cambra stated that the timeline for this process will take approximately 12 months and will not be able to issue multi-state licenses until the implementation is complete. H. Cambra added that several steps need to be taken so that the necessary changes in our processes can be fully supported, including drafting and passing legislation regarding the authorization to perform federal background checks, the Board must amend its regulations, IT systems must be modified to accommodate the new licensure category, and update the application process to reflect the ability to obtain a multi-state license if individuals are qualified. H. Cambra announced that continuous updates will be posted on the Board's website, and all stakeholders will be notified via email on the ongoing steps in the implementation process of the NLC. H. Cambra emphasized that nurses who reside in other NLC states and hold a multi-state license are not authorized to practice in the Commonwealth of Massachusetts until the NLC implementation is complete, but may seek reciprocal licensure and take advantage of the expedited conditional approval process until full implementation of the NLC.

### **ACTION:**

January 8, 2025 Regular Session Board Meeting Minutes  
(to be Approved 02/12/2025)

So noted.

---

---

**TOPIC:** URAMP

Activity Report

**DISCUSSION:**

M. Waksmonski was available for questions.

**ACTION:**

So noted.

---

---

**TOPIC:** Probation

Staff Action Report – None

**DISCUSSION:**

None.

**ACTION:**

None.

---

---

**TOPIC:** Probation

Request for Termination of Probation/Stayed Probation – None

**DISCUSSION:**

None.

**ACTION:**

None.

---

---

**TOPIC:** Probation

Request for Notice of Violation and Further Discipline – None

**DISCUSSION:**

None.

**ACTION:**

None.

---

---

**TOPIC:** Probation

Hearing on Probation Violation

L. MacLean, RN-07-050, RN228325 (Susp./Exp.), LN52082 (Susp./Exp.) – Present via Zoom Audio with Attorney S. Ennis, present via Zoom Audio and Video

**DISCUSSION:**

M. Bresnahan summarized her previously distributed memorandum and attached exhibits to the Board.

K. Jones summarized her previously distributed memorandum and attached exhibits to the Board.

Attorney S. Ennis stated that this matter has been going on for some time, and in 2023 the Board issued a FD&O and found the Licensee in violation in several sections of the agreement, and the Order didn't make any findings to the Licensee's clinical findings or performance. Attorney S. Ennis stated that the Licensee has provided additional documents to show communication regarding the Licensee's employment status with K. Jones. Attorney stated that the DON was aware that the Licensee was on probation and the DON failed to submit required documents in a timely manner. Attorney S. Ennis stated that the DON resigned, and a new DON was hired, and the new DON did not like that the Licensee was on probation and the problems started then. Attorney S. Ennis stated that the DON refused to speak with the Licensee regarding the required paperwork and the performance evaluation has no comments regarding the Licensee's unsatisfactory practice. Attorney S. Ennis stated that the Licensee was injured at work and was out of work for a significant amount of time, and some of the reports against the Licensee were filed while the Licensee was out of work. Attorney S. Ennis stated that the Licensee has been out of work for two (2) years and has struggled to find employment because of her probation status, and the DON at the Licensee's former employment was an example of the reluctance to hire nurses on probation. Attorney S. Ennis requested that the indefinite suspension be lifted and have the Licensee placed on probation to work as a nurse again.

L. MacLean stated that she has never harmed patients or intended to harm patients, and stated that her skills are up to date and she has taken robust continuing education courses in 2022. L. MacLean stated that the DON fabricated reports and poor performance due to having to submit reports to K. Jones for the Licensee.

L. Kelly stated that there were no significant mitigating circumstances that would compel the Board to change their initial decision. K. Crowley agreed. L. Kelly stated that there are numerous Licensees working in the Commonwealth on probation and are compliant with their agreements.

**ACTION:**

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to deny the request and uphold the decision to suspend the Licensee's license. Motion carries.

---

**TOPIC:** Practice Coordinator Staff Report

**DISCUSSION:**

P. McNamee was available for questions.

**ACTION:**

So noted.

---

**TOPIC:** Education

Nursing Education Staff Report

January Nursing Education Staff Action Report

**DISCUSSION:**

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

**ACTION:**

January 8, 2025 Regular Session Board Meeting Minutes  
(to be Approved 02/12/2025)

So noted.

---

**TOPIC:** Education

Nursing Education Staff Report

2024 Nursing Education Programs Admissions, Enrollment and Graduation Numbers

**DISCUSSION:**

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

K. Crowley asked if the 1,041 admissions number for UMass Boston was correct or a typo, and H. Caines Robson stated that she will double check.

**ACTION:**

So noted.

---

**TOPIC:** Education

244 CMR 6.03 (2) Out of State Programs

Providence College Baccalaureate Degree Program – Represented by Chair N. Meedzan, 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 R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Determine the Program is compliant with 244 CMR 6.03 (2).
2. Determine Providence College's Baccalaureate Degree Nursing Program warrants approval for clinical experiences conducted in Massachusetts
3. If the Board determines that Providence College warrants approval for clinical experiences, direct the program to submit the following:
  - a. Part B form due 30 days prior to the start of the clinical experiences.
  - b. Update the Board with the accreditation application status by May 8, 2025.

Motion carries.

---

**TOPIC:** Education

244 CMR 6.03 (2) Out of State Programs

Saint Joseph's College Baccalaureate Degree Program – Represented by Department Chair K. Hudock, 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 R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes,

K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to accept the Saint Joseph's of Maine comprehensive plan.  
Motion carries.

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

Berkshire Community College Practical Program – Represented by Director of Nursing M. Williams, present via Zoom Audio and Video

**DISCUSSION:**

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

**ACTION:**

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

1. Accept the Berkshire Community College submitted detailed intervention plan.
2. Continue Full Approval Status at this time.

Motion carries.

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

Diman Regional Vocational Practical Program – Represented by Retired Program Administrator B. Pitera, present via Zoom Audio, with Superintendent Director B. Bentley, 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 R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Diman Regional Technical Institute- School of Practical Nursing Program submitted comprehensive plan, systematic evaluation plan, and meeting minutes.
2. Accept the staff compliance memo.
3. Continue Full Approval Status at this time.

Motion carries.

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

Greater Lowell Technical Practical Nurse Program – Represented by Director of Nursing C. Messina, present via Zoom Audio and Video

**DISCUSSION:**

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

C. Messina asked for clarification on deficiencies, and C. Walsh noted the applicable regulations.

A. Alley asked when the last site survey was, and C. Walsh stated 2021. C. Walsh provided NCLEX pass rates for 2024, which were 92.65%, 2023, with 86%, and 2022, with 84%.

K. Crowley voiced concerns surrounding course objectives and lack of mental health clinical experiences, and R. Reynolds recommended a site survey to conduct further investigation.

**ACTION:**

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

1. Accept the Program's plan and systematic evaluation plan.
2. Accept the Board staff compliance memo.
3. Find that the program did not provide evidence to correct the regulatory deficiencies.
4. Find the program noncompliant with 244 CMR 6.04 (1)(h) and (4)(b)).
5. Continue Full Approval Status at this time.
6. Determine the Program warrants a 6.08 site survey; and
7. Direct the program to submit the following evidence of correction by February 12, 2025:
  - a. A comprehensive plan to ensure direct patient care experiences for the maternity and mental health components of the curriculum in line with the NCSBN guidelines of no more than 50% high fidelity simulation for each component.
8. Direct the Program to submit the following evidence of correction by April 9, 2025:
  - a. 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, including evaluation of clinical sites.[ref: 244 CMR 6.04 (1)(h)].
  - b. Faculty meeting minutes including but not limited to discussion about curriculum (all aspects), clinical sites, and direct patient care/simulation experiences.
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 6.05 3(c) Annual Reports

Our Lady of Elms Baccalaureate Degree Program – Represented by Associate Dean and Program Director D. Nunes, present via Zoom Audio and Video

**DISCUSSION:**

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

A. Alley asked when the last site survey was, and C. Walsh stated 2021. K. Crowley asked C. Walsh for NCLEX pass rates and C. Walsh stated that in 2024, the pass rates were 92%, in 2023, the pass rates were 97%, and in 2022, the pass rates were 81%.

**ACTION:**

Motion by K. Crowley, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes,



K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's 244 CMR 6.07 (1) directives; comprehensive credit to clock hour allocations and Systematic evaluation plan.
2. Accept the Board staff compliance memo.
3. Determine noncompliance with 244 CMR 6.04 (1)(h).
4. Continue Full Approval Status at this time.
5. Determine the Nursing Education Program does not warrant a 244 CMR 6.08 site survey; and
6. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due February 28, 2025:
    - 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)].
7. 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 6.05 3(c) Annual Reports

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

**DISCUSSION:**

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

R. Reynolds asked when the last site survey was, and C. Walsh stated 2022.

C. Walsh stated that in 2024, the NCLEX pass rates were 93.81%, in 2023, the pass rates were 87%, and in 2022, the pass rates were 77%.

**ACTION:**

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

1. Accept the Program's submitted clock to credit hour table and systematic evaluation plan.
2. Accept the Board staff compliance memo.
3. Find the Program non-compliant with 244 CMR 6.04 (1)(h).
4. Continue full approval status at this time.
5. Determine the Program does not warrant a 244 CMR 6.08 site survey.
6. Direct the Program to submit the following evidence of correction by February 28, 2025:
  - a. 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)].

7. 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. Crowley recused.

Motion carries.

---

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

Regis College Direct Entry Master's Program – Represented by Program Administrator M.L. Cullen, present via Zoom Audio and Video

**DISCUSSION:**

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

C. Walsh stated that the program was last site surveyed in 2022.

C. Walsh stated that in 2024, the NCLEX pass rates were 100%, in 2023, the pass rates were 94%, and in 2022, the pass rates were 82%.

**ACTION:**

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

1. Accept the Program's submitted clock to credit hour table and systematic evaluation plan.
2. Accept the Board staff compliance memo.
3. Find the Program non-compliant with 244 CMR 6.04 (1)(h).
4. Continue full approval status at this time.
5. Determine the Program does not warrant a 244 CMR 6.08 site survey.
6. Direct the Program to submit the following evidence of correction by February 28, 2025:
  - a. 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)].
7. 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. Crowley recused.

Motion carries.

---

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

UMass Amherst Baccalaureate Degree Program

**DISCUSSION:**

Deferred.

**ACTION:**

January 8, 2025 Regular Session Board Meeting Minutes  
(to be Approved 02/12/2025)

Deferred.

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

UMass Boston Baccalaureate Degree Program

**DISCUSSION:**

Deferred.

**ACTION:**

Deferred.

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

UMass Lowell Baccalaureate Degree Program – Represented by Department Chair H. Fantasia, 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 K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the University of Massachusetts Lowell comprehensive plan of action to verify faculty and preceptor qualifications, table of clock to credit hours, and systematic evaluation plan.
2. Continue Full Approval Status at this time.

L. Keough abstained.

Motion carries.

---

**TOPIC:** Education

244 CMR 6.05 3(c) Annual Reports

Worcester State Baccalaureate Degree Program – Represented by Associate Dean C. Thomas, with Department Chair W. Chadmore and Administrative Assistant A. Pohler, present via Zoom Audio and Video

**DISCUSSION:**

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

C. Thomas added that the aggregate data plan was put into place in the 2022-2023 academic year, and C. Thomas has been working diligently with W. Chadmore on a process to implement that plan and struggled to explain the current processes in the plan of corrections.

R. Reynolds asked if the clock hours were satisfactory, and C. Walsh stated that they were not.

R. Renolds asked when the last site survey was, and C. Walsh stated 1991.

**ACTION:**

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

1. Accept the Program's submission of a comprehensive plan, clock to credit hour table and systematic evaluation plan.
2. Find the program noncompliant with [244 CMR 6.04 (1)(h) and (4)(b)(4)].
3. Determine the Program warrants a 6.08 site survey.
4. Direct the Program to submit the following evidence of correction by April 8, 2025:
  - a. 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, including evaluation of clinical sites.[ref: 244 CMR 6.04 (1)(h)].
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

---

**TOPIC:** Education

244 CMR 6.06 (1) Site Survey

Greenfield Community College Associate Degree Program – Represented by Dean of Nursing M. Zamojski, present via Zoom Audio and Video

**DISCUSSION:**

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

M. Zamojski stated that the Program is working on amending the deficiencies noted. A. Alley voiced concerns regarding the amount of deficiencies and the basic elements that are missing. K. Crowley voiced concerns that the deficiencies span many components. K. Crowley and R. Reynolds recommended placing the program on a warning status.

**ACTION:**

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

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e), 1(i), 1(j), (1)(k), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (4)(a), (4)(b)(1), (5)(a), (5)(c), and (5)(e), and noncompliance with 244 CMR 6.04 (1)(f), (1)(g), (1)(h), (1)(l), (3)(b), (3)(d), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(b), and (5)(d).
3. Determine a preponderance of the evidence warrants a change to approval with warning status.
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due by April 8, 2025:
    - i. A comprehensive plan identifying opportunities for students to participate in the Nursing Program's governance, development and revision of the program; [ref 244 CMR 6.04 1(f) and 3(b)];
    - ii. A revised job description for the Dean of Nursing; {r[t

- iii. A revision and publication of the 14 Board policies which includes specific nondiscriminatory criteria [ref 244 CMR 6.04 (3)(b)];
  - iv. A comprehensive plan for curricular changes and an implementation schedule [ref 244 CMR 6.04 (4)(b)(2)];
  - v. An exam policy for test item writing, maintenance, and test item analysis [ref: 244 CMR 6.04(4)(b)(4)];
  - vi. A written policy for the maintenance and retirement of school, faculty, student, and graduate records; An audit of the records maintenance and records policy with a determination of faculty transcripts and student records. [ref 244 CMR 6.04 (1)(l)]
- b. Due by June 11, 2025:
- i. A current updated systematic evaluation plan that includes definitions, expected levels of achievement (achievable and measurable), a calendar of outlining schedule of evaluation of components along with evidence of faculty participation in the development process, findings (aggregate and trended data) and outcomes that were used to develop, maintain and revise the program [ref: 244 CMR 6.04 (1)(h)];
  - ii. Evidence that evaluation methods (e.g. course exams, student assignments, clinical evaluations) are valid and reliable in measuring the desired outcomes; including but not limited to test blueprints correlating test items with student course and program learning outcomes and item analysis [ref: 244 CMR 6.04(4)(b)(4)];
  - iii. Evidence demonstrating the effectiveness of the 14 Board required policies ref: 244 CMR 6.04(1)(g)];
  - iv. Updated clinical evaluation tools and evaluation rubrics to reflect consistent expectations and evaluation amongst the students [ref: 244 CMR 6.04(4)(b)(3)];
  - 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)]; Provide the Board with updated clinical agreements.
  - vi. A curriculum table that demonstrates the following:
    - 1. Progression of student achievement in meeting the End of Program Student Learning Outcomes (EPSLO'S) at defined points within the program;
    - 2. Articulated, consistent and appropriate student learning outcomes that demonstrates progression in each course.
5. 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.
6. 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 Notification of Program Change

Diman Regional Vocational Technical School Practical Nursing Program – Represented by Retired Program Administrator B. Pitera, present via Zoom Audio, with Superintendent Director B. Bentley, present via Zoom Audio and Video

**DISCUSSION:**

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

K. Crowley asked the Program for an update regarding the hiring of a Program Administrator, and B. Bentley stated that the position has been re-advertised and has been posted on social media and the MAVA organization. B. Bentley stated that the program is part-time with 15 enrolled students, and currently there are three (3) full-time instructors, one (1) full-time administrative aide, one (1) full-time financial aide officer, and the current Program Administrator is limited in hours due to her retirement status, but will be available to students and staff, and will go to clinical sites. B. Pitera added that her hours are flexible and she can use them as she sees fit for the program, and students are only physically in the building for four (4) hours one (1) day a week, and have clinicals two (2) times per week.

K. Crowley asked about the admissions for the next cohort, and B. Bentley stated that there are 24 full-time enrolled students, with a target enrollment of 30-35.

A. Alley recommended moving up the deadline for the submission, and K. Crowley agreed.

**ACTION:**

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

1. Accept the Diman Regional Technical Institute-School of Practical Nursing notification of program change.
2. Accept the staff compliance memo.
3. Find the program noncompliant with 244 CMR 6.04(1)(e).
4. Continue Full Approval status at this time.
5. Direct the Program to provide by January 24, 2025:
  - a. Evidence that the interim program administrator is appointed to the role in a full-time capacity; and
  - b. a plan to recruit a permanent program administrator that meets the requirements at 244 CMR 6.04(1)(e) and (2)(a).

Motion carries.

---

**TOPIC:** Education

244 CMR 6.08 Noncompliance with Standards

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

**DISCUSSION:**

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

K. Crowley asked when the last site survey was, and H. Caines Robson stated 2017.

K. Crowley asked for NCLEX pass rates and H. Caines Robson stated in 2024 pass rates were 100%, in 2023 the pass rates were 88%, and in 2022 the pass rates were 79%.

K. Crowley asked if the program has been before the Board before, and H. Caines Robson confirmed that they have been before the Board the past couple of years due to completion rates.

R. Reynolds recommended a site survey, and K. Crowley recommended changing the second bullet point deadline to February 28, 2025.

**ACTION:**

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

1. Accept the Bunker Hill Community College Associate Degree Nursing Program's submitted notification of change in accreditation status which includes:
  - a. Written evidence of the program's current accreditation status
  - b. The written findings and recommendations of the Board recognized accrediting agency in nursing based on the review of the program; and
  - c. Evidence of notification to faculty, students and stakeholders.
2. Accept the Board staff compliance memo.
3. Determine the program is non-compliant with 244 CMR 6.04(1)(b) and (1)(c).
4. Continue Full Approval Status at this time.
5. Determine the Program warrants a 244 CMR 6.08 (1)(b)(3) site survey.
6. Direct the Program to provide to the Board Due April 8, 2025:
  - a. The systematic evaluation plan to include, but not limited to, measurable expected levels of achievement, evaluation methodologies, frequency of evaluation, responsible person(s), aggregated and trended data and other findings, actual outcomes and resulting actions across all standards [ref:244 CMR 6.04(1)(h)];
  - b. Due February 28, 2025: The 14 Board required policies which describe the specific nondiscriminatory criteria for admission; progression; attendance; academic integrity; use of social media; course exemption; advanced placement; transfer; advanced placement or transfer of military education, training or service for a military health care occupation; educational mobility; withdrawal; readmission; graduation; and student rights and grievances; and
7. Direct the Program to submit to the Board: Due July 15, 2026:
  - a. The follow up ACEN report.

Motion carries.

---

**TOPIC:** Education

244 CMR 6.08 Noncompliance with Standards

Salem State University Baccalaureate Degree Program – Represented by Associate Dean L. Frontiero, present via Zoom Audio and Video

**DISCUSSION:**

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

R. Reynolds asked how the Program Administrator report can be revised, and L. Frontiero stated that the Provost is concerned, and there was a conflict with the state contract, but will address it with university

leadership to address the regulatory deficiency. R. Reynolds asked if it was a matter of reorganizing the organizational chart or reassigning the role, and L. Frontiero confirmed that the discussion will be to determine what is reasonable for the Program that also meets the regulations. K. Crowley noted several other issues regarding the SEP and noted that the oversight of the program is deficient. R. Reynolds recommended approval with warning status and K. Crowley agreed.

**ACTION:**

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

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), (1)(k), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (4)(a), (4)(b)(1), (4)(b)(3), (5)(a), (5)(c), (5)(d), and (5)(e), and noncompliance with 244 CMR 6.04 (1)(e), (1)(f), (1)(g), (1)(h), (1)(l), (3)(b), (3)(d), (4)(b)(2), (4)(b)(4), (5)(b) and (5)(f).
3. Determine that based on the preponderance of evidence the program warrants:
  - a. Approval with Warning Status;
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
  - a. Due by March 11, 2025:
    - i. Organizational chart demonstrating the Program Administrator has authority to administer all aspects of the Program
    - ii. Organizational chart demonstrating formal and informal relationships among students, faculty and advisory groups in Program governance [ref 244 CMR 6.04 (1)(f)]
    - iii. Evidence of student involvement in Program governance including but not limited to meeting minutes, attendance, and announcements demonstrating opportunities to participate in meetings and governance [ref 244 CMR 6.04 (1)(f)]
    - iv. A revision and publication of the 14 Board policies which includes specific nondiscriminatory criteria [ref 244 CMR 6.04 (3)(b)]
    - v. A comprehensive plan for curricular changes and an implementation schedule [ref 244 CMR 6.04 (4)(b)(2)]
    - vi. A comprehensive plan for test writing, maintenance of exam questions, and test item analysis [ref: 244 CMR 6.04(4)(b)(4)]
    - vii. A comprehensive plan of action to verify preceptor qualifications prior to selecting [ref:244 CMR 6.04 (2)(b)(4)]
  - b. Due by June 11, 2025:
    - i. A current updated systematic evaluation plan that includes 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 (aggregate and trended data) and outcomes that were used to develop, maintain and revise the program [ref: 244 CMR 6.04 (1)(h)]
    - ii. An evaluation of the maintenance and retirement of school, faculty, student and graduate records policy. If the policy requires official transcripts for faculty, provide official transcripts for all current faculty [ref 244 CMR 6.04 (1)(l)]
    - iii. Test blueprints correlating test items with student course and program learning outcomes and item analyses [ref: 244 CMR 6.04(4)(b)(4)]



- iv. 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)]
  - 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)]
5. 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.
6. 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

2024 NCLEX Performance Statistical Reports

Explanation of NCLEX Data Reports

**DISCUSSION:**

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

**ACTION:**

So noted.

---

---

**TOPIC:** Education

2024 NCLEX Performance Statistical Reports

Q4 NCLEX MA Graduates Regardless of State of Licensure

**DISCUSSION:**

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

**ACTION:**

So noted.

---

---

**TOPIC:** Education

2024 NCLEX Performance Statistical Reports

Q4 NCLEX MA Licensure Candidates Regardless of State of Education

**DISCUSSION:**

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

**ACTION:**

So noted.

---

**TOPIC:** Education

2024 NCLEX Performance Statistical Reports

Nursing Education Program with NCLEX Pass Rates Below 80%

**DISCUSSION:**

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

K. Crowley asked H. Caines Robson to explain the process when pass rates drop below 80%, and H. Caines Robson stated that the regulations require programs to submit a report to the Board to identify how they are going to address pass rates when the pass rates drop below 80% for two (2) years in a three (3) year period.

**ACTION:**

So noted.

---

**TOPIC:** Education

NCLEX Performance By Board Approved Programs

NCLEX PN Performance

**DISCUSSION:**

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

**ACTION:**

So noted.

---

**TOPIC:** Education

NCLEX Performance By Board Approved Programs

NCLEX RN Performance

**DISCUSSION:**

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

**ACTION:**

So noted.

---

**TOPIC:** Education

Review of education for out of state applicants for licensure

RNNE10017161

**DISCUSSION:**

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

K. Crowley asked for clarification on the accreditation status, and H. Caines Robson confirmed that the program was not accredited in 1984.

H. Caines Robson stated Board staff has been having frequent issues with the holder of records completing the required attestation.

K. Crowley asked if and how the new education policy can be applied regarding this matter, and H. Caines Robson stated that it would be policy 24-02 and the Sub-Committee recommended the closed program attestation.

A. Joseph asked how long the holder of records are required to hold records, and what is the time frame for producing responsive documents when holding records, and H. Caines Robson stated that they are supposed to hold them indefinitely, but there is no time frame that they are required to produce the documents.

**ACTION:**

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

1. Determine the documents submitted are insufficient to demonstrate that the Applicant's Application No. RNNE10017161 meets the educational requirements for licensure.
2. Determine the Applicant's Application No. RNNE10017161 is ineligible to move forward in the process toward RN licensure.

Motion carries.

---

**TOPIC:** Education

Review of education for out of state applicants for licensure  
RNNE10015205

**DISCUSSION:**

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

**ACTION:**

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

1. Determine the document submitted are insufficient to demonstrate that the Applicant's application no. RNNE10015205 meets the educational requirements for licensure.
2. Determine the Applicant's application no. RNNE10015205 is ineligible to move forward in the process toward RN licensure.

Motion carries.

---

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

**DISCUSSION:**

January 8, 2025 Regular Session Board Meeting Minutes  
(to be Approved 02/12/2025)

None.

**ACTION:**

None.

---

---

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

Presentation / Report

Emergency amendments to regulations to implement Shield Law

244 CMR 7.00: Investigations, Complaints and Board Actions – VOTE

244 CMR 8.00: Licensure Requirements – VOTE

**DISCUSSION:**

L. Nelson summarized her previously distributed presentation to the Board.

A. Joseph asked if there was any possibility of a local jurisdiction finding that a Licensee violated the rules and regulations regarding this subject matter, and H. Engman stated that the conduct would have to be outside the accepted legal standards and standards of practice.

K. Crowley and L. Kelly commended L. Nelson for ensuring the safety of healthcare practitioners in providing necessary care to patients.

**ACTION:**

Motion by L. Kelly, seconded by K. Crowley, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to file the emergency amendments to 244 CMR 7.00 and 244 CMR 8.00 and proceed with a public comment period.

Motion carries.

---

---

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

Presentation / Report

Recommendation to accept URAMP Staff Action Policy 24-08 and to retire the following SARP related policies:

SARP Policy 07-01 Bridge Agreements

SARP Policy 05-02 Staff Action on SARP Admission

SARP Policy 06-01 Unauthorized Substance Use During Program Participation

SARP Policy 07-02 Termination from SARP Admission Process

SARP Policy 12-01 Confidentiality for SARP Applicants

SARP Policy 13-01 SARP Eligibility Criteria to Use Certain Medications

SARP Policy 1701 Delegated Authority for CASP

SARP Policy 18-01 Participants Reentry Into Monitored Practice

SARP Policy 18-02 SARP Re-admission Post Surrender and Discipline

SARP Policy 18-03 SARP Eligibility for Admission

SARP Policy 19-01 Staff Action Authority to Resolve SARP Matters

SARP Policy 22-01 SARP Admission Assessment Professionals Criteria

SARP Policy 99-04 SARP Medical Waiver

**DISCUSSION:**

M. Waksmonski noted that the policy should be URAMP Staff Action Policy 24-08 and not 24-07.

M. Waksmonski summarized his previously distributed memorandum and attached exhibits to the Board.

**ACTION:**

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

1. Authorize the Adoption of URAMP Operational Policy 24-08
2. Retire SARP Policies: 07-01 05-02, 06-01, 07-02, 12-01, 13-01, 17-01, 18-01, 18-02, 18-03, 19-01, 22-01, 99-04.

Motion carries.

---

**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 A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to adjourn Regular Session at 11:21 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 A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the G.L. c. 112, s. 65C Session at 12:02 p.m.

Motion carries.

---

**G.L. c. 112, s. 65C Session 12:02 p.m. to 2:07 p.m.**

---

**TOPIC:**

January 8, 2025 Regular Session Board Meeting Minutes  
(to be Approved 02/12/2025)

## Adjudicatory Session

### **DISCUSSION:**

None.

### **ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the Adjudicatory Session at 11:47 a.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

Motion carries.

---

---

### **Adjudicatory Session 11:47 a.m. to 11:59 a.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 A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to convene the Executive Session at 2:21 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

Motion carries.

---

---

### **G.L. c. 30A, § 21 Executive Session 2:21 p.m. to 4:35 p.m.**

---

---

### **TOPIC:**

Adjournment

### **DISCUSSION:**

None.

### **ACTION:**

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to adjourn the meeting at 4:35 p.m.

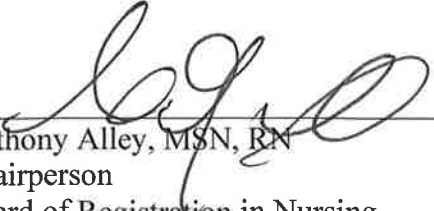
L. Keough not present.

Motion carries.

---

---

Minutes of the Board's January 8, 2025, Regularly Scheduled Meeting were approved by the Board on February 12, 2025.



---

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

Agenda with exhibits list attached.

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

**REVISED Notice of the Regularly Scheduled Meeting**

**Regular Session**

250 Washington Street  
Conference Room 3C  
Boston, Massachusetts 02108

And Via Zoom Webinar

Wednesday, January 8, 2025 9:00 am | 3 Hours 30 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event address for attendees:  
<https://zoom.us/j/94628664176>  
Webinar ID: 946 2866 4176

Join by Phone:  
+1-929-436-2866 US (New York)  
Webinar ID: 946 2866 4176

**Wednesday, January 8, 2025**

**PRELIMINARY AGENDA AS OF 1/3/25 10:30am**

<b>Estimated Time</b>	<b>Item #</b>	<b>1. Item</b>	<b>Exhibit</b>	<b>Presented by</b>
9:00 a.m.	I.	<b>2. CALL TO ORDER &amp; DETERMINATION OF QUORUM</b>	None	
	II.	<b>APPROVAL OF REVISED AGENDA</b>	REVISED Agenda	
	III.	<b>APPROVAL OF MINUTES</b> A. Draft Minutes for the November 13, 2024 Meeting of the Board of Registration in Nursing, Regular Session Via Zoom	Minutes	
	IV.	<b>REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS</b> A. Announcements	Oral / Memo	HC
	V.	<b>URAMP</b> A. Activity Report	Report	MW



	<b>VI.</b>	<b>PROBATION</b> A. Probation Staff Action Report – None B. Termination of Probation / Stayed Probation – None C. Request for Notice of Violation and Further Discipline – None D. Hearing on Probation Violation a. L. MacLean, RN-07-050, RN228325 (Susp./Exp.), LN52082 (Susp./Exp.)	Hearing Notice	KJ/MB
	<b>VII.</b>	<b>PRACTICE</b> A. Practice Coordinator Staff Report	Report	PM





		<b>LUNCH BREAK</b>	
	<b>XI.</b>	<b>M.G.L. c. 112, § 65C SESSION</b>	CLOSED SESSION
	<b>XII.</b>	<b>M.G.L. c. 30A, § 18 ADJUDICATORY SESSION</b>	CLOSED SESSION
	<b>XIII.</b>	<b>EXECUTIVE SESSION</b> The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the November 13, 2024 meeting.</li> </ol>	CLOSED SESSION
5:00 p.m.	<b>XIV.</b>	<b>ADJOURNMENT</b>	

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