

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

And Via Zoom

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

Event Address for Attendees:

<https://zoom.us/j/94818881357>

Webinar ID: 948 1888 1357

Join by Phone:

+1 929 436 2866 US (New York)

Webinar ID: 948 1888 1357

Minutes of the Regularly Scheduled Board Meeting
Wednesday, July 9, 2025

Board Members Present In Room 3C

None

Board Members Not Present

A. Alley, MSN, RN, Chairperson

S. Abshir, LPN

K. Crowley, DNP, RN

Board Members Present Via Audio Or Video

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

K.A. Barnes, JD, RPh

A. Joseph, MD

L. Keough, PhD, RN, CNP

D. Nikitas, BSN, RN

K. Pelletier, ADN, RN (Joined and Left at 9:30am,
Returned at 9:38am)

R. Reynolds, PhD, MSN, RN

K. Sanclemente, BSN, RN (Left at 11:08am, returned at
11:09am)

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

R. Barros, JD, Board Counsel

P. McNamee, MS, RN, Nursing Practice
Coordinator

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

L. Almeida, RN, Nursing Investigations
Supervisor

Staff Present Via Audio Or Video

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

L. Hillson, PhD, MSN, RN, Assistant Director for Policy and Research
H. Engman, JD, Chief Board Counsel
M. Bresnahan, JD, Board Counsel
C. Walsh, MSN, RN, Nursing Education Coordinator
H. Caines Robson, MSN, RN, Nursing Education Coordinator
C. DeSpirito, JD, BSN, RN, Complaint Resolution Coordinator
A. Hollowell, BSN, RN, Complaint Resolution Coordinator
M. Waksmonski, MSN, RN, SARP Coordinator
G. Luke, MBA, SARP Monitoring Coordinator
E. Conlon, SARP Monitoring Coordinator
K. Jones, Probation Compliance Officer

TOPIC:

Call to Order & Determination of Quorum

DISCUSSION:

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

ACTION:

At 9:03 a.m., L. Kelly, DNP, RN, CNP, Vice Chairperson, called the July 9, 2025 Regularly Scheduled Board Meeting to order.

TOPIC:

Approval of Agenda

DISCUSSION:

C. Walsh deferred VIII. E. 3. Diman Regional Vocational Practical Nurse Program and VIII. F. 3. Quinsigamond Community College Associate Program. C. Walsh deferred X. A. Proposed Education Policy 25-01: Full-time Program Administrator requirement, X. B. Proposed revision to Education Policy 22-01: 244 CMR 6.04 (1)(c) Nursing Education Program Administrator Oversight, and X. C. Proposed revision to Education Policy 18-01: Board Delegated Authority to Approve Qualified Nursing Program Administrator.

ACTION:

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, 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 June 11, 2025 Meeting of the Regularly Scheduled Board Meeting

DISCUSSION:

July 9, 2025 Regular Session Board Meeting Minutes
(to be Approved 09/10/2025)

None.

ACTION:

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to accept the Minutes of the June 11, 2025 Regularly Scheduled Board Meeting as presented.

L. Keough, R. Sesay abstained.

Motion carries.

TOPIC:

Approval of Board Minutes for the June 13, 2025 Meeting of the Regularly Scheduled Sub-Committee Board Meeting

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to accept the Minutes of the June 13, 2025 Regularly Scheduled Sub-Committee Board Meeting as presented.

L. Keough, R. Sesay abstained.

Motion carries.

TOPIC: Reports, Announcements and Administrative Matters

Announcements

DISCUSSION:

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

H. Cambra asked Board Members to continue to look out for emails from Carolyn DeSpirito regarding signing up for Complaint Committee meetings. H. Cambra thanked Board members for signing up for Complaint Committee meetings when they are able.

H. Cambra announced that there will not be an August Board Meeting, and the next Board Meeting will be held in September.

ACTION:

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: Practice Coordinator Staff Report

DISCUSSION:

H. Cambra was available for questions.

L. Kelly asked about the RN/LPN licensing inquiries uptick, and H. Cambra stated that many students graduate in May and June and there is an uptick in questions relating to licensing and the application process. L. Kelly asked if the website can be improved to help answer some questions, and H. Cambra stated that there has been a lot of work to streamline the licensure process, and most of the questions relate to eligibility and documents.

ACTION:

So noted.

TOPIC: Education

Nursing Education Staff Report

DISCUSSION:

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

ACTION:

So noted.

TOPIC: Education

244 CMR 6.03 (2) Out of State Nursing Education Programs

Keene State College Baccalaureate Degree Program – Represented by Director of Nursing S. Breidt, present via Zoom Audio and Video, and Dean of Accredited Programs, Graduate Studies, and Professional Preparation T. Sturtz, present via Zoom Audio and Video

DISCUSSION:

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

S. Breidt stated that this was an unintentional oversight and rectified the issue upon notification. R. Reynolds asked what the Program put in place to prevent it happening again and if the Program is planning on having more clinical placements in MA, and S. Breidt stated that there are two (2) faculty members that are licensed in MA that are prepared to supervise students in the future. T. Sturtz stated that a plan was developed to ensure compliance with the regulations.

ACTION:

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

1. Determine the Program is in noncompliance with 244 CMR 6.03 (2);
2. Determine Keene State College Baccalaureate Degree Nursing Program warrants approval of clinical experiences conducted in Massachusetts from 01/24/2025-03/10/2025 as outlined in the memo; and
3. Direct the Program to submit the following to correct the regulatory deficiencies:
 - a. **Due: August 11, 2025:**
 - i. A comprehensive plan of action to obtain Massachusetts Board approval prior to any clinical learning experiences conducted in Massachusetts.

Motion carries.

TOPIC: Education

244 CMR 6.03 (2) Out of State Nursing Education Programs

University of New Hampshire Baccalaureate Degree Program – Represented by Interim Director of Nursing R. Board, present via Zoom Audio and Video

DISCUSSION:

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

R. Board stated that this was an unintentional oversight due to a change in leadership and have put systems in place to prevent this from happening again. L. Kelly asked what systems have been put in place, and R. Board stated that a new data management system is being put in place to track students in and out of state, and tracks what the regulations are for each state.

R. Reynolds asked about the preceptor, and R. Board stated that the Program investigated, and the student is with a master's prepared preceptor and the issue was due to a clerical error on the Part B form.

ACTION:

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

1. Accept the board staff memo;
2. Accept the Part A and Part B forms for the clinical experiences conducted in Massachusetts for the 3 (three) applicants from 07/07/2024-08/24/2024; 12/8/2024-01/26/2025; and 1/21/2025-3/14/2025;
3. Accept the Part A and Part B forms for the clinical experiences conducted in Massachusetts from 05/19/2025-8/8/2025;
4. Find the Program noncompliant with 244 CMR 6.03 (2);
5. Determine if the University of New Hampshire Baccalaureate Degree Nursing Program warrants approval of clinical experiences conducted in Massachusetts from 07/07/2024-08/24/2024; 12/8/2024-01/26/2025; and 1/21/2025-3/14/2025 as outlined in the memo;
6. Determine if the University of New Hampshire Baccalaureate Degree Nursing Program warrants approval of clinical experiences conducted in Massachusetts 05/19/2025-8/8/2025 as outlined in the memo; and
7. Direct the Program to submit the following to correct the regulatory deficiencies:
 - a. **Due: August 11, 2025:**
 - i. A comprehensive plan of action to obtain Massachusetts Board approval prior to any clinical learning experiences conducted in Massachusetts; and
 - ii. A comprehensive plan of action to ensure that all faculty and preceptors meet the requirements at 244 CMR 6.04 (2)(b) and (2)(c).

Motion carries.

TOPIC: Education

244 CMR 6.03 (2) Out of State Nursing Education Programs

Providence College Baccalaureate Degree Program – Represented by Associate Dean 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 R. Reynolds, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Board staff memo; and
2. Accept the Providence College's Baccalaureate Degree Nursing Program written evidence to warrant compliance with 244 CMR 6.03 (2)(e).

Motion carries.

TOPIC: Education

244 CMR 6.05 (3)(a) Full Approval

Curry College DEM Program – Represented by Program Administrator J. Denault, with Dean M. McMahon, present via Zoom Audio and Video

DISCUSSION:

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

ACTION:

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

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 1(a), 1(b)(2), 1(c), 1(d), 1(e), 1(f), 1(g), 1(i), 1(j), 1(k), 1(l), 2(a), 3(a), 3(c), 3(d), 4(a), 4(b)(1), 4(b)(2), 4(b)(3), 4(b)(4), 5(a), 5(b)(1), 5(b)(2), 5(c)(1), 5(c)(2), 5(d), 5(e), 5(f) and noncompliance with 244 CMR 6.04 (1)(h) and (3)(b);
2. Determine the Program warrants Full Approval Status; and
3. Direct the Program to submit to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. **Due October 9, 2025:**
 - i. a revised systematic evaluation plan that includes, but not limited to, clearly stated evaluation criteria, operational definitions, expected levels of achievement specificity (achievable and measurable) across all criterion; a calendar outlining the evaluation schedule; and review of all Board required outcomes and 14 Board required policies including but not limited to an evaluation of the effectiveness of the Board required policies. [ref 244 CMR 6.04 (1)(h)];
 - ii. revised published policies for the 14 Board required policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (1)(g) and (3)(b)]; and
 - iii. For the effectiveness of the nursing education program ensure that all nursing education program outcomes are published on the Program's website; and
 - b. **Due January 9, 2026:**
 - i. Meeting minutes demonstrating full implementation of a written plan for the systematic evaluation of all components of the program including, but not limited to, SEP Calendar, Program outcomes as required at 244 CMR 10, the 14 policies required by the Board and that results of the systematic evaluation of Program components are used for Program development, maintenance and revision [ref:244 CMR 6.04(1)(h)];

R. Reynolds recused.
Motion carries.

TOPIC: Education

244 CMR 6.05 (3)(c) Annual Report

Merrimack College Baccalaureate Degree Program – Represented by Program Administrator L. Sheppard, present via Zoom Audio and Video, and Academic Dean of Nursing T. Alberti, present via Zoom Audio and Video

DISCUSSION:

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

L. Sheppard stated that this was the Program's first annual report submitted, and it was a learning curve, but the Program is now in full compliance.

ACTION:

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

1. Accept the Program's submitted 2024 Annual Report and the proposed corrective actions;
2. Accept the Board staff memo;
3. Find the program compliant with 244 CMR 6.05(3)(c); and
4. Continue Full Approval Status at this time

Motion carries.

TOPIC: Education

244 CMR 6.05 (3)(c) Annual Report

Southeastern Regional Vocational Technical Practical Nurse Program – Represented by Director of Nursing A. Pasquantonio, present via Zoom Audio and Video

DISCUSSION:

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

A. Pasquantonio stated the Program has hired a consultant to help, and have been working on revising the SEP. A. Pasquantonio stated that tutoring and support has been put in place, and the consultant has helped rewrite the SEP to have the evaluations in place. A. Pasquantonio stated that the Program has improved the attrition rate drastically. A. Pasquantonio stated that the Program is working on corrections and interviewed the new class of 41 students with the new rubric to ensure that they are able to exceed.

L. Kelly voiced concerns about the report, and R. Reynolds agreed. R. Reynolds noted the last site survey was in 2012 and that the Program voiced concerns about an inability to complete it on time in the manner it was intended to. R. Reynolds recommended a site survey to help guide the Program in the process.

R. Reynolds asked if maternity/pediatrics and mental health clinical rotations were added, and A. Pasquantonio confirmed that a few different clinical experiences were added for students.

ACTION:

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

1. Accept the Program's submission of the 2024 annual report;
2. Accept the Program's submission of change report for change in program completion rate;
3. Accept the Program's submitted clock to credit hour allocation table, the comprehensive list of all clinical sites, systematic evaluation plan, and clinical evaluation tool directives;
4. Find the program noncompliant with 244 CMR 6.04 (1)(h), (4)(b)(2) and (4)(b)(3);
5. Find the program noncompliant with 244 CMR 6.05(3)(c);
6. Determine the Program warrants a 6.08 site survey; and
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 Report

July 9, 2025 Regular Session Board Meeting Minutes
(to be Approved 09/10/2025)

University of Massachusetts Amherst Baccalaureate Degree Program – Represented by Dean of Nursing A. Vorderstrasse, 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.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to:

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

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Curry College Baccalaureate Degree Program – Represented by Program Administrator J. Denault, with Dean M. McMahon, present via Zoom Audio and Video

DISCUSSION:

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

L. Kelly asked if the date of the last full site survey was 1984. H. Caines Robson confirmed and stated that a focused site survey was conducted June 2025 to evaluate resources.

L. Kelly asked Board Members if a site survey is warranted and H. Caines Robson clarified the reason for review. Board members recommended performing a site survey.

ACTION:

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

1. Accept the Program's 244 CMR6.07 (1)(c) Notification of a change in location of the nursing education program.
2. Accept the Board staff memo.
3. Direct Board staff to conduct a full site survey.
4. Determine the program warrants approval for the proposed change in location.

R. Reynolds recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Curry College Baccalaureate Degree Program – Represented by Program Administrator J. Denault, with Dean M. McMahon, present via Zoom Audio and Video

DISCUSSION:

July 9, 2025 Regular Session Board Meeting Minutes
(to be Approved 09/10/2025)

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

Board Members recommended a full site survey and H. Caines Robson stated that this is the Direct Entry Master's Program and a full site survey was completed in 2025. J. Deneault and H. Caines Robson corrected that this presentation for curriculum change was indeed for the Baccalaureate program.

ACTION:

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

1. Accept the Program's 244 CMR 6.07 (1)(e) Notification of a revision to the curriculum resulting in a change in outcomes
2. Accept the Board staff memo.
3. Direct Board staff to conduct a full site survey.
4. Determine the program warrants approval for the proposed changes to the curriculum.

R. Reynolds recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Diman Regional Vocational Practical Nurse Program

DISCUSSION:

Deferred.

ACTION:

Deferred.

TOPIC: Education

244 CMR 6.07 Program Change

Merrimack College Baccalaureate Degree Program – Represented by Program Administrator L. Sheppard, present via Zoom Audio and Video, and Academic Dean of Nursing T. Alberti, present via Zoom Audio and Video

DISCUSSION:

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

ACTION:

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

1. Accept the Program's 244 CMR6.07 (1)(d) and 244 CMR6.07 (1)(e) Notification of a revision to the curriculum resulting in a change in sequence.
2. Accept the Board staff memo.
3. Determine the program warrants approval for the proposed change in credit allocation and sequence of the curriculum.

4. Direct the Program to provide to the Board the following in order to demonstrate compliance with the regulatory requirements: **Due August 11, 2025:**
 - a. table of credit hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards including consistency in credit-to-contact hour ratios; and
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Quinsigamond Community College Practical Nurse Program – Represented by Program Administrator K. Holmes, with Program Coordinator M. Yoder, and Dean P. Schmohl, present via Zoom Audio and Video

DISCUSSION:

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

L. Kelly stated that this option has not been proposed before and warrants further discussion on the potential implications. R. Reynolds added that the proposal is innovative but is unsure about the regulatory side of it. L. Kelly asked the Program for specifics on the vision of the proposal, and R. Reynolds asked for clarification on faculty oversight component. K. Holmes stated that there is oversight of a clinical faculty member while students are on clinical, and keeps in contact with the preceptor if the student is being precepted. K. Holmes added that the employers will be partnering with the Program and will have a full understanding of the educational components. K. Holmes stated that the Program is anticipating enrolling only 12 students to allow for oversight on the quality. A. Joseph asked when students are in an employment setting, what protections are in place to prevent students' positions being misinterpreted, and K. Holmes stated that there will be delineations between employee and student role, and students can meet with preceptors on the employer's side to ensure that the information is clear. K. Holmes stated that a mentor is available to ensure that the lines between student and licensed nurse are not crossed. D. Nikitas asked if course hours are changing to accommodate this experience, and K. Holmes stated that students are being stipended to further their education and clinical hours remain the same. L. Kelly voiced concerns that the role creep and additional hours of work versus school are not clear, and if this is doable from an hours perspective and the potential impact on student completion of the program and NCLEX rates. K. Holmes stated that many students already hold part-time jobs, and the difference is that the employers partnered with the program are aware of the requirements and rigor of the program, and allow for the students to be exposed to additional opportunities. L. Kelly asked what the total education and employment hours are, and K. Holmes stated that the students still meet all of the same hours educationally, and the employment hours are determined by the employer. K. Holmes stated that the students may be stipended at 40 hours per week, but the employer will allow the students to still obtain their education without losing health benefits. K. Holmes added that the employer will pay the student full-time hours even if the student is only working 2 days per week. L. Kelly asked what would happen if there was a call-out at the employer, would the student be called in to cover for that shift and P. Schmohl added that the students are dressed in the Program scrubs to identify them as students and faculty ensure that students are educated the same as traditional students. L. Kelly asked how they will be evaluating the Program for success and K. Holmes stated it would be the same as the other cohorts. P. Schmohl added that the proposal was submitted a few months ago, and the students identified for this program were given the opportunity to join the traditional program, but the students were financially unable to join the traditional program. P. Schmohl stated that this proposed program option would allow these students

access to education and allow them to work with their employer to become LPNs. L. Kelly stated the proposal is very different than anything seen in the past, and the Board is trying to make sure the students are getting the same education and that the students are protected, clinically and educationally. P. Schmohl stated that the students aren't part of the staff and wouldn't be on the staff sheet, and the clinical may be off-site of their employment site. P. Schmohl stated the program is aware of scope creep and have spoke with programs in other states that have similar programs. P. Schmohl stated that they are hoping to run this program option based on how other programs have implemented, and the Program has experience with apprenticeship options. H. Cambra reminded the Board that they do not regulate apprenticeship options, and this proposal is intersecting. H. Cambra stated that the Board members are trying to navigate the limits of the Board's jurisdiction and how it overlaps with nursing education, and how student outcomes are measured. H. Cambra asked for legal input in when the apprenticeship becomes an option in the program, what is the Board's role in that. L. Kelly added that internship program data has shown that NCLEX pass rates and completion rates have fallen with those programs. M. Bresnahan recommended taking this matter under advisement, come up with objectives for the Program to provide at the September Board Meeting, and review in September. R. Reynolds recommended requesting a plan for evaluation while the program is ongoing, and any process improvement plans. P. Schmohl asked for clarification on the gray area and requested that M. Yoder speak to provide clarification, and M. Bresnahan stated the gray area is the intersection of the Board's authority and the apprenticeship program. L. Kelly stated that this would be precedent-setting and recommended deferring the vote to obtain further information. R. Reynolds asked for documentation on the differences in this proposal and how the intersect is going to be treated to ensure the best outcomes possible. H. Caines Robson clarified the separation aspect as proposed by the Program. H. Cambra asked if someone is in the apprenticeship model, whether they are doing all of the nursing requirements and a set number of employment experience hours, and they report to the program that working and going to school is negatively impacting their ability to be successful in the program, do they have the opportunity to withdraw from the program and continue in the traditional program, and K. Holmes stated that there would have to be seats available in the traditional program, either day or evening. K. Holmes stated that the first cohort for this option would be starting on a different date than the traditional program, and until both programs are aligned in start date, it most likely would not be an option. K. Holmes stated the Program has wraparound supports to help students be successful, and those same options are available to the students of this proposed option. D. Nikitas asked if there was a minimum amount of hours the apprenticeship requires, and K. Holmes stated the employer and student will agree on a certain amount of hours. P. Schmohl stated that if the vote is delayed, the cohort may not be able to start until next summer, and L. Kelly voiced understanding but recommended obtaining further information before the Board votes.

ACTION:

Motion by L. Kelly, seconded by R. Reynolds, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to defer this matter until September and authorize Board Staff to request relevant documentation from the Program to get answers to questions that the Board Members, Board Staff, and Counsel have surrounding regulations and the intersect, and how they will be evaluating the program option.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Tri-County Regional Vocational Technical Practical Nurse Program – Represented by Director of Adult Education R. Foley, present via Zoom Audio and Video

DISCUSSION:

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

M. Bresnahan provided additional legal background for the Board Members to consider, and noted that this request is precedent-setting. M. Bresnahan stated that the discussion should be limited to whether or not the Board wants to allow the pause.

L. Kelly stated that she cannot support a pause, due to the fact that there is no Program Administrator, no faculty, and it's a significant precedent-setting request that has no support to it. R. Reynolds and D. Nikitas agreed.

ACTION:

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

1. Deny the proposed program pause, as discussed at the Board's June 11, 2025, meeting. The Board determined that the Program did not provide satisfactory evidence that it would maintain compliance with the regulatory requirements set forth in 244 CMR 6.04: Standards for Nursing Education Program Approval during the period of the proposed pause;
2. Direct the Program to submit written notice of its intent to either continue or discontinue the Practical Nursing Program, in accordance with the requirements of 244 CMR 6.11: Voluntary Withdrawal of Program Approval; and
3. Inform the Program that its current approval status will be reviewed at the September 10, 2025, Board of Registration in Nursing meeting.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

University of Massachusetts 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.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, R. Reynolds, R. Sesay, and H. Underwood unanimously in favor to:

1. Accept the Program's 244 CMR 6.07 (1)(e) Notification of a revision to the curriculum resulting in a change in sequence.
2. Accept the Board staff memo; and
3. Determine the program warrants approval for the proposed change in sequence of the curriculum.

K. Sanclemente not present.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

University of Massachusetts Chan Medical Baccalaureate Degree – Represented by Dean J. Vitello, present via Zoom Audio and Video and Associate Dean P. Gazarian, present via Zoom Audio and Video

July 9, 2025 Regular Session Board Meeting Minutes
(to be Approved 09/10/2025)

DISCUSSION:

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

ACTION:

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

1. Accept the Program's 244 CMR6.07 (1)(d) and 244 CMR6.07 (1)(e) Notification of a revision to the curriculum resulting in a change in sequence.
2. Accept the Board staff memo;
3. Determine the program warrants approval for the proposed change in curriculum and outcomes
4. Direct the Program to provide to the Board the following in order to demonstrate compliance with the regulatory requirements: **Due August 11, 2025:**
 - a. table of credit hours and clock hours for each course demonstrating congruence with the published curriculum map and in accordance with generally accepted academic standards including consistency in credit-to-contact hour ratios; and
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with standards

Berkshire Community College Associate Program – Represented by Program Administrator M.R. Williams, and Dean L. Moon, present via Zoom Audio and Video

DISCUSSION:

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

ACTION:

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

1. Accept the Complaint No.: INV 17151
2. Accept the Program's response to Complaint No.: INV 17151
3. Accept the Board staff memo; and
4. Determine the Program is compliant with 244 CMR 6.04(3)(b)
5. Determine the Program does not warrant a 244 CMR 6.08 (1)(a) site survey

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with standards

Bunker Hill Community College Associate Program – Represented by Director of Nursing K. Wenger, present via Zoom Audio and Video, and Dean of Health Sciences M. Atkinson, present via Zoom Audio and Video

DISCUSSION:

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

R. Reynolds asked C. Walsh about the comprehensive program improvement plan and if it is just starting or if it's been in place, and C. Walsh stated its ongoing. K. Wenger stated that the Program implemented peer mentorship programs as an intervention two (2) years to address low NCLEX pass rates, and have added interventions since, such as ATI launch, and a statistical analysis is being run to identify areas of improvement and efficacy of the interventions, and how to address any gaps identified. L. Kelly asked what changes have been made the past year, and K. Wenger stated the integrated launch and made changes to admission criteria and peer mentorship. K. Wenger added that the Program is continuing to work with the language lab to help ELL students.

ACTION:

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

1. Accept the staff compliance report;
2. Accept the Program's 244 CMR 6.07 (1)(d) Program Change report for change in completion rates;
3. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e), (1)(f), 1(h), 1(i), 1(j), (1)(k), (1)(l), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(b), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), (5)(a), (5)(c), (5)(d), (5)(e) and (5)(f), and noncompliance with 244 CMR 6.04 (1)(g) and (5)(b);
4. Determine the evidence supports continued Full Approval Status;
5. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. **Due by December 19, 2025:**
 - i. Evidence demonstrating the effectiveness of the 14 Board required policies ref: 244 CMR 6.04(1)(g)];
 - ii. 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.
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 6.08 Noncompliance with standards

Quinsigamond Community College Associate Program

DISCUSSION:

Deferred.

ACTION:

Deferred.

TOPIC: Education

244 CMR 6.08 Noncompliance with standards

July 9, 2025 Regular Session Board Meeting Minutes
(to be Approved 09/10/2025)

DISCUSSION:

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

T. Beaudry stated that the Program is not in agreement with all of the allegations and invites Board staff to come for a focused site survey to assess the mental health component inclusion in the curriculum. T. Beaudry stated that 25 students were previously approved to enroll, and the Program has not surpassed that. T. Jacques stated that the clinical evaluation tool could be updated to include a more specific mental health guided outcome, but since mental health is included in all clinical sites, it has been kept broad.

R. Reynolds recommended a full site survey, and voiced concerns with increasing admissions at this time. L. Kelly asked C. Walsh to clarify the number of students that were approved to enroll and C. Walsh stated that the Board previously approved the enrollment cap, but since enrollment numbers haven't been hitting the maximum, the program was required to submit a change report due to the three (3) year mean. T. Beaudry stated the Program recently made an agreement with a Work to Learn grant and have accepted up to 24 students.

D. Nikitas asked the Program to elaborate on the Mental Health program, and T. Beaudry stated that the Program has recently been accepted for students to participate in an inpatient direct patient care for mental health, and have mental health components in other clinical sites. T. Beaudry stated that patients attend 6 weeks of mental health, 13 weeks of med/surg, and 6 weeks of pediatric settings. C. Walsh stated that the clinical guidelines were not clear that there were clearly dedicated outcomes and direct patient care for mental health. T. Jacques added that the students have mental health guided assignments.

ACTION:

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

1. Accept the Board staff memo;
2. Accept the submitted 244 CMR 6.05 (3)(c) Comprehensive plan of action to verify preceptor educational and experiential qualifications; credit to clock hour table, systematic evaluation plan, and clinical evaluation tools;
3. Accept the submitted change report an increase in admissions greater than 20%;
4. Find the Program noncompliant with 244 CMR 6.05 (3)(c);
5. Find the Program noncompliant with 244 CMR 6.04 (2)(c), (4)(b)(1), (4)(b)(2), and (4)(b)(3);
6. Find the Program noncompliant with 244 CMR 6.08 (f) failure to provide clinical experiences necessary to meet the student learning outcomes or nursing education outcomes;
7. Determine the Program warrants a full site survey based on a preponderance of evidence that supports a 244 CMR 6.08 site survey;
8. Determine the program warrants approval for the proposed increased in admissions for the fall 2025;
9. Continue full approval status; and
10. 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

DISCUSSION:

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

E. Costello stated that the Program has made tremendous progress and has reached out to students and incorporated student feedback into policies and student support services. E. Costello added that three (3) students regularly attend faculty meetings and have re-invigorated student activities group. E. Costello stated that the Program is working in the right direction and will continue to do so. R. Reynolds acknowledged the tremendous amount of work the Program has done thus far, but voiced concerns regarding the requested increase in enrollment. R. Reynolds stated that increasing enrollment too fast may cause the Program to backslide if the enrollment numbers increase too quickly. L. Kelly agreed and asked the Program to elaborate on the request for the increase and how the Program is working to support that requested increase. E. Costello stated that the Program has budgeted for two (2) more full-time faculty members to support the increase in students and have instituted a year-long mentoring program for new faculty, which has received positive feedback. E. Costello added that the Program has greater student support services, and a close working relationship with student support staff to ensure that if a student falls below specific parameters, they are notified immediately, and faculty and student support staff work together to support the student. E. Costello stated that the tutoring program has been redefined with student feedback and has implemented more 1:1 tutoring sessions and has two (2) part-time faculty members that have been assigned block hours on campus before and after the fundamentals course for student drop-in tutoring. E. Costello stated that open skills labs are available for students to drop-in for additional resources and faculty can refer students to the open skills labs. E. Costello stated that a classroom is being converted into an additional simulation lab to provide students with the opportunity to relate theory to clinical practice. E. Costello stated the Program provides multi-patient simulations to students in their final semester, and the Program plans to move that gradually down so each course will have specific individual or multi-patient experiences to better prepare students for clinical practice. L. Hsu added that the Program has stepped up the admission requirements and has developed preparatory non-credit programming to assist students in test-preparedness. L. Hsu added that the Program is developing their ESOL component to assist students with communication skills and translating nursing content in a way that is effective for the student. A. Sinewick noted that most of the full-time faculty have been with the Program for at least five (5) years and have made a significant difference to the students and are integral in guiding students to any resources that they may need. L. Kelly asked if the support services can accommodate the current students and the requested increase in students, and E. Costello stated that the Program can accommodate the increase and have anticipated such in the budgeting for the Program.

L. Kelly asked R. Reynolds if approving the increase in students into Summer 2026 is going out too far, and R. Reynolds asked H. Caines Robson if an interim report after the Fall 2025 increase was possible. H. Caines Robson asked if the Board Members would like quarterly reports to continue, and will the Board increase as well for the nursing courses, the 96 students for NUR1015 and the 18 additional LPN advanced placement as well. L. Kelly recommended the continued updates from the Program and re-reviewing and approving the increase for later semesters at another Board Meeting. R. Reynolds agreed. E. Costello stated that the Program is a semester ahead for recruiting and reports would be late in the recruitment cycle for January and asked the Board to approve the increase for Fall 2025 and Spring 2026

and hold off for Summer 2026. E. Costello added that the Program wouldn't be able to provide the requested information for the Board to make a decision about January enrollment with enough time for the Program to recruit for January. H. Caines Robson stated that Fall 2025 outcomes won't be available until close to January 2026, and the Spring 2026 enrollment outcomes should be available in May or June of 2026. H. Caines Robson stated that the reports should show enrollment outcomes, progression of that cohort and how the cohort is doing, and how the resources and support services are doing in regard to the outcomes of the students.

H. Caines Robson asked Board Members if the approval of the increase in admissions also included the increase of 96 students into NUR1015 and the additional 18 LPN advanced students in NUR 1025 and/or NUR 1035. H. Caines Robson stated that the 120 increase is for entry into the Program's prerequisite classes, the 96 students would be direct admission into Professional Nursing Courses, and 18 into the advanced placement option. H. Caines Robson stated that total for Fall 2025 Professional Nursing Courses would be 114, and the 120 is for students not yet enrolled into Professional Nursing Courses. H. Caines Robson clarified that the Program's backlog in the pipeline and there was a pause in the number of individuals that could be accepted into the Program, and the Program is asking for an increase for general education and also for enrollment into nursing specific courses. L. Kelly voiced concerns that the numbers presented are not matching and E. Costello stated that the quarterly reports provided numbers on the number of students in each course. E. Costello stated that the program is asking for a 20% increase for general education students and for the NUR1015 enrollment. E. Costello that there are many LPN students that have applied to the program and the Program wants to move them along instead of having them sit out due to the enrollment cap of ten (10). A. Sinewick added that the Program has a much better tracking system for students enrolled in general education courses and can track when the students are ready to start the Professional Nursing Courses. L. Kelly asked the Program to provide the total requested increase in students for the overall Nursing Program. E. Costello stated the program is asking for a total addition of 20 students into general education courses, 16 students into NUR1015, and 18 students into NUR1025/NUR1035. E. Costello stated the Program has a separate cohort of tracking data for the advanced placement LPN students, and the group of students is highly successful. R. Reynolds asked if the current enrollment cap for the LPN advanced placement is ten (10) and E. Costello confirmed. R. Reynolds confirmed that the general education enrollment will go from 100 to 120, for NUR1015 will go from 80 to 96, and the LPN program will go from 10 to 28. A. Sinewick stated that the prerequisites typically take students no more than two (2) years to complete, but there will be no more than 96 students starting in the fundamentals course. L. Kelly reiterated that approving the increase into Summer 2026 may be too far out without reviewing the outcomes of the students. E. Costello stated the quarterly reports forces the Program to review if the Program is doing what it needs to do, and A. Sinewick stated that the Program is working with institutional effectiveness to collect relevant data.

L. Kelly asked Board Members if they are comfortable with the Program increasing enrollment to 244 students. R. Reynolds noted that the Program is asking for approximately a 28.5% increase in enrollment. H. Caines Robson optioned changing the cadence of reports for the Program to have more frequent reports. A. Joseph voiced concerns regarding the change and confusion in enrollment numbers. M. Bresnahan recommended approving half of the requested enrollment increase due to concerns about the large percentage increase. M. Bresnahan stated this would mitigate some risk and allow the Board to re-evaluate in January and perhaps approve a larger increase for the Summer 2026 semester. L. Kelly agreed with the recommendation to halve the enrollment request numbers and increase the cadence of the compliance reports. H. Caines Robson asked for clarification on the report cadence. H. Cambra asked if the Program is most confident in the increase of 18 LPN advanced placement students and E. Costello confirmed. H. Cambra asked if the Program provided the data of these students' success to the Board for consideration to support the requested increase and E. Costello stated that the data has been provided in

some quarterly reports, but the LPN students are only accepted once a year and the students complete the program in two (2) semesters. E. Costello stated there is typically a gap between cohorts. E. Costello stated that the requested increase for NUR1015 was decided due to the ratio used to support additional faculty positions. E. Costello stated that the fundamentals course is typically where some students may withdraw from the program and there's a trickle-down effect to further courses.

R. Reynolds asked what would be reasonable for receiving reports from the Program, and H. Caines Robson recommended every other month. K.A. Barnes asked if the Board Members would prefer a 10% increase across the Board or review each requested increase individually. L. Kelly stated that the Board does not have the data to support the success of the LPN advanced placement program success to be able to approve such a large increase. H. Cambra asked H. Caines Robson if that data was provided and H. Caines Robson stated it was not, but the Board could build that into the directives to include in the reports from the Program.

ACTION:

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

1. Accept the staff compliance report finding that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(h) and (3)(b);
2. Continue Full Approval status at this time;
3. Determine that Laboure College Associate Degree Nursing Program warrants approval for an increase of admissions: 10% increase, totaling 110 students, for general education enrollment, 10% increase, totaling 88 students, in NUR1015 enrollment, and 10% increase, totaling 11 students, in the LPN advanced program for Fall 2025 and Spring 2026, and have reports submitted every other month.
4. Directed the Program to submit the follow directives, **Due every other month:**
 - a. Reports due every other month to include:
 - i. The effectiveness of the plan that is in place to achieve student success
 - ii. A separate report that outlines tracking and trending of LPN metrics
 - iii. Update on full-time faculty recruitment with total number of full-time, part-time and adjunctions;
 - iv. Number of students enrolled in general education and each professional course each semester;
 - v. Program completion rates
 - vi. Evaluation of students admitted under the revised admission criteria including but not limited to progression.
5. For the effectiveness of the nursing education program continue to refine the evaluation of the Board required policies.
6. Failure to provide evidence to the Board by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with standards

Bay Path Practical Nursing Academy – Represented by Academy Director G. Bolandrina, with Superintendent Director K. Brenner, Executive Assistant D. Pope, Adjunct Faculty J. DeFilippo, Full-time Faculty M. Zeien, present via Zoom Audio and Video

DISCUSSION:

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

K. Brenner stated that the Program submitted via email the relevant minutes for 2022-2023 meeting, and additional requested documents. K. Brenner stated that the Program has been working on completing the remaining requested items. K. Brenner added that the Program starts in August and was supposed to have their orientation for incoming students in June, but the pause would require the Program to run a full year without any income. K. Brenner stated that this would cause significant financial strain on the Program and may need to lay off staff for a year. K. Brenner stated that many accepted students have already paid their deposits, and the Program notified these students of the status of the Program and the delay. L. Kelly asked H. Caines Robson if there were any new documents submitted that supported a change in the Board's previous decision and H. Caines Robson stated that all documents provided by the Program were provided to the Board. H. Caines Robson stated that the Program has not provided a plan for clinical placements for maternity/pediatrics and mental health, the information regarding the non-compliant SEP has not been addressed and additionally, the resources to support student learning outcomes.

L. Kelly stated that the Board has oversight over the regulations of nursing programs and requirements for these programs but does not have jurisdiction over the Program's finances. L. Kelly stated that the previous motion was based on concerns regarding the regulations. R. Reynolds agreed and noted that there are a significant number of deficiencies despite receiving the many documents the program provided, including the lack of SEP and clinical rotation sites for maternity/pediatrics and mental health. M. Bresnahan clarified that the information received is not addressing the deficiencies noted by the Board and asked Board Members to discuss the effect on the students and whether or not the Board feels the Program can properly address the deficiencies while also bringing in an incoming group of students, and why the delay in students is being voted upon. L. Kelly stated that the most significant impact is financial impact, and the Board has to ensure that the Program meets all the requirements from a regulatory perspective that ensures that the students are safe, competent, and ethical nursing professionals. L. Kelly stated that the Program has come before the Board multiple times and to ask for reconsideration, it would've been to the benefit of the students if the Program did make changes and had data and/or documents to support that. R. Reynolds added that the SEP is non-compliant and it's a document that outlines the way the Program functions and is structured, which affects the students. R. Reynolds stated that no direct patient care for maternity/pediatrics and mental health impacts the students' learning and success moving forward, including practice readiness. R. Reynolds noted that the insufficient learning resources and physical facilities impacts students' success. A. Joseph noted that the Board has a responsibility to the students to ensure that the Program standards meet the requirements. D. Nikitas agreed that there is no motivating change for reconsideration.

K. Brenner stated that he disagrees with the Board, the Program submitted the secured clinical sites for mental health and pediatrics and submitted the Program's attempts to obtain maternity clinical sites. K. Brenner stated that the physical space isn't deficient and was mischaracterized as a shared space with the high school students, but the space is not being used at the same time. K. Brenner added that the report stated there was only one (1) simulation baby, but the Program has six (6). K. Brenner stated that the headwalls that weren't present were ordered and submitted that information to Board staff. K. Brenner stated that student satisfaction data has been submitted for the past few years, which showed no less than 86% of students were satisfied. K. Brenner stated that the Program provides a safe and ethical and conducive to learning environment and is unsure of why the Board did not receive the data submitted. K. Brenner reiterated that students were very satisfied with the Program. K. Brenner stated that the clinical judgement is throughout all ATI resources and have attempted to improve first-time pass rate for the

NCLEX with ATI, including three (3) days of training on ATI this year. K. Brenner acknowledged that the Program has struggled with a pass rate in the 70% range the past few years but less than 10 students per year did not pass the first time writing the NCLEX. K. Brenner stated that students who did not pass the first time were asked what they felt contributed to not passing. K. Brenner stated that many of the students are economically disadvantaged and balance work and family and have sent the students' response data to Board staff. K. Brenner stated that the Program has addressed this and did submit the documentation. G. Bolandrina acknowledged the errors and have instituted changes after the site survey. L. Kelly asked if Board Staff has received any additional documentation that wasn't included in the Board packet. H. Caines Robson stated that the Program was given a deadline to submit documentation, and the Program requested an extension to that deadline, which was somewhat granted, so all information provided during that time was included in the packet. H. Caines Robson stated that the Program did not provide any information on clinical placements, nor an updated SEP. C. Walsh confirmed as well. M. Bresnahan clarified that the Program has not provided any credible evidence since the June Board Meeting that the deficiencies were resolved or meaningfully addressed.

ACTION:

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

1. Accept the Board staff memo;
2. Deny the Program's request for reconsideration;
3. Determine the Program does not warrant a reconsideration of the Board's vote on June 11, 2025, change in the approval status and pause on fall admission;
4. Determine the documentary evidence provided for reconsideration does not demonstrate correction of the regulatory deficiencies at 244 CMR 6.04 1(g), (1)(h), (1)(l), (1)(m), (3)(b), (4)(b)(1), (4)(b)(2), and (4)(b)(4);
5. Determine a preponderance of the evidence supports continuance of the Approval with Warning Status;
6. Determine a preponderance of the evidence supports continuance of the pause for fall 2025 admissions;
7. Directed the Program to maintain the previously identified limitations to fall admissions, immediately notify students who were previously selected to move forward in the fall 2025 cohorts; and 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. Direct the program to submitted the evidence to demonstrate correction previously directed at the June 11, 2025 Board meeting by September 11, 2025:
 - a. 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 policy development, implementation and evaluation process, findings (aggregate and trended data) and outcomes that were used to develop, maintain and revise the program [ref: 244 CMR 6.04 (1)(g)(1)(h)];
 - b. A comprehensive audit of Program, Faculty, Student and Graduate files to ensure compliance with the established records maintenance and retirement policy [ref: 244 CMR 6.04 (1)(l)];

- c. The 14 Board required policies revised to include clear, specific, and nondiscriminatory criteria [ref 244 CMR 6.04 (3)(b)];
 - d. Curriculum framework or clinical judgment model [ref: 244 CMR 6.04 (4)(b)(2)];
 - e. Evaluation methodologies including but not limited to clinical evaluation tools and specific course specific evaluation methodologies to assess student attainment in achieving the desired student learning outcomes and end of program learning outcomes [ref: 244 CMR 6.04 (4)(b)(2)];
 - f. A curriculum framework or clinical judgement model for the development of clinical decisions [ref: 244 CMR 6.04 (4)(b)(2)];
 - g. A comprehensive plan to ensure direct patient care clinical experience for Maternity, Pediatrics, and Mental Health [ref: 244 CMR 6.04 (4)(b)(4)];
 - h. Student learning outcomes for the didactic and clinical components of the curriculum for mental health, pediatrics and maternity [ref: 244 CMR 6.04 (4)(b)(4)];
 - i. A comprehensive evaluation of learning resources including data and student feedback to ensure that they are accessible and sufficient for the needs of the students [ref: 244 CMR 6.04 (5)(d)]; and
 - j. Ensure that Physical facilities: lab spaces are conducive to learning for the nursing education program [ref: 244 CMR 6.04 (5)(e)];
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)].

H. Underwood recused.
Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with standards

Greater Lowell Practical Nursing Program – Represented by Program Administrator J. Machado, with Superintendent J. Davis and Program Coordinator S. Allen, present via Zoom Audio and Video

DISCUSSION:

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

J. Machado stated that the Program has been providing maternity clinical via simulation for 10 years and has taken immediate action to secure clinical placement for maternity and mental health. J. Machado stated that the Program has successfully secured these placements and the corrective actions taken leave the Program well positioned to support full enrollment and full approval status.

L. Kelly asked C. Walsh what was received from the Program on July 1, 2025. C. Walsh stated the Program submitted a curriculum change report which has not been reviewed, but part of the change includes the changes in outcomes and clinical evaluation tools. L. Kelly stated that the change report may help the Board unwind some of their concerns. H. Cambra recommended delegating to Board Staff to review the document, and if it is in compliance, they can staff action whatever the Board deems appropriate. M. Bresnahan stated that she is unsure if the Board can delegate discretionary authority to Board Staff, and M. Bresnahan recommended deciding on student enrollment and approval status at this meeting. R. Reynolds voiced concerns about increasing enrollment at this time and some of the Board's concerns surrounded the clinical objectives for these clinical placements, which are most likely contained within the change report C. Walsh received. J. Machado stated that the clinical outcomes and evaluations were submitted separate from the change report, and C. Walsh stated that the outcomes were submitted with the reconsideration but not a curriculum change, and it has to go through the official process so C. Walsh can review the entire curriculum to submit for approval by the Board Members. L. Kelly agreed

with R. Reynolds concerns. S. Davis added that the Program, staff, students, and community will be significantly impacted by the decrease in enrollment. S. Davis stated that the decrease will damage the Program's reputation, staff will have to be laid off, and students may not return to the Program. L. Kelly stated that the Board has regulatory oversight for nursing programs and has to ensure that these programs meet the regulations and are they are designed to prepare safe, competent nurses. L. Kelly acknowledged the progress the Program has made but still has reservations regarding the increase. S. Davis added that the data submitted has shown that even with simulation, there has been no impact on student performance and NCLEX pass rates have increased. H. Cambra asked C. Walsh for the NCLEX pass rates for the past three (3) years, and C. Walsh stated that in 2024 the pass rate was 93%, 2023 the pass rate was 86%, and 2022 the pass rate was 84%. C. Walsh added that completion rates were 77% in 2023, 79% in 2022, and 80% in 2021. C. Walsh stated that the Program had been before the Board several times previously to address the non-compliance with the direct patient care component and was aware the Program needed to provide direct patient care outcomes. C. Walsh added that she has not reviewed the outcomes yet due to the timing of the submission. H. Cambra asked if there were concrete criteria that the Board would feel comfortable in allowing Board staff to review, and if those were present, they would be able to take some action based on the admission cap, and R. Reynolds voiced concerns that there is no data to support that these new clinical placements are going to be successful, and doubling admissions may be doing too much too fast. D. Nikitas stated that the program may not have data for a while, and R. Reynolds agreed that there won't be data until the first cohort goes through. L. Kelly reiterated that the Program has been working on this for a long time, and S. Davis stated that they have been and have evidence of such. J. Machado stated that the outcomes were in place and were submitted with the reconsideration request. J. Machado added that the maternity clinical does not start until April. L. Kelly stated that there isn't enough support to change the Board's decision from June at this time. S. Davis asked for what documentation the Board will be looking for, would it be the data from the first cohort going through the clinical experience, and L. Kelly confirmed but also indicated the Board would need documentation on the course itself. D. Nikitas recommended continuing with approval with warning status but to increase admissions. L. Kelly asked the Program to confirm that the clinical sites are accommodating the current students or the current students with the additional 20 students for the day, and 20 for the evening, and J. Machado stated that the sites can accommodate the original 40 students for both cohorts prior to the admission cap. J. Machado stated that a detailed clinical list was submitted. L. Kelly reaffirmed that the admissions increase would be a big jump.

ACTION:

Motion by R. Reynolds, seconded by L. Kelly, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, K. Pelletier, R. Reynolds, K. Sanclemente, and R. Sesay in favor to:

1. Determine the Program does not warrant a reconsideration of the Board's vote on June 11, 2025, change in the approval status and limitation on fall admission;
2. Determine a preponderance of the evidence supports continuance of the Approval with Warning Status;
3. Determine a preponderance of the evidence supports continuance of limiting fall 2025 admissions to 20 students for the day and 20 students for the evening program;
4. If the determination is made to continue with Approval with Warning Status and maintain the previously identified limitations to fall admissions, 20 students for the day and 20 students for the evening program, immediately notify students who were not selected to move forward in the fall 2025 cohorts; and 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.

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)].

D. Nikitas, H. Underwood voted in opposition.
Motion carries.

TOPIC: Education

244 CMR 6.11 Discontinuance of an Approved Nursing Education Program
Mildred Elley Practical Program

DISCUSSION:

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

ACTION:

So noted.

TOPIC: Education

2025 NCLEX Performance Statistical Reports
Explanation of NCLEX Data Reports
Q2 NCLEX MA Graduates Regardless of State of Licensure
Q2 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.

ACTION:

So noted.

TOPIC: Requests for License Reinstatement – None

DISCUSSION:

None.

ACTION:

None.

TOPIC: Strategic Development, Planning and Evaluation

Presentation / Report
Proposed Education Policy 25-01: Full-time Program Administrator requirement

DISCUSSION:

Deferred.

ACTION:

Deferred.

TOPIC: Strategic Development, Planning and Evaluation

July 9, 2025 Regular Session Board Meeting Minutes
(to be Approved 09/10/2025)

Presentation / Report
Proposed revision to Education Policy 22-01: 244 CMR 6.04 (1)(c) Nursing Education Program
Administrator Oversight

DISCUSSION:

Deferred.

ACTION:

Deferred.

TOPIC: Strategic Development, Planning and Evaluation

Presentation / Report

Proposed revision to Education Policy 18-01: Board Delegated Authority to Approve Qualified Nursing
Program Administrator

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 L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to adjourn the Regular Session at 1:43 p.m.
Motion carries.

TOPIC:

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

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the G.L. c. 112, s. 65C Session at 2:08 p.m.
Motion carries.

G.L. c. 112, s. 65C Session 2:08 p.m. to 3:52 p.m.

TOPIC:

Adjudicatory Session

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Adjudicatory Session at 3:55 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.
Motion carries.

Adjudicatory Session 3:55 p.m. to 4:06 p.m.

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None.

ACTION:

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to convene the Executive Session at 4:15 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).
Motion carries.

G.L. c. 30A, § 21 Executive Session 4:15 p.m. to 5:06 p.m.

TOPIC:

Adjournment

DISCUSSION:


None.

ACTION:

July 9, 2025 Regular Session Board Meeting Minutes
(to be Approved 09/10/2025)

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with K.A. Barnes, A. Joseph, L. Kelly, L. Keough, D. Nikitas, K. Pelletier, K. Sanclemente, R. Sesay, and H. Underwood unanimously in favor to adjourn the meeting at 5:06 p.m.
Motion carries.

Minutes of the Board's July 9, 2025, Regularly Scheduled Meeting were approved by the Board on September 10, 2025.



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

Event Address for Attendees:
<https://zoom.us/j/94818881357>
Webinar ID: 948 1888 1357

Join by Phone:
+1 929 436 2866 US (New York)
Webinar ID: 948 1888 1357

Wednesday, July 9, 2025

PRELIMINARY AGENDA AS OF 06/30/25 4:10pm

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 June 11, 2025 Meeting of the Board of Registration in Nursing, Regular Session Via Zoom B. Draft Minutes for the June 13, 2025 Meeting of the Board of Registration in Nursing Sub-Committee, Regular Session Via Zoom	Minutes Minutes	
	IV.	REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS A. Announcements	Oral / Memo	HC
	V.	URAMP A. URAMP Activity Report	Report	MW

	IX.	REQUESTS FOR LICENSE REINSTATEMENT – None		
	X.	STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION A. Proposed Education Policy 25-01: Full-time Program Administrator requirement B. Proposed revision to Education Policy 22-01: 244 CMR 6.04 (1)(c) Nursing Education Program Administrator Oversight C. Proposed revision to Education Policy 18-01: Board Delegated Authority to Approve Qualified Nursing Program Administrator D. Topics For Next Agenda	Memo/Proposed Policy Proposed revision of Policy Proposed revision of Policy	CW CW CW

		LUNCH BREAK	
	XI.	M.G.L. c. 112, § 65C SESSION	CLOSED SESSION
	XII.	M.G.L. c. 30A, § 18 ADJUDICATORY SESSION	CLOSED SESSION
	XIII.	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. <ol style="list-style-type: none"> 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. 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. 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. Approval of prior executive session minutes in accordance with M.G.L. c. 30A, § 22(f) for sessions held during the June 11, 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.