

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

And Via Zoom

Wednesday, June 11, 2025 9:00 am | 3 Hours 45 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event Address for Attendees:

<https://zoom.us/j/96018416661>

Webinar ID: 960 1841 6661

Join by Phone:

+1 929 436 2866 US (New York)

Webinar ID: 960 1841 6661

Minutes of the Regularly Scheduled Board Meeting

Wednesday, June 11, 2025

Board Members Present In Room 3C

None

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 (Left at 10:16am, Returned at 11:14am)
A. Joseph, MD
D. Nikitas, BSN, RN (Left at 12:00pm, Returned at 12:25pm)
K. Pelletier, ADN, RN
R. Reynolds, PhD, MSN, RN
K. Sanclemente, BSN, 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 Present Via Audio Or Video

H. Cambra, JD, BSN, RN, Executive Director
J. Matthews, MSN, APRN, MPH, Deputy Executive Director
L. Hillson, PhD, MSN, RN, Assistant Director for Policy and Research
R. Barros, JD, Board Counsel

Board Members Not Present

S. Abshir, LPN
L. Keough, PhD, RN, CNP
R. Sesay, ASN, RN

Staff Not Present

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

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 9:01 a.m., A. Alley, MSN, RN, Chairperson, called the June 11, 2025 Regularly Scheduled Board Meeting to order.

TOPIC:

Approval of Agenda

DISCUSSION:

L. Bermudez revised III. A. to reflect the correct Board Meeting date of May 14, 2025.

H. Caines Robson asked to present the Regis matters VIII. E. 5. and VIII. F. 1. at 10am and deferred VIII. E. 4. Laboure College Associate Degree Program.

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, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to approve the Agenda as revised.
Motion carries.

TOPIC:

Approval of Board Minutes for the May 14, 2025 Meeting of the Regularly Scheduled Board Meeting

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by L. Kelly, and voted by roll call with A. Alley, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to accept the Minutes of the May 14, 2025 Regularly Scheduled Board Meeting as presented.

K.A. Barnes, K. Pelletier 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 look out for emails from Carolyn DeSpirito regarding signing up for Complaint Committee meetings. H. Cambra stated that the Complaint Committee is losing quorum for some of the meetings, and asked Board Members to check their calendars to see if they have any availability to attend those meetings.

H. Cambra mentioned that the August Board Meeting may need to happen if July Board Meeting is cancelled due to loss of quorum.

H. Cambra introduced and welcomed Julia Matthews as the BORN's new Deputy Executive Director.

H. Cambra introduced and welcomed Karen Pelletier to the Board in the RN Acute Care seat.

ACTION:

So noted.

TOPIC: Reports, Announcements and Administrative Matters

Election of FY 2026 Board Chairperson and Vice Chairperson

DISCUSSION:

H. Cambra announced that A. Alley and L. Kelly were nominated to continue their positions as Chair and Vice Chair. A. Alley and L. Kelly accepted the nominations. A. Alley added that this will be his final year with the Board.

ACTION:

Motion by K.A. Barnes, seconded by A. Joseph, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to appoint A. Alley as Chair and L. Kelly as Vice Chair for FY 2026.

Motion carries.

TOPIC: URAMP

Activity Report

DISCUSSION:

M. Waksmonski was available for questions.

ACTION:

So noted.

TOPIC: Probation
Staff Action Report

DISCUSSION:

K. Jones was available for questions.

ACTION:

So noted.

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:

P. McNamee was available for questions.

ACTION:

So noted.

TOPIC: Education
Nursing Education Staff Report

DISCUSSION:

H. Caines Robson was available for questions.

ACTION:

So noted.

TOPIC: Education

244 CMR 6.05 Annual Report

Our Lady of Elms Baccalaureate Degree Program – Represented by Dean J. Beck, 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, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the Program's submitted Systematic evaluation plan.
2. Accept the Board staff compliance memo.
3. Determine compliance with 244 CMR 6.04 (1)(h).
4. Continue Full Approval Status at this time.

L. Kelly not present.

Motion carries.

TOPIC: Education

244 CMR 6.06 (2)(a) Site Survey Waiver

Northeastern University ABSN – Represented by Dean A. Choflet, and Director of Quality and Compliance S. Waite, present via Zoom Audio and Video

DISCUSSION:

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

A. Choflet stated that the Program has some clarifying information regarding mission processes that can be submitted to Board staff after this meeting.

K. Crowley stated the last site survey was in 1997, and Board Members agreed that it was a lot of time between site visits. Board Members recommended a site survey due to the length of time since the last survey.

ACTION:

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

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e),1(f), (1)(g), (1)(h), 1(i), 1(j), (1)(k), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4) (5)(a), (5)(b), (5)(c), (5)(d), (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 (1)(l) and (3)(b)
3. Determine the program does not warrant a 244 CMR 6.06 (2)(a) waiver of a 244 CMR 6.06(1) Regularly schedule site survey.
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Due by July 9, 2025:

- i. A record maintenance and retention policy that outlines the maintenance and retirement of Program, Faculty, Student and graduates records.
 - ii. Submit the 14 Board required policies including revisions to ensure specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (3)(b)].
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.06 (2)(a) Site Survey Waiver

Northeastern University Traditional – Represented by Dean A. Choflet, and Director of Quality and Compliance S. Waite, present via Zoom Audio and Video

DISCUSSION:

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

K. Crowley stated the last site survey was in 1997, and Board Members agreed that it was a lot of time between site visits. Board Members recommended a site survey due to the length of time since the last survey.

ACTION:

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

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e),1(f), (1)(g), (1)(h), 1(i), 1(j), (1)(k), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4) (5)(a), (5)(b) (5)(c), (5)(d), (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 (1)(l) and (3)(b).
3. Determine the program does not warrant a 244 CMR 6.06 (2)(a) waiver of a 244 CMR 6.06(1) Regularly schedule site survey.
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Due by July 9, 2025:
 - i. A record maintenance and retention policy that outlines the maintenance and retirement of Program, Faculty, Student and graduates records.
 - ii. Submit the 14 Board required policies including revisions to ensure specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (3)(b)].
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.06 (2)(a) Site Survey Waiver

Northeastern University DEM – Represented by Dean A. Choflet, and Director of Quality and Compliance S. Waite, present via Zoom Audio and Video

DISCUSSION:

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

K. Crowley stated the last site survey was in 1997, and Board Members agreed that it was a lot of time between site visits. Board Members recommended a site survey due to the length of time since the last survey.

ACTION:

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

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), 1(e), 1(f), (1)(g), (1)(h), 1(i), 1(j), (1)(k), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (3)(d), (4)(a), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4) (5)(a), (5)(b) (5)(c), (5)(d), (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 (1)(l) and (3)(b).
3. Determine the program does not warrant a 244 CMR 6.06 (2)(a) waiver of a 244 CMR 6.06(1) Regularly schedule site survey.
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Due by July 9, 2025:
 - i. A record maintenance and retention policy that outlines the maintenance and retirement of Program, Faculty, Student and graduates records.
 - ii. Submit the 14 Board required policies including revisions to ensure specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies [ref 244 CMR 6.04 (3)(b)].
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Emmanuel College Baccalaureate Degree Program – Represented by Program Chair C. Femia, present via Zoom Audio and Video

DISCUSSION:

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

C. Femia clarified that the 24 hours of service learning are with the Community course and not with the precepted course.

R. Reynolds asked if the simulation hours are going to count towards clinical and asked for clarification. C. Femia stated that the percentile in courses for both clinical and simulation, and the simulation piece is being taken out of it and will still be offered to students but will not be counted towards clinical clock hours. K. Crowley asked if the 42 hours are for direct care, and C. Femia confirmed. K. Crowley asked if the credit to clock hours for all clinical courses 1:42, and H. Caines Robson responded no. C. Femia stated that all courses should be 1:42, and clarified that some courses are 2:84. K. Crowley asked how many credits the 4500 course is, and C. Femia stated it was seven (7) credits total, but they are adding a credit to the clinical portion and increasing preceptor hours from 126 to 168.

K. Crowley asked about the sequencing of the capstone, and C. Femia clarified that the clinical component was taken out and is now running fall and spring opposite the maternity-pediatric course. K. Crowley asked if the capstone clinical can be taken before the maternity course, and C. Femia confirmed. R. Reynolds voiced concerns regarding students doing a maternity capstone without taking the foundations course, and C. Femia stated that students would not be allowed to complete their capstone in maternity-pediatrics without first taking the foundations course. C. Femia stated that students are given the option which course they would prefer to take, and students register for their preferred course. K. Crowley and R. Reynolds voiced concerns regarding students not being able to experience both course experiences, and R. Reynolds recommended outlining the registration process and options to students.

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, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the Program's 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 July 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.
 - b. Clear policy or procedure for students registering in 3800 and 4400 are being offered to ensure that students who want to take 3800 prior to 4400 have a place in 3800 before being forced to take 4400.
 - c. Process of notification to students in notifying them of options and processes.
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

MCPHS University Boston Baccalaureate Degree Program – Represented by Dean T. Gravel, present via Zoom Audio and Video, with Associate Dean and Boston Campus Program Administrator D. McManus, present via Zoom Audio and Video, and Worcester Campus Program Administrator P. Murray, present via Zoom Audio and Video

DISCUSSION:

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

T. Gravel clarified that clock hours for the didactic portion remain at 1:15 and the clinical hours are 1:45.

ACTION:

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

1. Accept the Program's 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 July 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)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

MCPHS University Worcester Baccalaureate Degree Program – Represented by Dean T. Gravel, present via Zoom Audio and Video, with Associate Dean and Boston Campus Program Administrator D. McManus, present via Zoom Audio and Video, and Worcester Campus Program Administrator P. Murray, 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. Crowley, and voted by roll call with A. Alley, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the Program's 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 July 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.
5. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Northeastern University ABSN – Represented by Dean A. Choflet, and Director of Quality and Compliance S. Waite, present via Zoom Audio and Video

DISCUSSION:

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

A. Choflet stated the adjustment in the population specific changes around pediatric and maternal health courses is designed to move towards family themes, and integrate more population specific case studies and experiential learning opportunities in other courses.

ACTION:

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

1. Accept the Program's 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 July 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)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Northeastern University Traditional – Represented by Dean A. Choflet, and Director of Quality and Compliance S. Waite, 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. Crowley, and voted by roll call with A. Alley, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the Program's 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 July 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)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Northeastern University DEM – Represented by Dean A. Choflet, and Director of Quality and Compliance S. Waite, 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. Crowley, and voted by roll call with A. Alley, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the Program's 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 July 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)].

K.A. Barnes recused.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

June 11, 2025 Regular Session Board Meeting Minutes
(to be Approved 07/09/2025)

Quinsigamond Community College Practical Nurse Program – Director of Nurse Education K. Holmes, with Dean P. Schmohl and Day Coordinator M. Yoder, and Evening Coordinator M. Ricotta, present via Zoom Audio and Video

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, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the submitted Notification of Change in Program administrator and the supporting documents.
2. Determine that the identified candidate meets the requirements at 244 CMR 6.04 (1)(e), and (2)(a); and
3. Approve Keara Holmes, MSN, RN as the Program Administrator of the Quinsigamond Community College Practical Nurse Degree Program.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Quinsigamond Community College Associate Degree Program – Director of Nurse Education K. Holmes, with Dean P. Schmohl and Day Coordinator M. Yoder, and Evening Coordinator M. Ricotta, present via Zoom Audio and Video

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, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the submitted Notification of Change in Program administrator and the supporting documents.
2. Determine that the identified candidate meets the requirements at 244 CMR 6.04 (1)(e), and (2)(a); and
3. Approve Keara Holmes, MSN, RN as the Program Administrator of the Quinsigamond Community College Associate Degree Program.

Motion carries.

TOPIC: Education

244 CMR 6.07 Program Change

Salem State Baccalaureate Degree Program – Represented by Dean S. Ansari, present via Zoom Audio and Video, with Chair and Interim Program Administrator M. Frost, 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, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the submitted Notification of Change in Program administrator and the supporting documents.
2. Determine that the identified candidate meets the requirements at 244 CMR 6.04 (1)(e), and (2)(a); and
3. Approve Marion Frost DNP, RN as the Program Administrator of Salem State University.

Motion carries.

TOPIC: Education**244 CMR 6.07 Program Change**

Tri-county Regional Vocational Technical Practical Nurse Program – Represented by Superintendent K. Maguire, with Adult Education Supervisor L. Thompson and Director of Adult Education B. Foley, present via Zoom Audio and Video

DISCUSSION:

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

B. Foley stated that the Program decided to pause the program due to the lack of in-district enrollment to the program, which caused financial strain. K. Maguire stated that the situation is unique and does not take tuition for most of the students and programs, but the Adult program does take tuition. K. Maguire states that the students do pay some tuition, but the towns they represent also pay tuition, and the decline in in-district students has caused financial strain. K. Maguire stated that 18 total students enrolled, with 12 out-of-district students and only 4 in-district students. K. Maguire stated the program needs to re-evaluate the financial aspect of the Program and marketing to increase admission from in-district students. A. Alley asked how many students are in the Program currently, and K. Maguire stated 48. A. Alley asked if students were accepted for next year, and K. Maguire stated there were 17 students that were committed to attending but were informed that the Program was not going to enrolling any students and were referred to other schools. A. Alley asked if any students were committed, and K. Maguire stated none were, and clarified the Program has no intention to formally close. A. Alley asked if all current students are graduating, and K. Maguire stated that the students are testing today, and B. Foley stated that if a student fails, they are removed from the program. B. Foley stated that if a student had a medical issue, K. Maguire would support the opportunity to help the student be able to take the final exam. B. Foley stated that there is no teach out plan due to there being no students continuing into the second year. A. Alley asked if the students fail the second semester course, they are removed from the program, and B. Foley confirmed they are dismissed.

A. Joseph asked if there were any students in any category that may not graduate next week, and K. Maguire stated there are no students in the medical category and B. Foley stated that all 48 students are scheduled to graduate. L. Kelly asked for clarification on the other locations that accepted students were referred to, and K. Maguire stated that the Programs were Shawsheen, Assabet, and Diman.

R. Reynolds asked for clarification on requesting an increase in enrollment despite having poor NCLEX pass rates, and B. Foley stated that he was unaware of an increase in enrollment, and every other year there is an increase in enrollment due to both programs enrolling students, and not just the Day Program enrolling students. B. Foley stated that it was his understanding that the Board required the Program to

submit documentation of this increase. H. Cambra asked if the Program Administrator was present, and B. Foley stated the Program Administrator is out sick today. L. Kelly asked why the Program waived the site survey, and B. Foley stated that the Program Administrator communicated with the Board regarding the situation and was advised that the site survey was not needed. C. Walsh stated that the parent university was going to pause the program for one (1) year and students and faculty were already notified and cancelled the site survey.

L. Kelly recommended deferring a vote due to this request being precedent setting, the Program Administrator not being present, concerns regarding NCLEX pass rates, and the conflicting requests by the Program. A. Alley voiced concerns regarding students that may not pass, and Board Members agreed it was a disservice to the students. R. Reynolds voiced concerns regarding the Program Administrator's email to Board Staff about the pause came five (5) days prior to the site survey and the fact that the Program Administrator is not present. L. Kelly recommended the Program to create a teach out plan.

A. Joseph asked the Program about the plan for the custodian of records in the event the Program closes, and K. Maguire stated that there is a dedicated section in the records room for the student records. K. Maguire stated that the decision to pause the Program was not an easy decision to make. A. Joseph stated that when a program closes, there is a great deal of supervision by the Board and is concerned that the oversight by the Board may be lost if the pause turns into a rapid closure. D. Nikitas asked for guidance from the legal department regarding the pause and the process, and R. Barros noted that there is nothing in the regulations that speak to it, and the Board has discretion because it is a novel issue. H. Cambra stated that this matter is precedent-setting, and that the program is letting the Program Administrator go.

ACTION:

Motion by A. Alley, seconded by R. Reynolds, and voted by roll call with A. Alley, K.A. Barnes, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to defer the request for the pause and instruct the program to communicate with Nursing Education Coordinators by Friday, June 13, 2025, and submit a teach out plan if any students are identified at being a risk of not successfully completing the Program and submit a response addressing the Board's questions.

K. Crowley abstained.

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Standards

Bay Path Regional Vocational Practical Nurse Academy – Represented by Academy Director G. Bolandrina, with Superintendent K. Brenner, present via Zoom Audio and Video

DISCUSSION:

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

G. Bolandrina stated that the Program is actively working on correcting the deficiencies discussed during the site visit. G. Bolandrina stated that the Program has ordered supplies and materials for the labs, submitted corrections to the handbook to address discriminatory language, and secured a clinical site for pediatrics and mental health, and are working on securing a clinical site for maternity. K. Crowley asked if there was an assigned MOU at these sites, and G. Bolandrina confirmed. R. Reynolds asked if the students would begin these clinicals in the fall, and G. Bolandrina confirmed. K. Crowley asked how many students will be in those classes, and G. Bolandrina stated that there are an anticipated 40 students.

K. Crowley asked what the course name is, and G. Bolandrina stated it is Care of the Family and Leadership, and would encompass maternity and pediatrics, and added that the mental health component will be started in Term One (1), so it's included in fundamentals. K. Crowley asked if these courses will both be running in the fall, if there's two (2) sites, and if there are 40 students in each class, and G. Bolandrina clarified that it is clinical observation, similar to the wound clinic. R. Reynolds asked if there was any direct patient care, and G. Bolandrina stated that they do direct care in the wound clinic under supervision. K. Crowley asked for clarification on the observation portion, and G. Bolandrina clarified that it is the scheduling.

K. Crowley asked H. Caines Robson for the range of completion rates over the past few years, and H. Caines Robson stated that the SEP did not provide evidence on how they were evaluating completion rates, and it's unclear if the completion rate provided is correct. K. Crowley voiced concerns that the Program has been before the Board for similar issues in the past, mainly the pass rates have been below 75%, there is question about the completion rate, there is no direct patient care for three (3) vulnerable populations, a question about observational clinical experience in regard to the new settings declared and the amount of students potentially in that setting and ability to support those students. K. Crowley asked for clarification on why students have a lower pass rate for NCLEX and the plan for addressing rationales. H. Cambra recommended that the Board discuss the fact that the Program has been attesting in their annual report that their SEP was current and the Board's recommendation on answering the attestations less than accurately. L. Kelly agreed that it is concerning. R. Reynolds stated that there is typically data provided alongside the rationale statements, and voiced concerns that the data was not provided. R. Reynolds voiced concerns that there is no curricular framework or use of clinical judgement model, or that there is a systematic progression of the program outcomes.

R. Reynolds recommended placing the Program on Warning status. Board Members agreed due to the multiple significant issues. D. Nikitas voiced concerns at the timing as well due to the courses beginning in September. A. Alley stated that the Program needs to provide validation, and R. Reynolds reiterated that the Board needs the data. K. Crowley asked Board Counsel for options on how to move forward, and R. Barros recommended placing the Program on Warning status and request the outlined documentation. H. Caines Robson asked Board Members if placing the Program on Warning status with a pause in admission be an option, and Board Members agreed that it would give the Program time to put the processes in place. A. Alley asked G. Bolandrina how many students are starting in the Fall 2025 semester, and G. Bolandrina stated 40. K. Crowley asked how students are currently in progression, and G. Bolandrina stated 31 are graduating on June 20, 2025. H. Caines Robson clarified that most of the cohort will write the NCLEX together, and the data will be available in September/October. K. Crowley asked what course the students are in currently, and G. Bolandrina stated the students are in Care of the Family and Leadership and Transition to Nursing. K. Crowley asked if the students had clinicals, and G. Bolandrina stated that it is a leadership clinical.

Board Members agreed on the recommendation to place the Program on Approval with Warning status and pause admissions, and A. Alley recommended discussing a timeframe for the Program's submission of the required documents. R. Reynolds recommended two (2) months, and A. Alley voiced concerns that if the submission is not sufficient, the students deserve to know that the Program may not start in September. K. Crowley added that this matter would also have to be heard at the September Board. A. Joseph recommended one (1) month for the submission. H. Cambra asked H. Caines Robson if the timeframe is reasonable, and what timeframes are typically given to address the non-compliance. H. Caines Robson stated that three (3) to six (6) months is the typical timeframe.

ACTION:

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

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), (1)(e), 1(f), 1(i), 1(j), (1)(k), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (3)(d), (4)(a), (4)(b)(3), (5)(a), (5)(b), (5)(c), (5)(d) (5)(e) and (5)(f); and noncompliance with 244 CMR 6.04 1(g), (1)(h), (1)(l), (1)(m), (3)(b), (4)(b)(1), (4)(b)(2), and (4)(b)(4).
3. Determine a preponderance of the evidence warrants a change to approval with warning status and hold admissions for the Fall Semester.
4. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:
 - a. Due within 90 days:
 - 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 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)].
 - ii. Completion rates for AY 2021-2022, 2022-2023, 2023-2024) [ref: 244 CMR 6.04 (1)(h)].
 - iii. 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)].
 - iv. The 14 Board required policies revised to include clear, specific, and nondiscriminatory criteria [ref 244 CMR 6.04 (3)(b)].
 - v. Curriculum framework or clinical judgment model [ref: 244 CMR 6.04 (4)(b)(2)].
 - vi. 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)].
 - vii. A curriculum framework or clinical judgement model for the development of clinical decisions [ref: 244 CMR 6.04 (4)(b)(2)].
 - viii. A comprehensive plan to ensure direct patient care clinical experience for Maternity, Pediatrics, and Mental Health [ref: 244 CMR 6.04 (4)(b)(4)].
 - ix. 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)].
 - x. A comprehensive evaluation of learning resources including data and student feed back to ensure that they are accessible and sufficient for the needs of the students [ref: 244 CMR 6.04 (5)(d)]; and
 - xi. Ensure that Physical facilities: lab spaces are conducive to learning for the nursing education program [ref: 244 CMR 6.04 (5)(e)].
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)].

H. Underwood recused.

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Standards

Blackstone Valley Regional Vocational Technical Practical Nurse Program – Represented by Program Coordinator J. Monks, present via Zoom Audio and Video

DISCUSSION:

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

C. Walsh stated the last site survey was in 2009. J. Monks added that the Program is making headway in the summative assessments and in the submissions 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, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the Blackstone Valley Regional Vocational Technical Practical Nursing Program 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 in compliance with 244 CMR 6.04(1)(b) and (1)(c).
4. Determine the Program warrants a 244 CMR 6.08 (1)(b)(3) site survey.
5. Continue Full Approval Status at this time.
6. Direct the Program to provide to the Board: **Due August 6, 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. 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.
8. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Standards

Greater Lowell Technical Practical Nurse Program – Represented by Program Representative J. Machado, 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 will be submitting a curriculum change due to obtaining clinical sites for mental and behavioral health but continues to face challenges with maternity clinical placement. J. Machado stated that the Program is continuing outreach, and two (2) facilities willing to take on students, but are hoping to secure more due to the volume of students. K. Crowley asked if there are six (6) sites for mental health clinicals, and J. Machado stated that there are three (3) sites currently but there will be four (4) clinical placements with ten (10) students in each placement. J. Machado stated that the two (2) maternity clinical placements expressed willingness but are not contracted. J. Machado stated that the L&D unit is willing to take on one (1) student. J. Machado stated that the Program is working on finding placements for all 80 students.

K. Crowley stated that student outcomes for the maternity class are not determined yet, and C. Walsh confirmed that, along with mental health. K. Crowley voiced concerns that the Program is waiting for a site confirmation to determine student outcomes. R. Reynolds recommended potentially limiting admissions to allow the Program to address these issues, and recommended placing the Program on Warning status. K. Crowley asked for clarification on how the Program is going to address the noncompliance with the clinical requirement, and J. Machado stated that they will be submitting a report with the curriculum change that addresses the issues, and also has outcomes for simulation for maternity while they work on direct care placements. K. Crowley voiced concerns that the Program is finding a workaround and not providing students with direct patient care experiences.

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, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the Board staff compliance memo.
2. Find that the program did not provide evidence to correct the regulatory deficiencies at 244 CMR 6.08 (1)(f)
3. Find the program noncompliant with 244 CMR 6.04 (4)(b)(1), (4)(b)(2), (4)(b)(3) and (4)(b)(4).
4. Determine if the Program warrants a 6.08 site survey.
5. Determine a preponderance of the evidence warrants a change to approval with warning status;
6. Determine a preponderance of the evidence supports limiting admissions for fall 2025, with a limit of 20 students for the day program and 20 students for the evening program;
7. Direct the program to submit the following evidence of correction by **July 13, 2025**:
 - a. Submit a detailed list of all clinical sites and clinical agreements obtained for the following clinical components:
 - i. Maternity Nursing (Obstetrics)
 - ii. Mental Health/Psychiatric Nursing
 - b. For each site, include:
 - i. Facility Name
 - ii. Department/Unit

- iii. Physical Address
- iv. Contact Person (Name, Title, Phone, Email)
- v. Number of Students Accepted Per Term
- vi. Number of Clinical Days/Hours Available
- vii. Date Placement Was Confirmed
- viii. Name of Course/Level Using the Site
- ix. This list must demonstrate sufficient capacity to meet current and projected student enrollment needs for each specialty area; and

8. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

D. Nikitas not present.

Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Standards

Regis College DEM – Associate Dean and 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 completed, and C. Walsh stated 2022. L. Kelly stated that the ACEN standard concerns are significant, and R. Reynolds recommended taking a closer look at the noncompliance to the ACEN concerns.

ACTION:

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

1. Accept the Regis College Direct Entry Master's Nursing Program 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 compliance with 244 CMR 6.04(1)(b) and (1)(c).
4. Determine the Program warrants a 244 CMR 6.08 (1)(b)(3) site survey.
5. Continue Full Approval Status at this time.
6. Direct the Program to provide to the Board: **Due August 6, 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. 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 February 15, 2027:**
 - a. The follow up ACEN report.
8. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].
Motion carries.

TOPIC: Education

244 CMR 6.08 Noncompliance with Standards

Worcester State University Baccalaureate Degree Program – Represented by Associate Dean C. Thomas, with Chair W. Chadbourne, and Dean L. Larrivee, present via Zoom Audio and Video

DISCUSSION:

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

C. Thomas stated that the plan was implemented by the previous interim Assistant Dean in 2023, and have been working with the committee to develop and implement coordination and collection and aggregation of data. C. Thomas stated that the operational definitions were expanded. C. Thomas stated the record retention policy was updated and passed in May and have amended the other policies that were identified by Board Staff. C. Thomas stated that the Program was unaware of the 2:1 was not acceptable for pediatrics, and have been working hard into making sure that everything is in compliance. C. Thomas stated that the Program is working hard on mapping learning outcomes and a plan to implement it so it benefits current students as well. C. Thomas stated that the Program is taking compliance with the regulations very seriously and are working diligently to rectify the issues.

K. Crowley asked how the Program administration is ensuring that Board requirements are met when there is a change in education, delivery, outcomes, etc. C. Thomas stated that aggregating data takes time and are working on bringing the plan to fruition. C. Thomas stated that the Program reached out to Board Staff regarding the low completion rate and assumed that including the low completion rate in the annual report was sufficient. K. Crowley asked C. Walsh about the completion rate trend the past few years, and C. Walsh stated that the completion rate was over 70% until this year. L. Kelly voiced concerns that the Program has been before the Board many times. R. Reynolds recommended Warning status for the program.

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, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to:

1. Accept the staff compliance report.
2. Find that the Program has provided satisfactory evidence of compliance with the regulations at 244 CMR 6.04 (1)(a), (1)(b), (1)(c), (1)(d), (1)(e), (1)(f), (1)(i), (1)(j), (1)(k), (1)(m), (2)(a), (2)(b), (2)(c), (3)(a), (3)(c), (3)(d), (4)(a), (5)(a), (5)(c), (5)(d), (5)(e), and (5)(f) and noncompliance with 244 CMR 6.04 (1)(g), (1)(h), (1)(l), (3)(b), (4)(b)(1), (4)(b)(2), (4)(b)(3), (4)(b)(4), and (5)(b).
3. Find the program noncompliant with 244 CMR 6.07 (1)(d) Change in the program's nursing education outcomes.
4. Find the program noncompliant with 244 CMR 6.07 (1)(e) Change in method of delivery without Board approval.
5. Determine a preponderance of the evidence warrants a change to approval with warning status.
6. Direct the Program to provide to the Board the following in order to demonstrate correction of the regulatory deficiencies:

- a. **Due by August 1, 2025:**
 - i. A comprehensive plan of correction to correct the simulation 2:1 ratios and direct patient care substitutions exceeding the NCSBN simulation guidelines.
 - ii. An updated clock to credit hour allocation table.
- b. **Due by October 1, 2025:**
 - i. A comprehensive plan for curricular changes and an implementation schedule.
 - ii. A comprehensive plan for test exam blueprinting per course, program, including a process for test item analysis.
 - iii. A revision and publication of the 14 Board policies with specific non-discriminatory criteria and faculty meeting minutes demonstrating the use of data by faculty to develop, implement, and evaluate those policies.
 - iv. Evidence that faculty are responsible and participate in the development, implementation, and evaluation of policies.
 - v. A revised written policy for the maintenance and retirement of school, faculty, student, and graduate records.
- c. **Due by December 1, 2025:**
 - i. A systematic evaluation plan that includes all components of 244 CMR 6.04, operating definitions, expected levels of achievement (achievable and measurable) for all components along with evidence of faculty participation in the development process, findings (aggregated and trended data) and outcomes that were used to develop, maintain and revise the program, including evaluation of the 14 Board required policies effectiveness.
 - ii. Evidence that evaluation methods (e.g. course exams, student assignments, clinical evaluations) are valid and reliable in measuring the desired outcomes.
 - iii. Updated clinical and simulation evaluation tools to include course student learning outcomes and end of program student learning outcomes.
 - iv. Evidence demonstrating defined clear, measurable outcomes for each course and clinical experience to facilitate assessment and ensure alignment with program competencies.
 - 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 are measurable and demonstrate progression in each course.
7. If the determination is made that the Program is placed on Approval with Warning Status, as specified at 244 CMR 6.08(2), direct the Program to:
 - a. immediately notify all enrolled students and program applicants in writing, in accordance with established current Board guidelines, the program's Approval with Warning Status, the basis therefore, and the necessary corrective action(s); and
 - b. inform all program graduates that they remain eligible to write the NCLEX.
8. Failure to correct these regulatory deficiencies by the established due dates will result in the Board's evaluation of the Program's approval status [ref 244 CMR 6.08(1)].

D. Nikitas abstained.

Motion carries.

TOPIC: Education

244 CMR 6.09 Procedure for Change of Governance

Lawrence Memorial/Regis Associate Degree Program – Represented by Vice President N. Bittner, present via Zoom Audio and Video with Dean S. Higgins, present via Zoom Audio and Video, and Provost M.E. Driscoll, present via Zoom Audio and Video

DISCUSSION:

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

R. Reynolds voiced concerns about the lack of faculty, and students being able to attend the program. L. Kelly stated that the administrative job description needs to meet the regulations and asked the program to elaborate on why these changes are occurring so close to the start of the program. S. Higgins stated that the Program has made good progress with hiring faculty, and the Assistant Dean position is going to be offered to a candidate within the next few weeks. N. Bittner added that the Program has a very robust transition plan for transitioning curriculum and administration, and some staff are staying on until June 2026 to help ensure the transition is smooth. M.E. Driscoll added that the transition is a partnership, and additional support staff has been brought in to the registrar, financial aid, academic coaching, and have hired a Director of Advising from LMH. M.E. Driscoll added that the full-time faculty load requirements for the teaching portion is in line with other pre-licensure programs. M.E. Driscoll stated that the students are enthusiastic about coming to Weston and ensured that the students have the same level of support they are used to and have access to full resources in the evening. M.E. Driscoll stated that the program has maintained communication with students regarding the transition. N. Bittner stated that students have presented to the Weston campus for non-nursing courses since the partnership began and are familiar with that campus. N. Bittner stated that this transition affects the Evening program the most, and the Director of the Evening program was chosen to stay on until the transition is complete.

ACTION:

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

1. Accept the nursing education program's Notification of Change in Governance Report and the proposed timeline.
2. Accept the staff compliance report finding:
 - a. the Program has provided satisfactory evidence of the potential for compliance with the regulations at 244 CMR (1)(a), (1)(e), (5)(a), (5)(b), (5)(c), (5)(d), (5)(e) and (5)(f).
3. Determine the Program warrants approval for the planned change in ownership.
4. If the change in program governance is approved: For the effectiveness of the nursing education program, Direct the Program to: **Due June 25, 2025:**
 - a. Revise the program administrator's job description to include all regulatory requirements
5. **Due: July 1, 2025:**
 - a. A Notification of Change of program administrator change report identifying the selected program administrator with the supporting documents.
 - b. Detailed listed of confirmed full-time and clinical faculty for the Fall 2025 semester
6. **Due: August 1, 2025:**
 - a. Photos of the remodeled Simulation lab.

7. Failure to submit the directives 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 6.03 (2) Out of State Programs

University of Tulsa Baccalaureate Degree Program – Represented by Executive Director C. Abbott Eng, Vice President T. Adelson, and Clinical Coordinator M. Wolfe, and Clinical Compliance Coordinator A. Lefler, present via Zoom Audio and Video

DISCUSSION:

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

C. Abbott Eng noted that the Program has had 100% NCLEX pass rates.

R. Reynolds asked the Program what the reason was for the delay in submitting the documents within the required timeframe, and M. Wolfe stated that the program is new and trying to understand the process, and some challenges have been preceptor availability and the timeframe to submit the paperwork. M. Wolfe added that the Program is proactively reaching out to clinical sites to prevent missing deadlines in the future. K. Crowley asked if the Program has enough resources to handle the clinical needs and paperwork processing, and M. Wolfe stated that the staff handle the paperwork.

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, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and

H. Underwood unanimously in favor to:

1. Determine the Program is not in compliance with 244 CMR 6.03 (2).
2. Determine the University of Tulsa Baccalaureate Degree Nursing Program warrants approval of the Part A form.
3. Determine University of Tulsa Baccalaureate Degree Nursing Program warrants approval for clinical experiences conducted in summer of 2025, as outlined in the memo; and Direct the Program to provide:
 - a. **Due August 11, 2025:**
 - i. A comprehensive plan of action to obtain Board approval of any clinical learning experiences conducted in Massachusetts.

Motion carries.

TOPIC: Education

Review of education for out-of-state applicants for licensure
RNNE10020808

DISCUSSION:

Deferred.

ACTION:

Deferred.

TOPIC: Requests for License Reinstatement

S. Lamisere, NUR-2024-0007, RN2339397 – Present via Zoom Audio and Video, and Attorney R. Long, present via Zoom Audio and Video

DISCUSSION:

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

The Licensee stated that he is eager to contribute to the nursing profession again and has taken all required courses and has expressed regret and learned from his mistakes. The Licensee stated that he wants to join the military. A. Joseph asked what the Licensee is planning to do in the Military, and the Licensee states that he will be working in the ICU in El Paso.

ACTION:

Motion by L. Kelly, seconded by K.A. Barnes, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to reinstate the Licensee's RN license and issue a Consent Agreement for Probation for one (1) year.
Motion carries.

TOPIC: Strategic Development, Planning and Evaluation
Legislative Updates

DISCUSSION:

L. Hillson summarized her previously distributed memorandum and attached exhibits to the Board.

K. Crowley asked about the House Bill 2655 and Senate Bill 1718 regarding workplace violence and L. Hillson stated that there haven't been any updates on the hearing results.

ACTION:

So noted.

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

DISCUSSION:

K. Crowley recommended discussing the transition to an automated attestation for the SEP and have Board Staff develop administrative rules or policies if they do not attest or are noncompliant.

K. Crowley recommended revisiting policy on length of time between site surveys. D. Nikitas recommended adding the date of the last site survey date to be included in the compliance memos. R. Reynolds recommended a summary for the site survey for convenience.

H. Cambra stated that the policy on Out of State programs with MA clinicals will be brought forward as well.

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, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to adjourn the Regular Session at 12:50 p.m.

Motion carries.

TOPIC:

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

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by K.A. Barnes, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to convene the G.L. c. 112, s. 65C Session at 1:24 p.m.

Motion carries.

G.L. c. 112, s. 65C Session 1:24 p.m. to 3:16 p.m.

TOPIC:

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, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to convene the Adjudicatory Session at 3:18 p.m. to deliberate on proposed final decisions and orders, and rulings on pending adjudicatory matters.

Motion carries.

Adjudicatory Session 3:18 p.m. to 3:25 p.m.

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by K. Pelletier, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to convene the Executive Session at 3:41 p.m. as per Purpose One of G.L. c.30A, §21 (a)(1).
Motion carries.

G.L. c. 30A, § 21 Executive Session 3:41 p.m. to 4:53 p.m.

TOPIC:

Adjournment

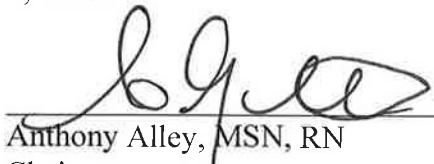
DISCUSSION:

None.

ACTION:

Motion by A. Alley, seconded by K.A. Barnes, and voted by roll call with A. Alley, K.A. Barnes, K. Crowley, A. Joseph, L. Kelly, D. Nikitas, K. Pelletier, R. Reynolds, K. Sanclemente, and H. Underwood unanimously in favor to adjourn the meeting at 4:53 p.m.
Motion carries.

Minutes of the Board's June 11, 2025, Regularly Scheduled Meeting were approved by the Board on July 9, 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, June 11, 2025 9:00 am | 3 Hours 45 Minutes | (GMT-04:00) Eastern Time (US & Canada)

Event Address for Attendees:

<https://zoom.us/j/96018416661>

Webinar ID: 960 1841 6661

Join by Phone:

+1 929 436 2866 US (New York)

Webinar ID: 960 1841 6661

Wednesday, June 11, 2025

PRELIMINARY AGENDA AS OF 06/02/25 3:40pm

Estimated Time	Item #	Item	Exhibit	Presented by
9:00 a.m.	I.	CALL TO ORDER & DETERMINATION OF QUORUM	None	
	II.	APPROVAL OF AGENDA	Agenda	
	III.	APPROVAL OF MINUTES A. Draft Minutes for the May 12, 2025 Meeting of the Board of Registration in Nursing, Regular Session Via Zoom	Minutes	
	IV.	REPORTS, ANNOUNCEMENTS AND ADMINISTRATIVE MATTERS A. Announcements B. Election of FY 2026 Board Chairperson and Vice Chairperson	Oral / Memo Oral / Memo	HC HC
	V.	URAMP A. URAMP Activity Report	Report	MW

	VI. PROBATION A. Probation Staff Action Report B. Termination of Probation / Stayed Probation – None C. Request for Notice of Violation and Further Discipline – None	Report	KJ
	VII. PRACTICE A. Practice Coordinator Staff Report	Report	PM
	VIII. EDUCATION A. Nursing Education Staff Report B. 244 CMR 6.05 Annual Report 1. Our Lady of Elms Baccalaureate Degree Program C. 244 CMR 6.06 (2)(a) Site Survey Waiver 1. Northeastern University ABSN 2. Northeastern University Traditional 3. Northeastern University DEM D. 244 CMR 6.07 Program Change 1. Emmanuel College Baccalaureate Degree Program 2. MCPHS University Boston Baccalaureate Degree Program 3. MCPHS University Worcester Baccalaureate Degree Program 4. Northeastern University ABSN 5. Northeastern University Traditional 6. Northeastern University DEM 7. Quinsigamond Community College Practical Nurse Program 8. Quinsigamond Community College Associate Degree Program 9. Salem State Baccalaureate Degree Program 10. Tri-county Regional Vocational Technical Practical Nurse Program E. 244 CMR 6.08 Noncompliance with Standards 1. Bay Path Regional Vocational Practical Nurse Academy 2. Blackstone Valley Regional Vocational Technical Practical Nurse Program 3. Greater Lowell Technical Practical Nurse Program 4. Regis College DEM 5. Worcester State University Baccalaureate Degree Program F. 244 CMR 6.09 Procedure for Change of Governance 1. Lawrence Memorial/Regis Associate Degree Program G. 244 CMR 6.03 (2) Out of State Programs 1. University of Tulsa Baccalaureate Degree Program H. Review of education for out-of-state applicants for licensure 1. RNNE10020808	Report Memo Memo Memo Memo Memo Memo Memo Memo Memo Memo Compliance Report Memo Memo Memo Compliance Report Memo Memo Memo	HCR CW HCR HCR HCR HCR HCR HCR HCR HCR CW CW HCR CW CW HCR
	IX. REQUESTS FOR LICENSE REINSTATEMENT A. S. Lamisere, NUR-2024-0007, RN2339397	Memo	MB
	X. STRATEGIC DEVELOPMENT, PLANNING AND EVALUATION A. Legislative Updates B. Topics For Next Agenda	Memo/Report	LH

		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. - 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 May 12, 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.