



**2007 N . . E . . V . . I .  
NCLEX E . . S . .**

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**Nursing Knowledge Test (NKT)**

#### **Mission Statement**

The National Council of State Boards of Nursing, composed of member boards, provides leadership to advance regulatory excellence for public protection.

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The mission of the National Council of State Boards of Nursing (NCSBN®) is to lead in nursing regulation by assisting member boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

NCSBN serves as a consultant, liaison, advocate and researcher to its members, and as an education and information resource to policy makers and the gen-

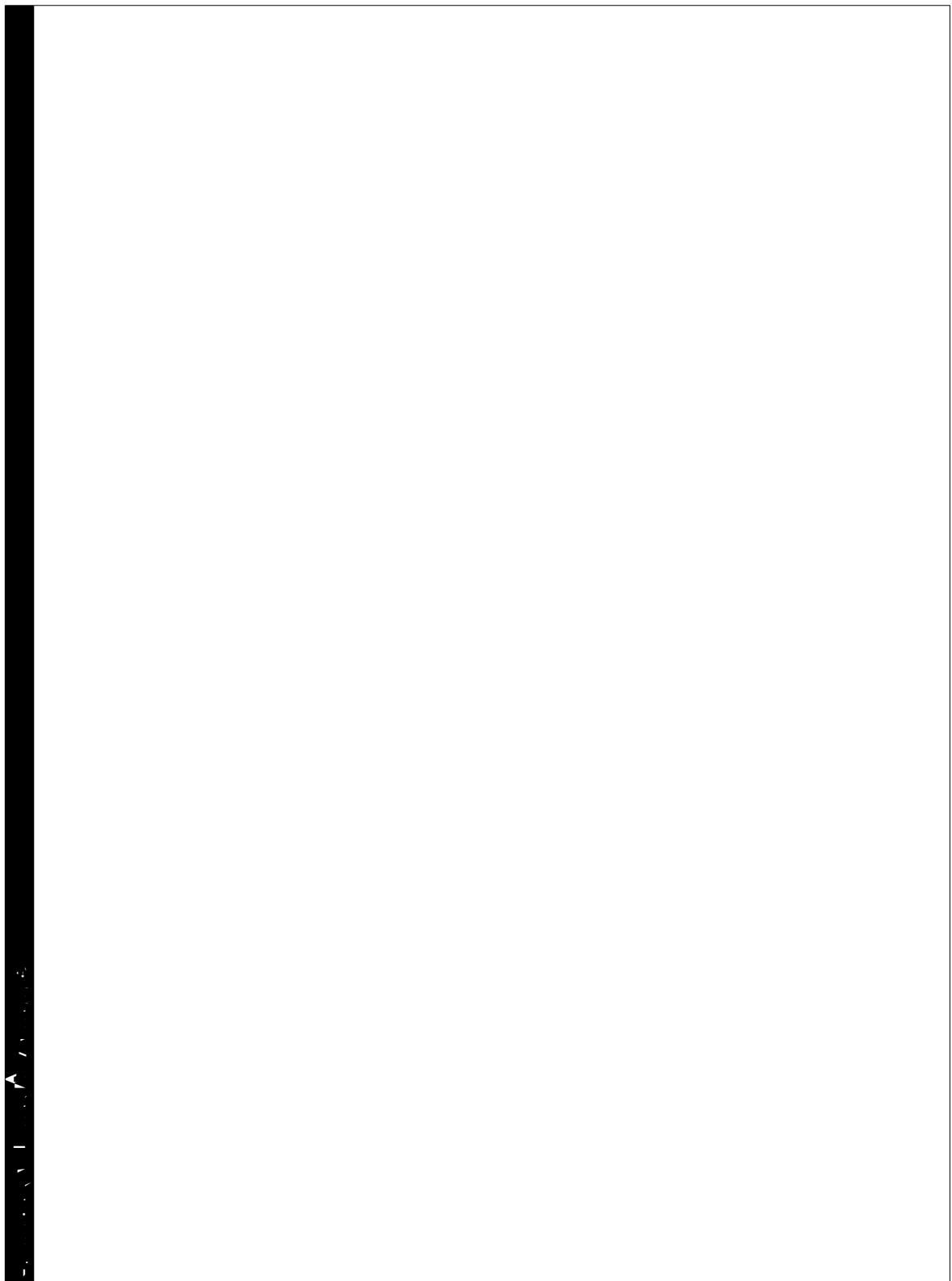
The data reported in this section indicate licensure processing activity and data on the total number of individuals licensed to practice within each jurisdiction July 1, 2006 to June 30, 2007. All data was obtained from state and territorial boards of nursing.

Estimates were provided where the exact figure requested for this collection of data was unknown.

Data are presented in a series of tables. *Tab 1* lists the National Council of State Boards of Nursing (NCSBN) member boards, the geographic locality within which a board has responsibility for regulating nursing practice (JD), the types of licenses for which a board has licensing authority, and whether or not the board is empowered to issue licenses or certificates to practice in a specialty area of nursing. *Tab 2-5* provide data related to new licenses issued by endorsement or examination, total numbers of active licenses (both RN and LPN/VN) by jurisdiction, and graduates of foreign nursing programs licensed, by jurisdiction. *Tab 6* provides a summary of licensing activities by examination and endorsement for RNs, LPN/VNs and graduates of foreign nursing programs. *Tab 7 a 8* provide the numbers of active specialty licenses, issued within each jurisdiction, by specialty license category. *F 1* provides a review of the numbers of active licenses for the years 1997-2007. Unless noted otherwise, all percentages are calculated in terms of column totals.

(RN) and (LPN/VN) obtain licensure by endorsement (if licensed in another jurisdiction) or by examination (if the applicant has never taken the appropriate NCLEX examination).

figures are based on the reported actual or estimated total number of individuals holding an active license within a jurisdiction and represent the nurses available for employment. Due to an unknown number of individuals holding active



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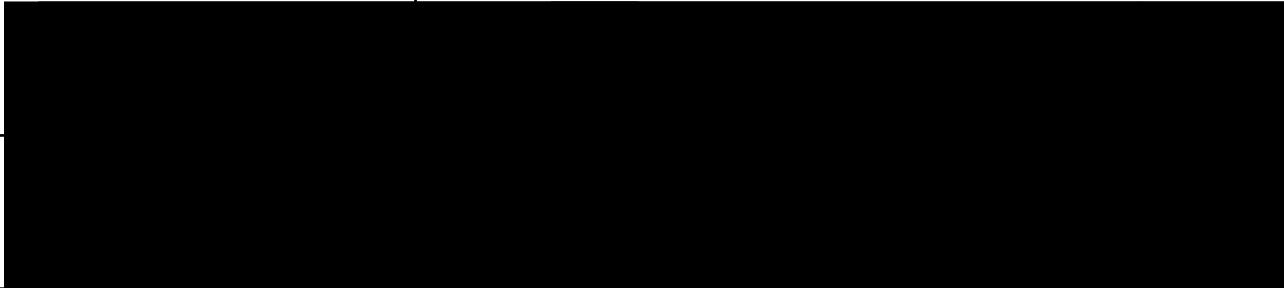


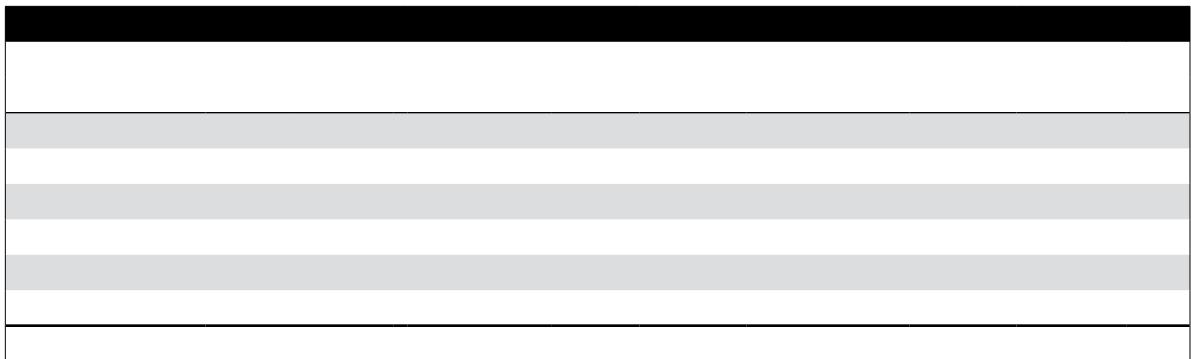
		%		%		%
VA	3,091	3.33%	2,623	3.14%	5,714	2.57%
VI	13	0.01%	204	0.24%	217	0.10%
VT	2,935	3.16%	1,117	1.34%	4,052	1.82%
WA					6,361	2.86%
WI					4,122	1.85%
WV-RN	1,130	1.22%	1,251	1.50%	2,381	1.07%
WY	252	1.22%	1,128	1.22%	1,380	1.22%
		%		%		%

No information available for American Samoa, Delaware, Georgia, Illinois, New Jersey, Northern Mariana Islands and Utah.

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		%		%		%
AK	9,859	0.28%	1,050	0.11%	10,909	0.25%
AL	57,638	1.65%	18,919	1.99%	76,557	1.72%
AR	30,935	0.88%	15,084	1.59%	46,019	1.04%
AZ	66,378	1.90%	11,721	1.24%	78,099	1.76%
CA-RN	338,522	9.68%	0	0.00%	338,522	7.62%
CA-VN	0	0.00%	75,406	7.95%	75,406	1.70%
CO	55,121	1.58%	10,135	1.07%	65,256	1.47%
CT	56,081	1.60%	12,125	1.28%	68,206	1.53%
DC	13,904	0.40%	2,547	0.27%	16,451	0.37%
DE	11,236	0.32%	2,207	0.23%	13,443	0.30%
FL	169,633	4.85%	59,215	6.24%	228,848	5.15%
GA-PN		0.00%	32,100	3.38%	32,100	0.72%
GA-RN	106,000	3.03%		0.00%	106,000	2.38%
GU	659	0.02%	136	0.01%	795	0.02%
HI	17,804	0.51%	2,813	0.30%	20,617	0.46%
IA	42,519	1.22%	11,571	1.22%	54,090	1.22%
ID	16,356	0.47%	3,840	0.40%	20,196	0.45%
IL	149,616	4.28%	28,150	2.97%	177,766	4.00%
IN	85,630	2.45%	29,053	3.06%	114,683	2.58%
KS	33,312	0.95%	8,325	0.88%	41,637	0.94%
KY	50,760	1.45%	14,172	1.49%	64,932	1.46%
LA-PN	0	0.00%	22,032	2.32%	22,032	0.50%
LA-RN	47,803	1.37%	0	0.00%	47,803	1.08%
MA	109,803	3.14%	20,480	2.16%	130,283	2.93%
MD	66,128	1.89%	12,338	1.30%	78,466	1.77%
ME	21,002	0.60%	2,768	0.29%	23,770	0.53%
MI	221,732	6.34%	82,651	8.71%	304,383	6.85%
MN	77,950	2.23%	23,642	2.49%	101,592	2.29%
MO	81,064	2.32%	23,230	2.45%	104,294	2.35%
MP	953	0.03%	65	0.01%	1,018	0.02%
MS	34,746	0.99%	13,096	1.38%	47,842	1.08%
MT	14,094	0.40%	3,561	0.38%	17,655	0.40%
NC	104,021	2.98%	21,293	2.24%	125,314	2.82%
ND	9,122	0.26%	3,594	0.38%	12,716	0.29%
NE	21,589	0.62%	7,246	0.76%	28,835	0.65%
NH	18,300	0.52%	3,500	0.37%	21,800	0.49%
NJ	102,433	2.93%	19,430	2.05%	121,863	2.74%
NM	23,965	0.69%	3,338	0.35%	27,303	0.61%
NV	24,904	0.71%	3,127	0.33%	28,031	0.63%
NY	257,724	7.37%	70,960	7.48%	328,684	7.40%
OH	165,998	4.75%	48,241	5.09%	214,239	4.82%
OK	38,825	1.11%	17,606	1.86%	56,431	1.27%

		%		%		%
OR	41,972	1.20%	3,891	0.41%	45,863	1.03%
PA	207,463	5.93%	51,930	5.47%	259,393	5.84%
RI	17,260	0.49%	2,238	0.24%	19,498	0.44%
SC	49,939	1.43%	11,458	1.21%	61,397	1.38%
SD	11,829	0.34%	2,281	0.24%	14,110	0.32%
TN	72,303	2.07%	27,051	2.85%	99,354	2.24%
TX	197,346	5.65%	81,185	8.56%	278,531	6.27%
UT	18,230	0.52%	2,607	0.27%	20,837	0.47%

AL	79	6
AZ	652	15
CA	5,093	0
CT	254	38
GU	18	4
IA	3	1
KY	121	0
LA	60	0
MA	356	0
MD	459	44
ME	37	0
MN	488	10
MO	113	2
NC	155	1
ND	8	0
NH	103	25
NM	2,201	99
OR	142	13
PA	486	19
RI	5	0
SC	10	2
TX	1,621	51
VI	5	1
WV	1	20
WY	5	0

Information provided by 25 jurisdictions

Registered Nurses	222,612
Licensed Practical/Vocational Nurses	66,580
Registered Nurses	3,495,906
Licensed Practical/Vocational Nurses	948,692
Registered Nurses	12,475
Licensed Practical/Vocational Nurses	351





		%
CNM	Certified Nurse Midwife	5,553 3.7%
CRNA	Certified Registered Nurse Anesthetist	32,672 21.5%
CNS-PSYCH	Clinical Nurse Specialist - Psychiatry and/or Mental Health (including all its subspecialties)	3,335 2.2%
CNS	Clinical Nurse Specialist (all others)	9,698 6.4%
AC	Acute Care	1,834 1.2%
AHP	Adult Health	9,600 6.3%
CHP	Child Health/Pediatric	5,727 3.8%
COL	College Health	5 0.0%
EMR	Emergency	104 0.1%
FAM	Family	29,747 19.6%
FPN	Family Planning	26 0.0%
GER	Geriatric	1,873 1.2%
NEO	Neonatal	2,250 1.5%
WOM	Obstetrical and/or Gynecological and/or Women's Health	4,361 2.9%
PSY	Psychiatric and/or Mental Health	2,421 1.6%
SCH	School Health	70 0.0%
NP	Nurse Practitioner - no specialty designation	25,583 16.8%
NP	Nurse Practitioner - no category design	17,091 11.2%

In 1982, the National Council of State Boards of Nursing (NCSBN<sup>®</sup>) revised the State Board Test Pool Examination (SBTPE) substantially. NCSBN changed the examination from a norm-referenced test to a criterion-referenced test, implemented a new test plan and used Rasch's (1960) one parameter logistic model to calibrate items and measure candidates' abilities. At this time, NCSBN renamed the examinations the National Council Licensure Examination for Registered Nurses (NCLEX-RN<sup>®</sup>) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN<sup>®</sup>). However, these NCLEX<sup>®</sup> examinations were very different than the NCLEX examinations taken by candidates today. These examinations were administered only twice a year in a pencil and paper format and each administration lasted two days.

In 1986, the NCSBN Board of Directors funded an initial investigation on the feasibility of using Computerized Adaptive Testing (CAT) procedures. CAT held the promise to make tests available year round, make tests shorter by only giving candidates items that were appropriate for their ability and provide greater security for the content of the items. On April 1, 1994, NCSBN began administering the NCLEX-RN and NCLEX-PN examinations exclusively via CAT. This publication provides a detailed breakdown of candidate performance for 2007, as well as historical data.

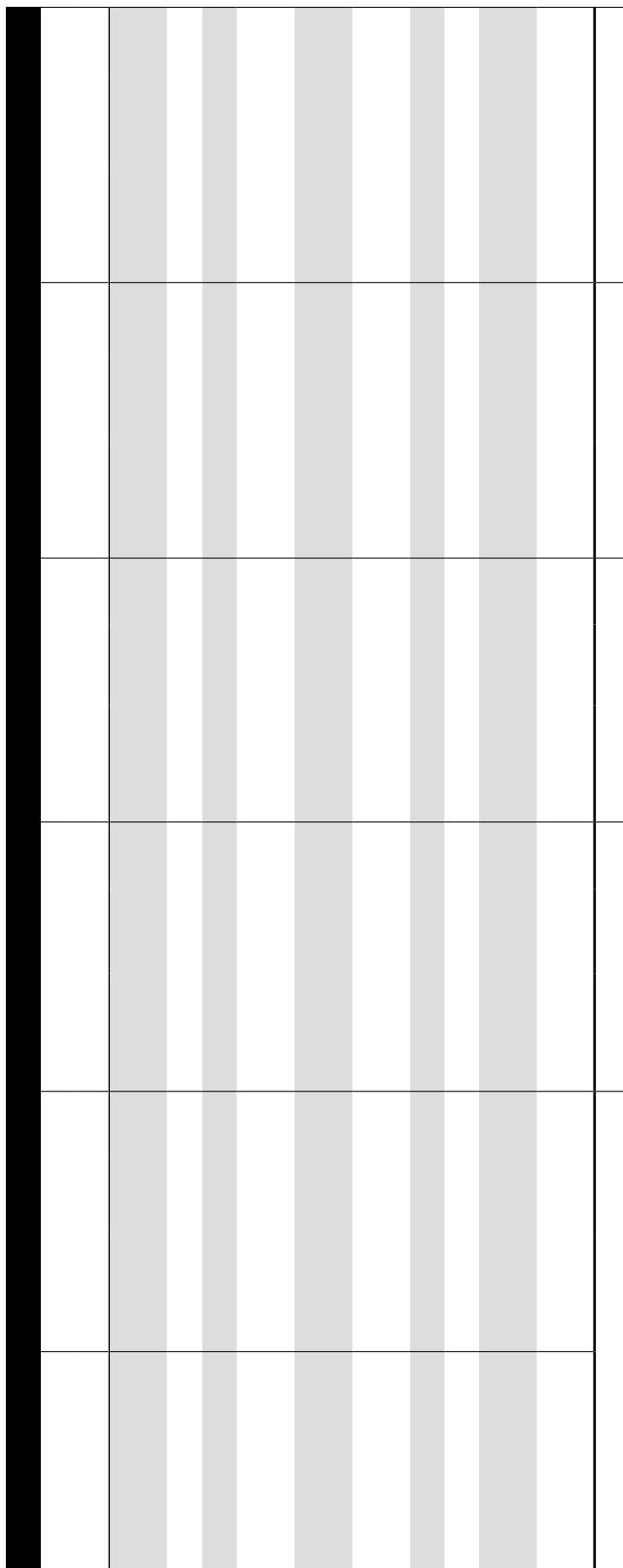
a 50% chance of answering it correctly. This item is selected and presented to the candidate on the computer screen. This process is repeated for each item, creating an examination tailored to the individual's ability level while fulfilling all NCLEX test plan requirements. The examination continues in this way until a pass-fail decision can be determined. Because the test could end at any time after the minimum number of items has been answered, it is important that the test plan specifications are met throughout the entire test.

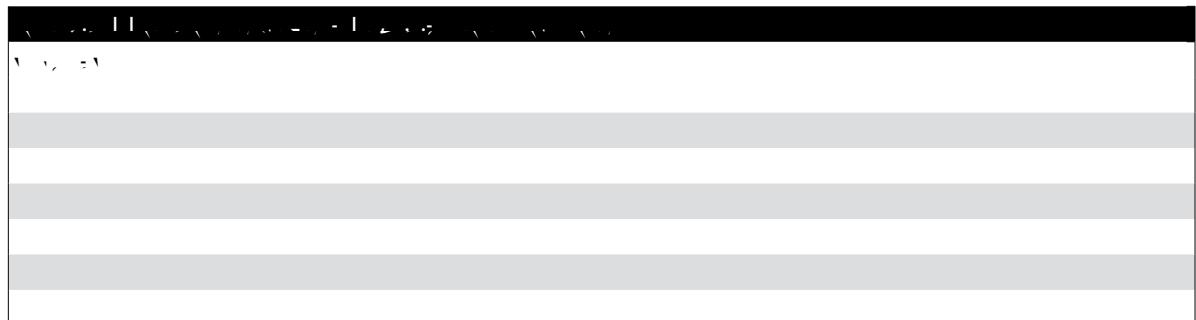
To ensure a consistent standard of competence in nursing practice, NCSBN uses a criterion referenced standard, which means that passing or failing depends solely upon a candidate's level of performance in relation to the established point that represents safe entry-level competence. There is no preassigned percentage of candidates that pass or fail each examination. Because the practice of nursing changes over time, it is necessary to reevaluate the appropriateness of the passing standard from time to time. To ensure that the passing standards for the NCLEX-RN and NCLEX-PN examinations accurately reflect the amount of nursing ability currently required to practice competently at the entry level, NCSBN's Board of Directors reevaluates the passing standard every three years or when the test plan changes. In evaluating the passing standard, they consider information from a variety of sources. Although there is no limit on the information that they may consider, they are typically presented with the following information:

1. The results of a standard setting exercise undertaken by the Panel of Judges. Currently, this exercise consists of a modified Angoff procedure, with additional statistical compromise procedures. Also, a list of the members on the Panel of Judges and their qualifications is included.
2. An historical record of the passing standard and annual summaries of candidate performance on the NCLEX examination since the implementation of the CAT methodology in 1994.

3. The results from the annual Standard Setting Survey, which solicits the opinions of employers and educators regarding the competence of the current cohort of entry-level nurses.
4. Information detailing the educational readiness of high school graduates who expressed an interest in nursing.

In April 1998, the passing standard for the NCLEX-RN® Examination was increased from -0.42 logits to -0.35 logits. In April 2001, this standard was retained for another three years. In April 2004, the standard was increased to -0.28 logits. In April 2007, the standard was again increased to -0.21 logits. The passing standard for the NCLEX-PN® Examination has experienced a similar increase over time. In April 1999, the passing standard for the NCLEX-PN® Examination was increased from -0.51 logits to -0.47 logits. In April 2002, this standard was retained for another three years. In April 2005, the NCLEX-PN passing standard was increased from -0.47 to -0.42 logits. And in April 2008, the standard was increased to -0.37 logits. It is important to note that the RN and PN standards are not directly comparable because they are based on different item pools and different scopes of practice.



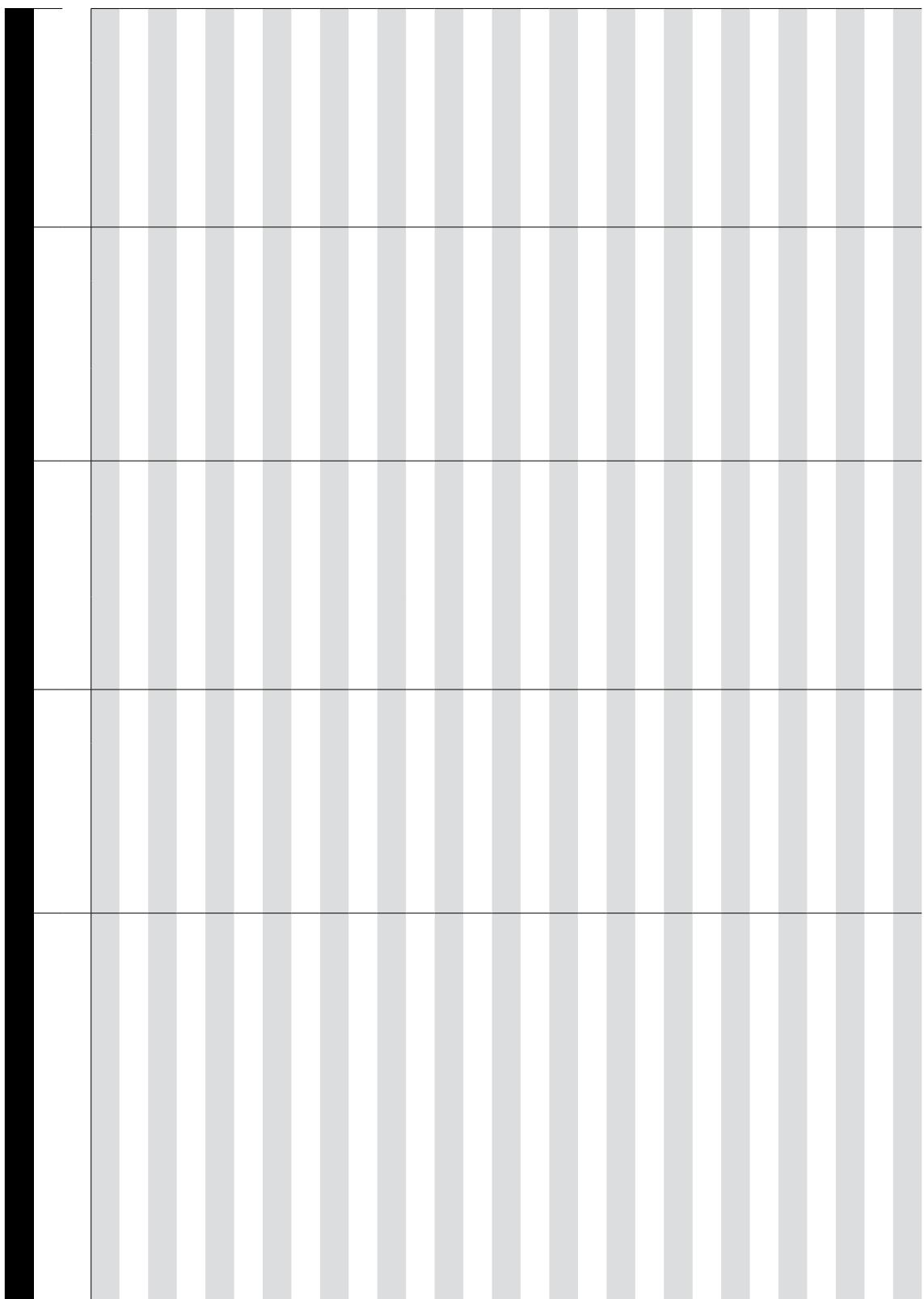




Data does not include Special Program Codes.









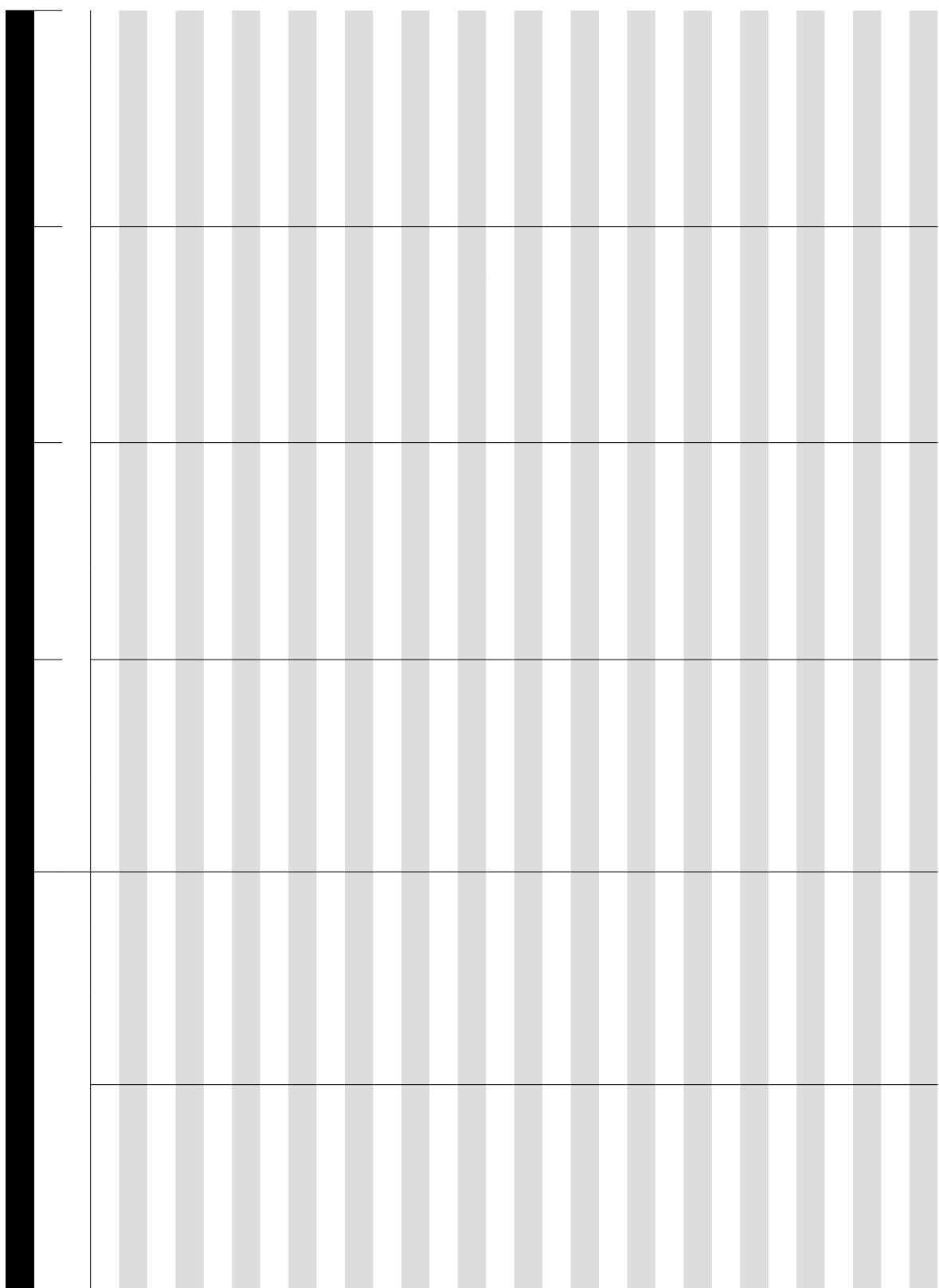




Jurisdiction	RN-Diploma		RN-Associate Degree		RN-Baccalaureate		RN-Special Program Codes		Total Jan. 1 - Dec. 31, 2007			
	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	%	Candidates	Passed	
Alabama	0	1,618	1,390	85.9	1,139	1,022	89.7	25	13	52.0	2,782	2,425
Alaska	0	76	62	81.6	108	92	85.2	1	0	0.0	185	154
American Samoa	0	3	0	0.0	0			1	1	100.0	4	1
Arizona	28	25	89.3	1,575	1,341	85.1	672	591	87.9	1	0	2,276
Arkansas	280	259	92.5	756	660	87.3	493	420	85.2	0		1,529
California-RN	0	6,176	5,281	85.5	2,436	2,115	86.8	35	30	85.7	8,647	7,426
Colorado	0	774	631	81.5	893	802	89.8	4	2	50.0	1,671	1,435
Connecticut	123	108	87.8	534	462	86.5	575	511	88.9	1	1	1,000
Delaware	22	18	81.8	229	192	83.8	168	134	79.8	0		419
District of Columbia	0	18	16	88.9	216	191	88.4	0			234	207
Florida	0	4,644	3,798	81.8	1,892	1,640	86.7	6	6	100.0	6,542	5,444
Georgia-RN	0	1,111	970	87.3	1,203	1,077	89.5	2	1	50.0	2,316	2,048
Guam	0	0			35	27	77.1	1	1	100.0	36	28
Hawaii	0	154	139	90.3	326	256	78.5	4	3	75.0	484	398
Idaho	0	364	331	90.9	166	142	85.5	0			530	473
Illinois	20	13	65.0	2,442	2,122	86.9	1,956	1,683	86.0	7	4	57.1
Indiana	66	45	68.2	1,592	1,319	82.9	1,240	1,089	87.8	0		4,425
Iowa	0	1,310	1,076	82.1	582	469	80.6	1	1	100.0	1,893	1,546
Kansas	0	844	715	84.7	706	586	83.0	0			1,550	1,301
Kentucky	0	1,672	1,384	82.8	664	589	88.7	0			2,336	1,973
Louisiana-RN	35	35	100.0	928	794	85.6	1,044	924	88.5	0		2,007
Maine	0	353	294	83.3	340	292	85.9	0			693	586
Maryland	0	1,130	1,018	90.1	930	814	87.5	0			2,060	1,832
Massachusetts	72	69	95.8	1,571	1,321	84.1	1,438	1,264	87.9	1	1	100.0
Michigan	0	2,557	2,203	86.2	1,658	1,445	87.2	3	2	66.7	4,218	3,650
Minnesota	0	1,814	1,468	80.9	912	810	88.8	0			2,726	2,278
Mississippi	0	1,221	1,056	86.5	407	364	89.4	1	1	100.0	1,629	1,421
Missouri	52	48	92.3	1,600	1,377	86.1	1,403	1,269	90.4	0		3,055
Montana	0	203	152	74.9	216	197	91.2	0			419	349
Nebraska	66	61	92.4	322	275	85.4	705	619	87.8	0		1,093
												955
												87.4

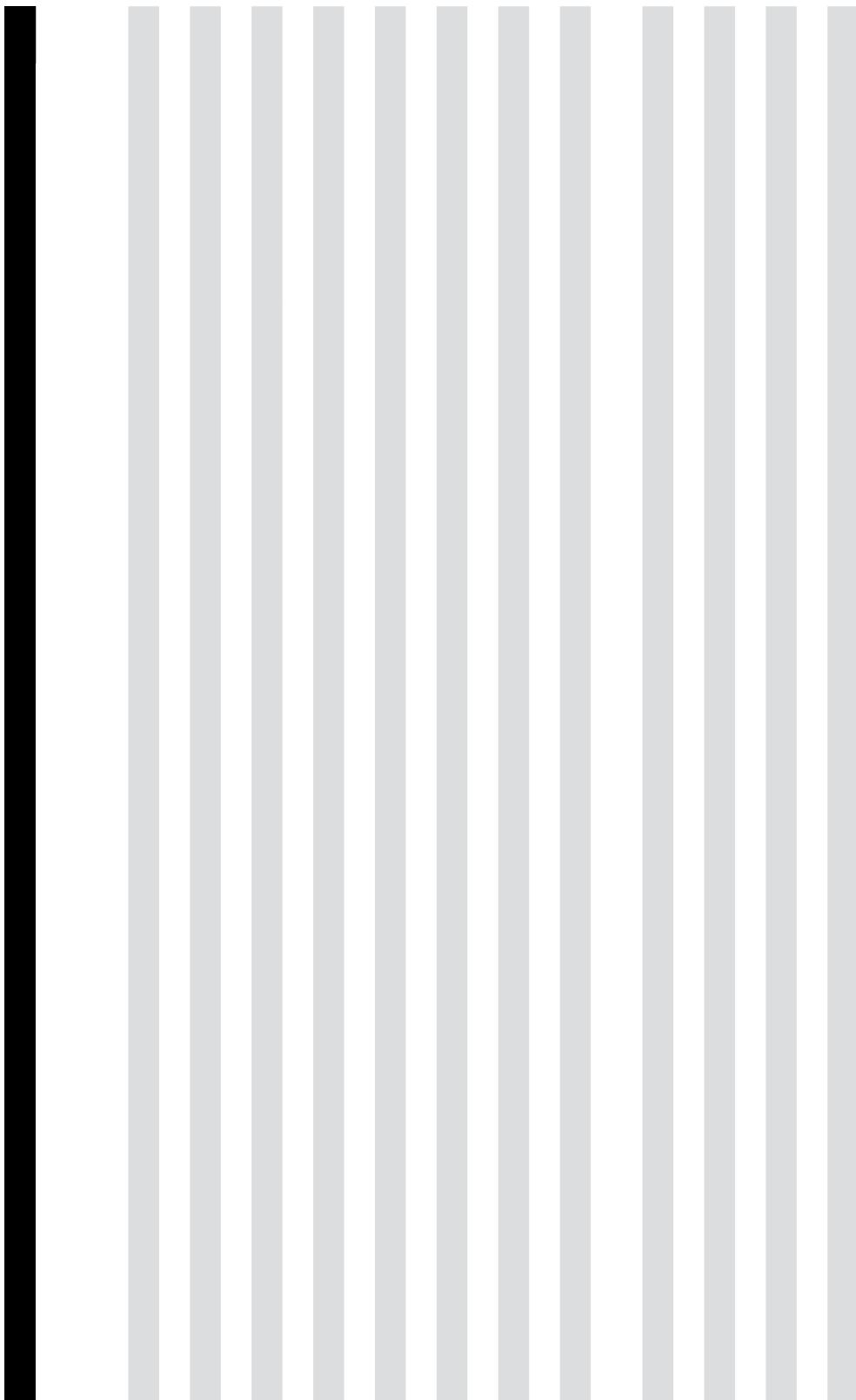




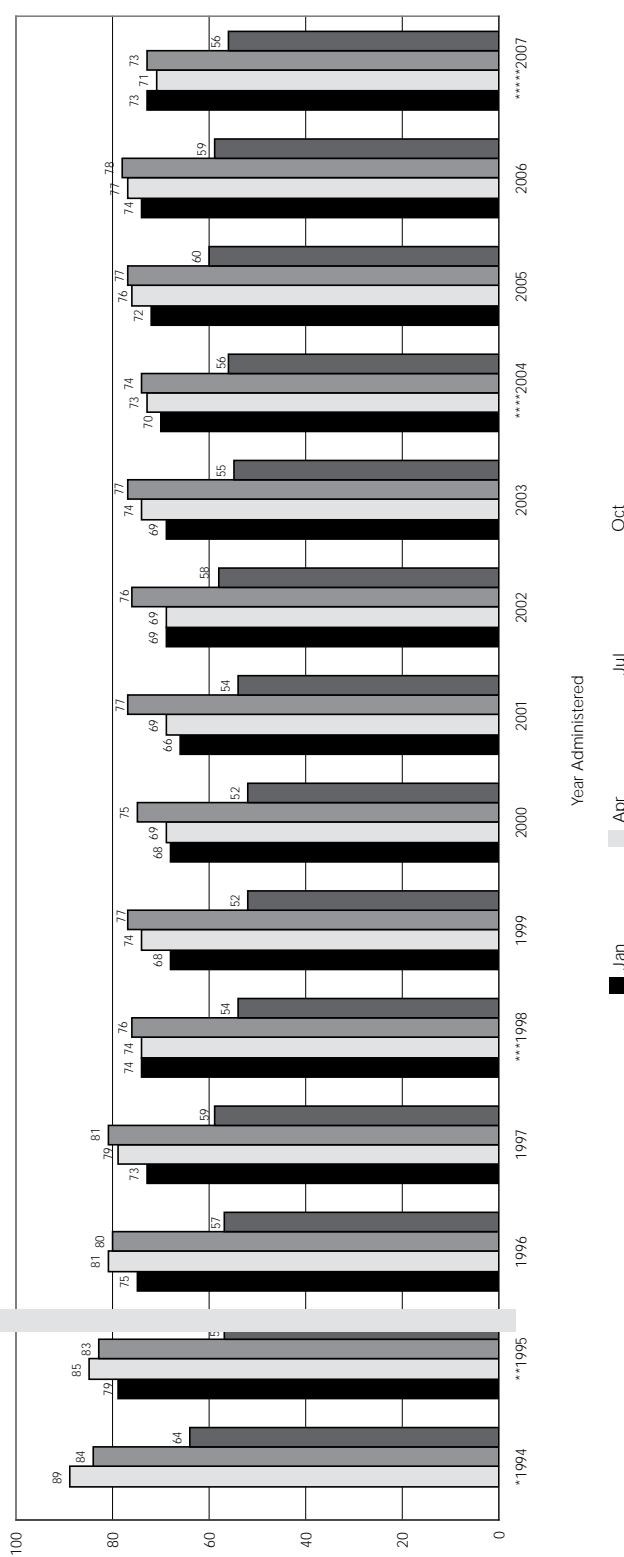


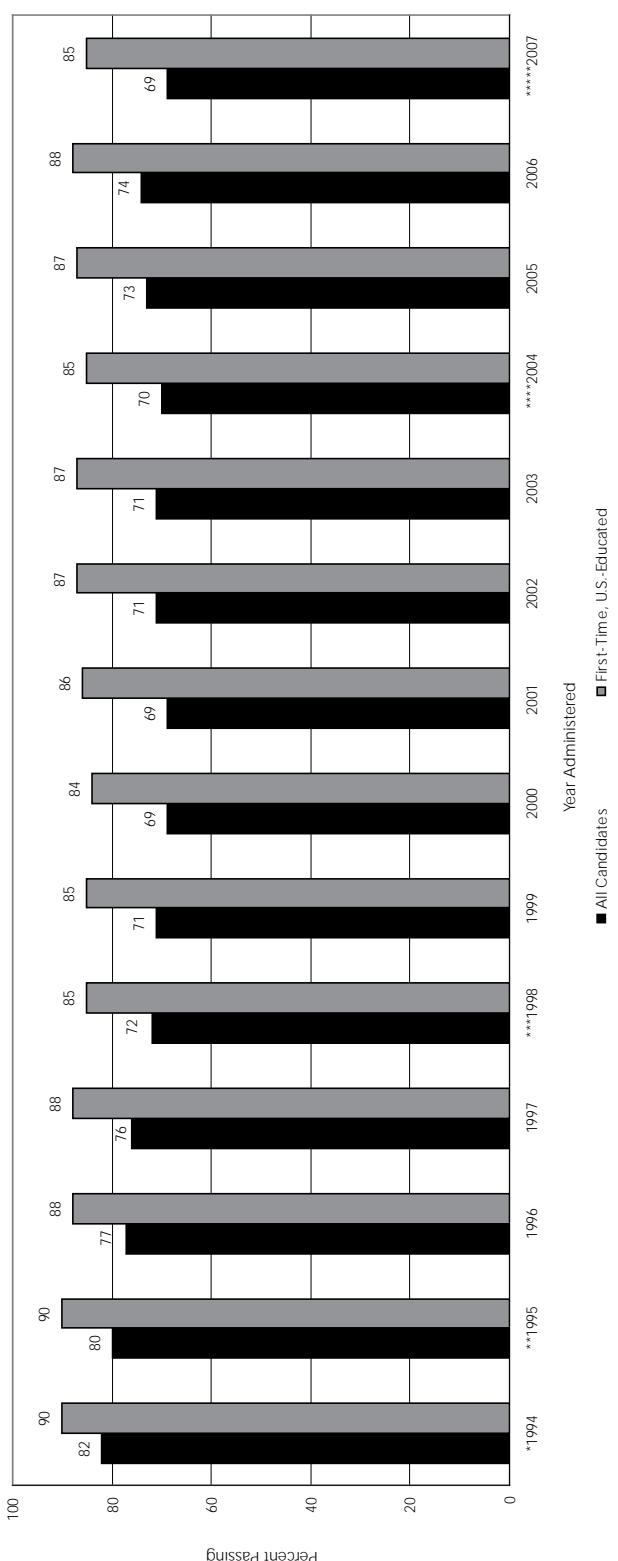


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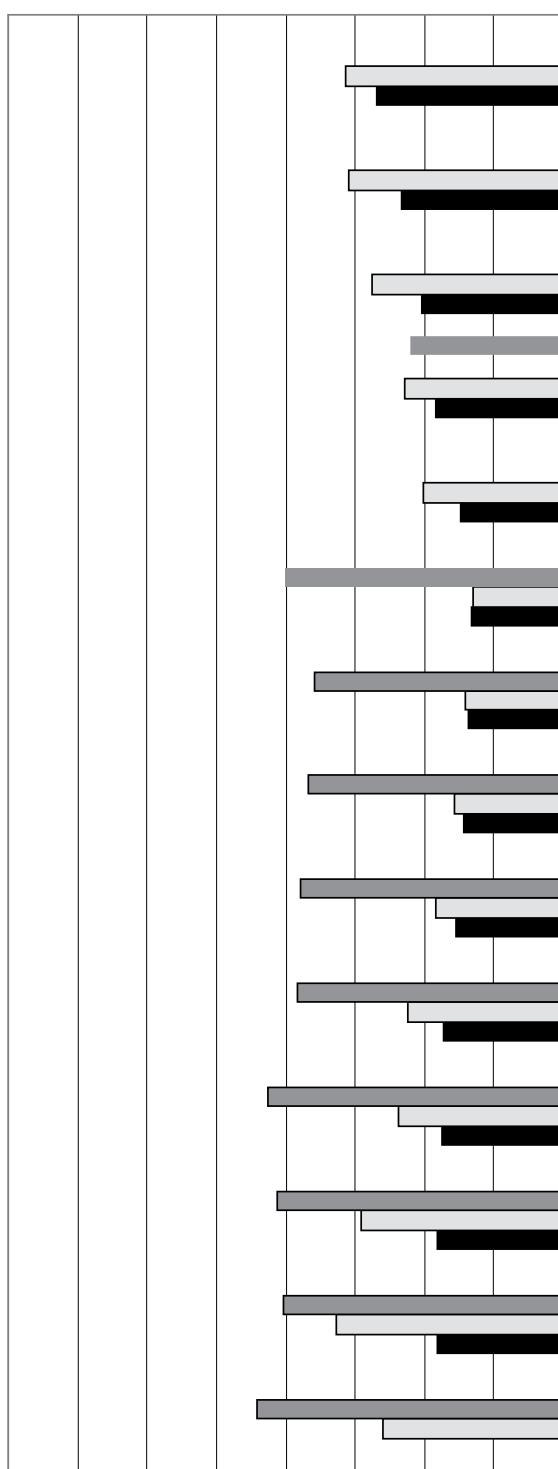
\*APR 1994 Computer Adaptive Test (CAT) begins. Passing standard -0.4766 logits.

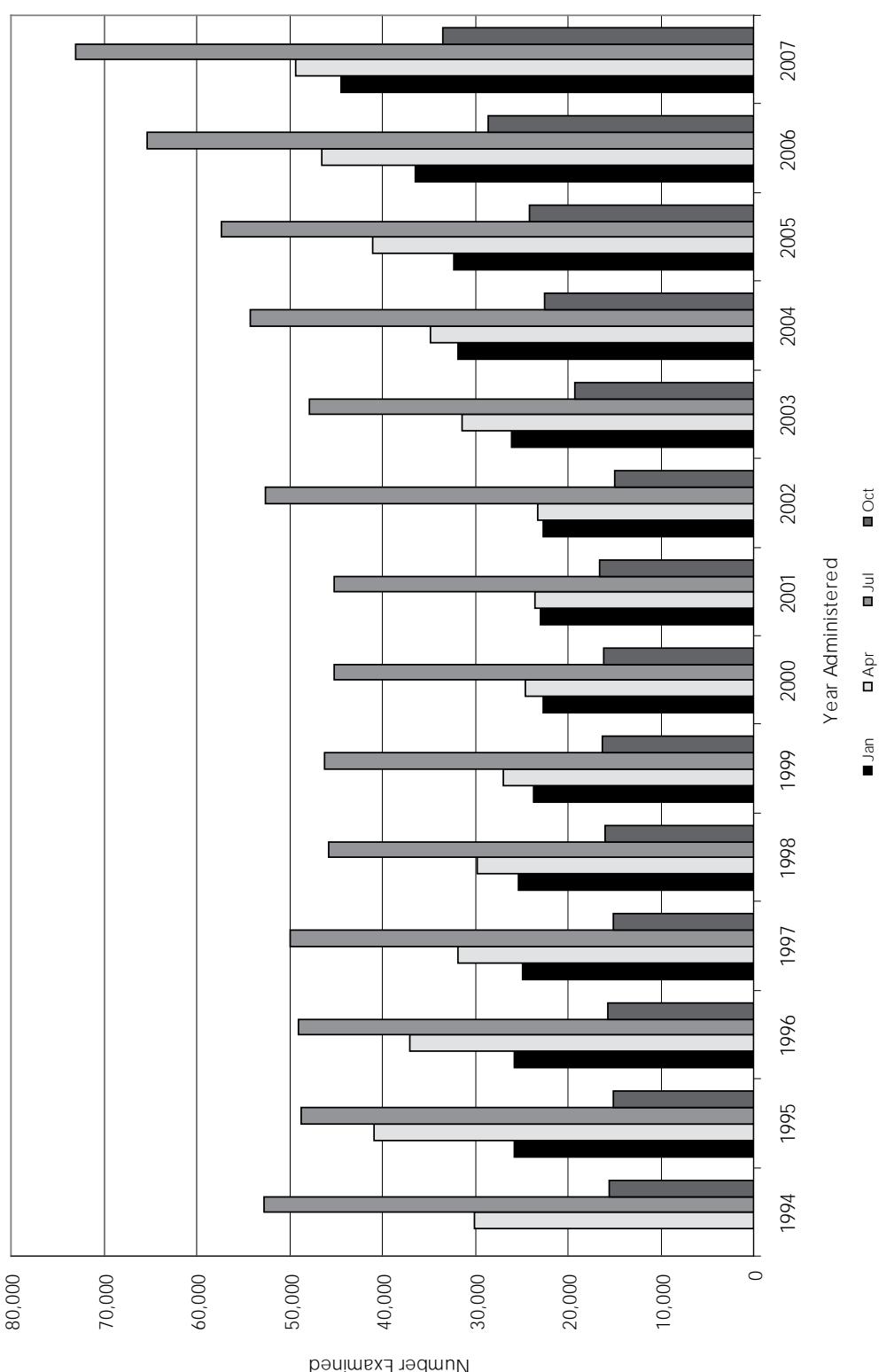
\*\*CCT 1995 passing standard changed from -0.4766 to -0.42 logits.

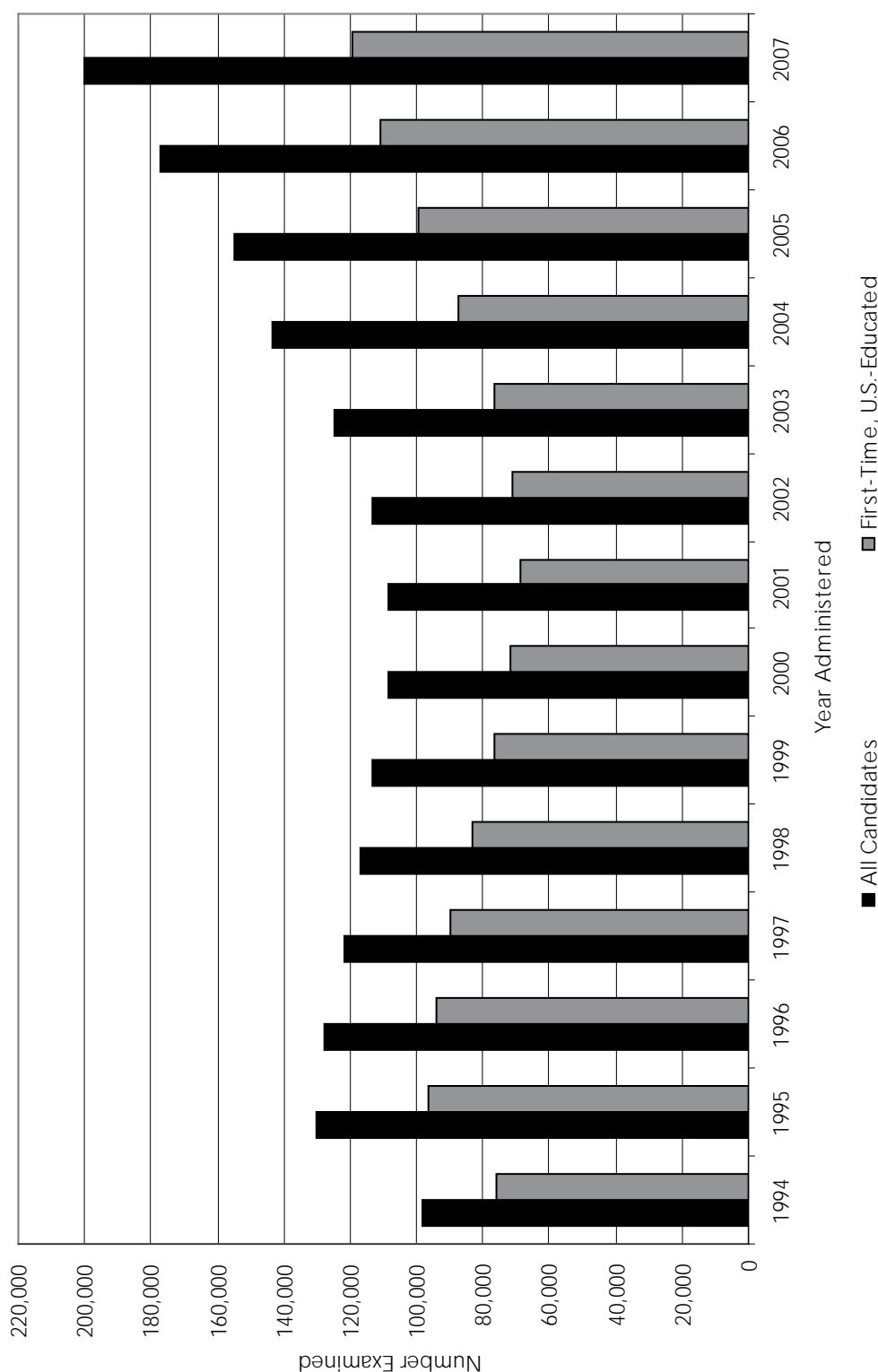
\*\*\*APR 1998 passing standard changed from -0.42 to -0.35 logits.

\*\*\*\*APR 2004 passing standard changed from -0.35 to -0.28 logits.

\*\*\*\*\*APR 2007 passing standard changed from -0.28 to -0.21 logits.







		%		%		%		%		%		%
First-Time, U.S.-Educated	13,124	11,422	87.0	11,741	10,105	86.1	22,620	20,285	89.7	12,752	10,748	84.3
Repeat, U.S.-Educated	2,548	1,110	43.6	2,932	1,260	43.0	2,690	1,183	44.0	3,000	1,337	44.6
First-Time, Internationally Educated	377	193	51.2	410	181	44.2	413	213	51.6	441	210	47.6
Repeat, Internationally Educated	451	125	27.7	484	108	22.3	461	126	27.3	490	114	23.3

In 2007, 1,454 US PN programs had at least one first-time candidate. The mean pass rate for those programs was 88.7% (SD 14.8%). When including only those programs with at least ten first-time examinees (N=1,291), the mean pass rate was 88.9% (SD 12.6%).

Passing Standard <sup>1</sup>												
Estimated Decision Consistency <sup>2</sup>												
Average Test Length <sup>3</sup>												
Percent of Candidates Taking the Minimum Number of Items												
Percent of Candidates Taking the Maximum Number of Items												
Average Testing Time <sup>4</sup>												
Percent of Candidates Taking the Maximum Amount of Time												

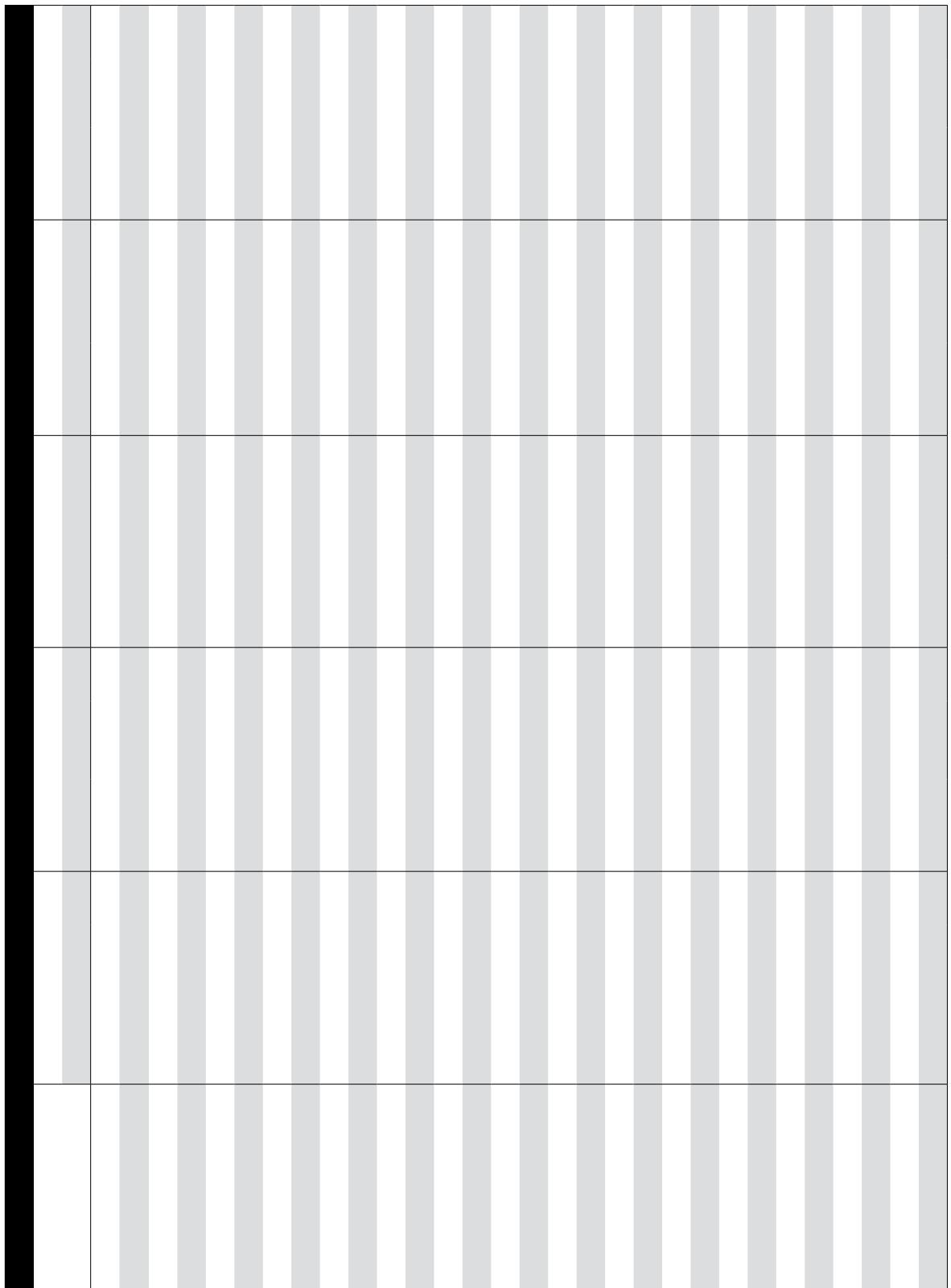
The NCLEX-PN scale uses logits as the unit of measurement. Logits is short for log-odds-units. These units have no inherent meaning with regard to nursing content and, in fact have an arbitrary zero point, but logits are practical because the probability of a correct response can easily be computed when the candidate's ability and the item's difficulty are known. Typically, the logit range on the NCLEX-PN scale is from -2.00 (easy items or low ability candidates) to 2.00 (difficult items or high ability candidates).

<sup>1</sup>Estimated Decision Consistency is an indicator of reliability. Conceptually, it is the proportion of pass-fail decisions that would remain the same if the same population were retested immediately after their first test (assuming no learning or fatigue effects) using a different set of items.

<sup>2</sup>NCLEX-PN examinations consist of 85 to 205 items.

<sup>3</sup>The standard amount of allotted testing time for the NCLEX-PN examination is 5 hours.

<sup>4</sup>





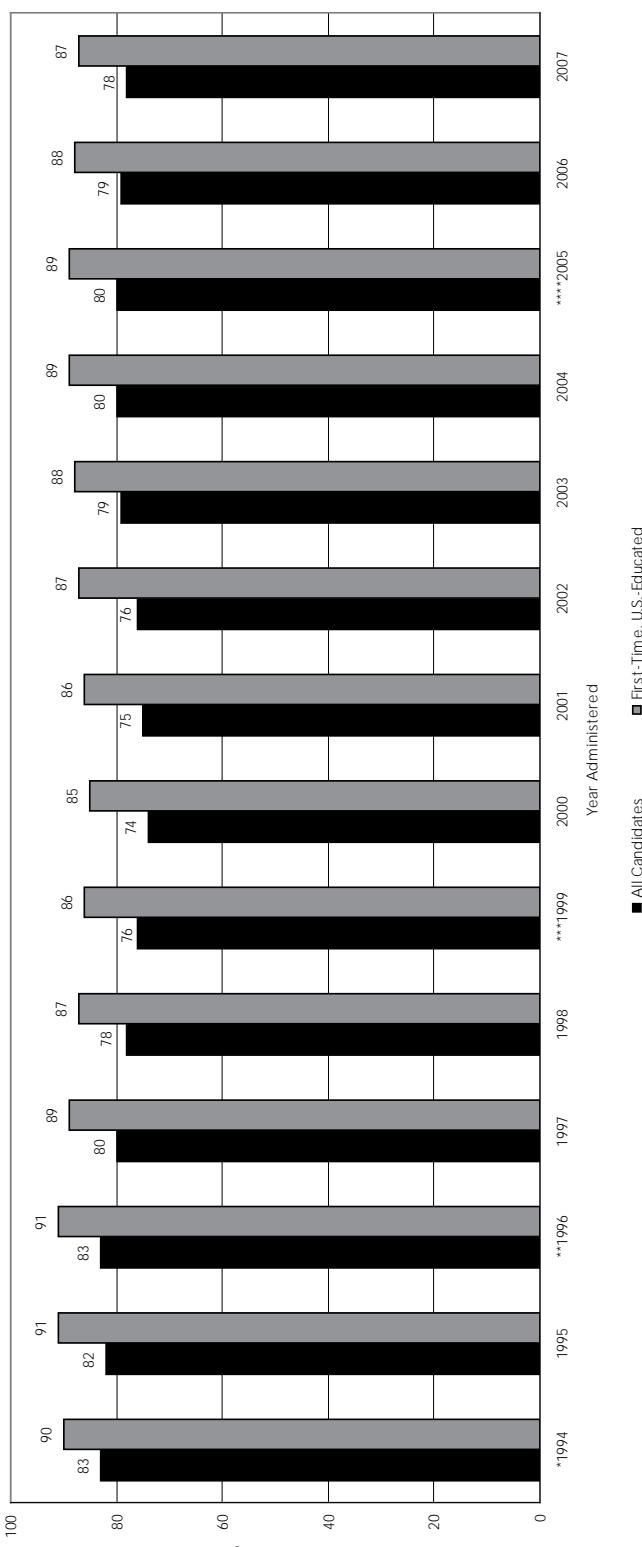










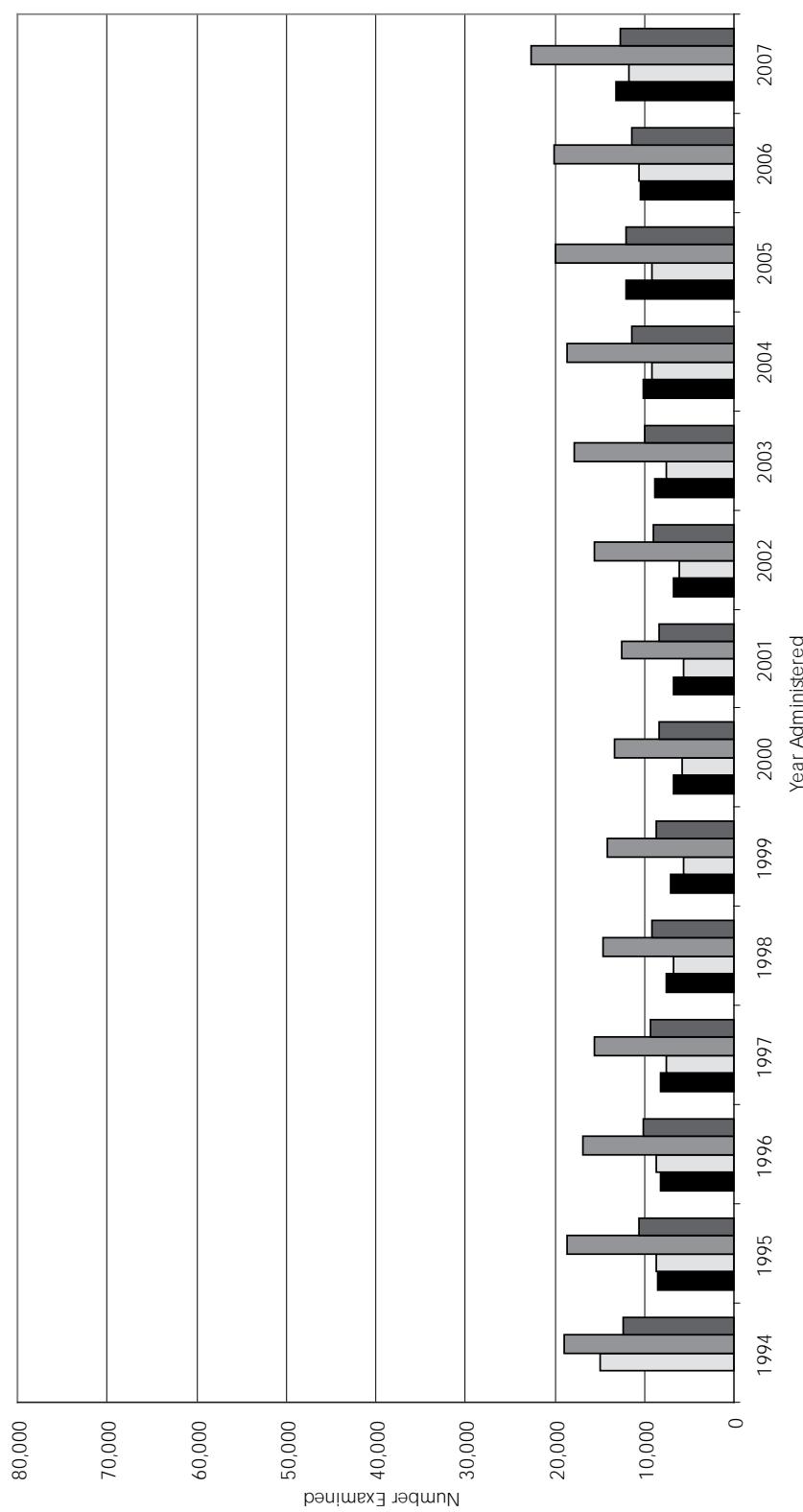


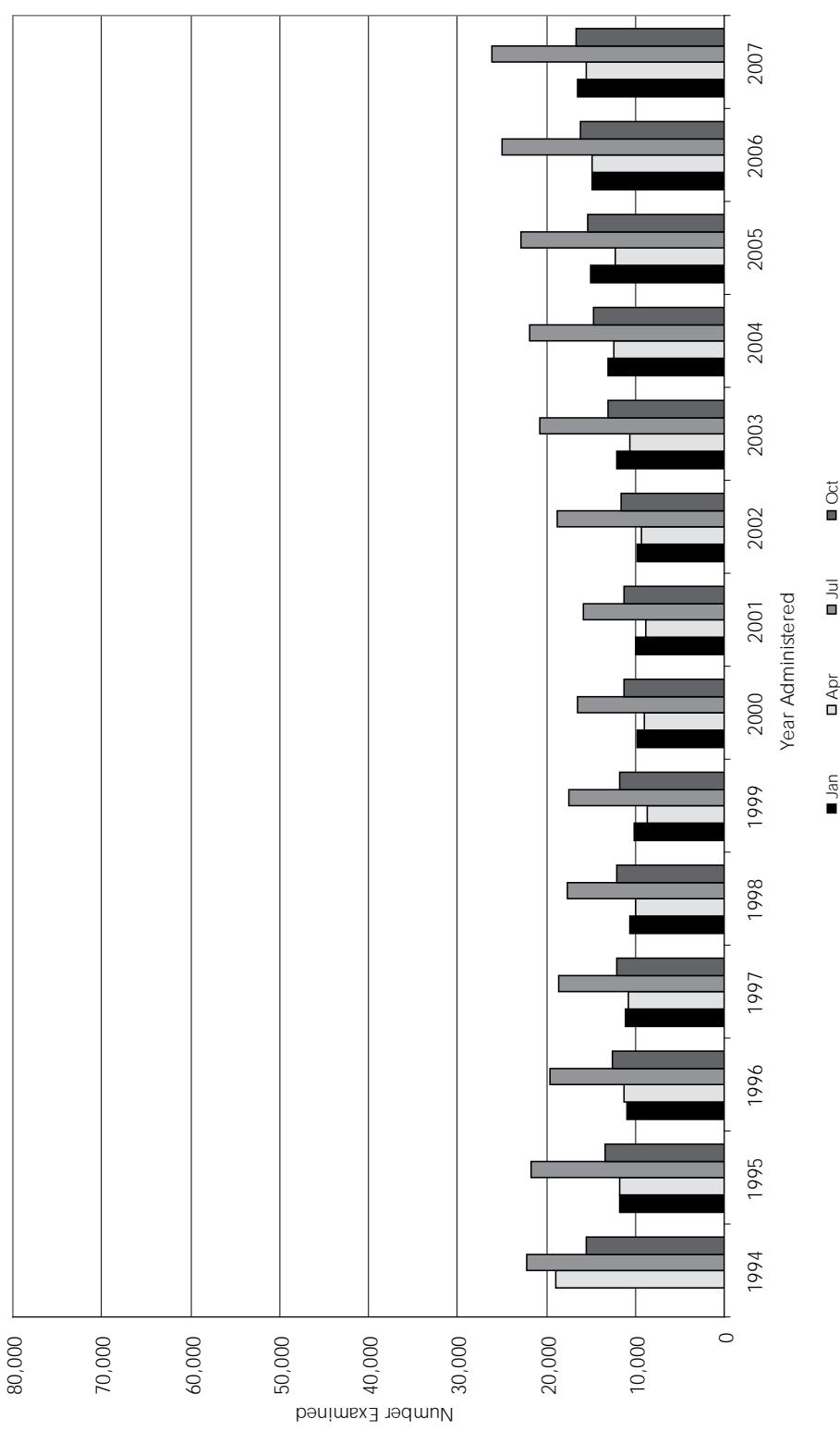
\*Apr 1994 Computer Adaptive Test (CAT) begins. Passing Standard -0.56 logits.

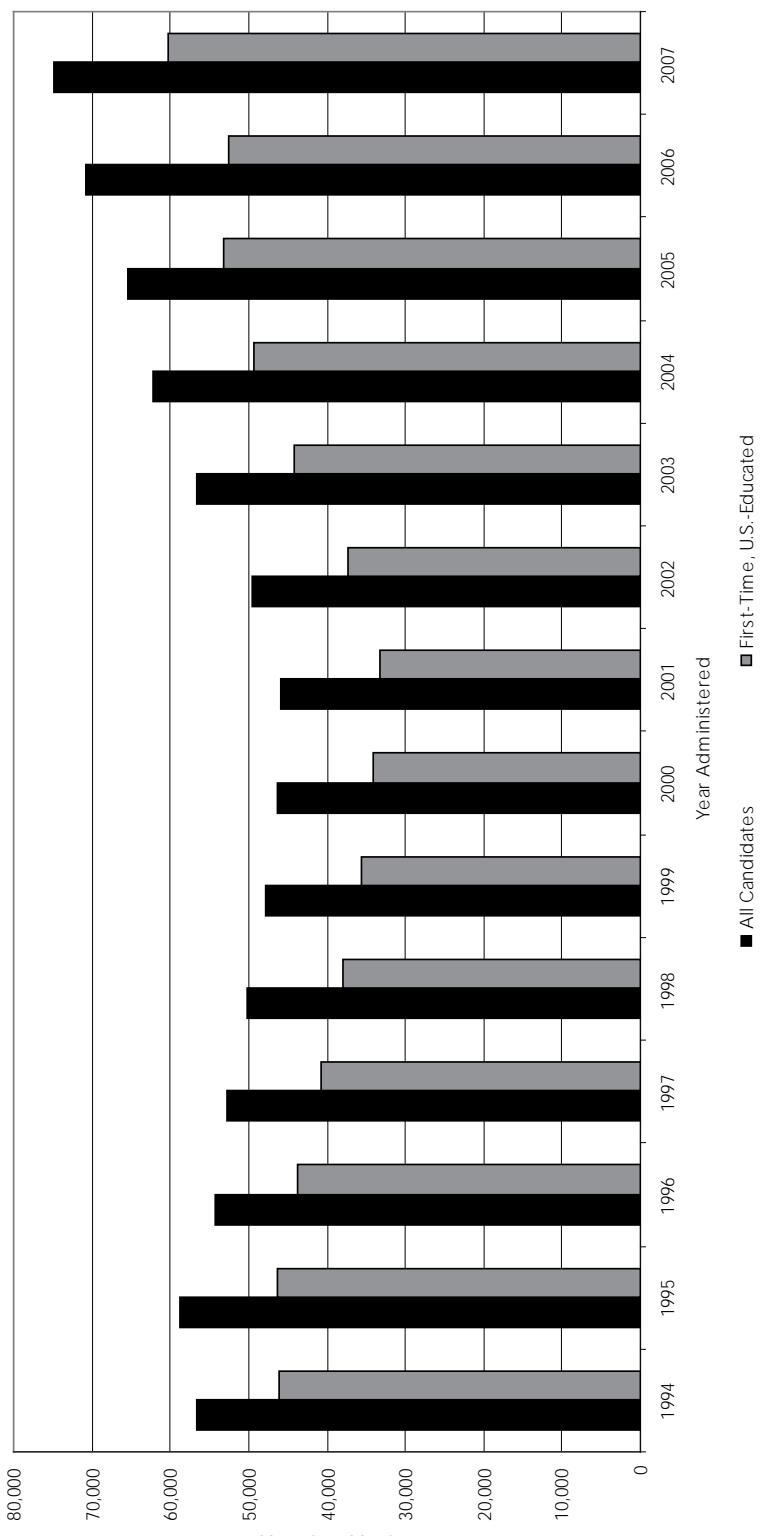
\*\*Oct 1996 Passing Standard changed from -0.56 to -0.51 logits.

\*\*\*Apr 1999 Passing Standard changed from -0.51 to -0.47 logits.

\*\*\*\*Apr 2005 Passing Standard changed from -0.47 to -0.42 logits









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