



Clinical Nurse Specialist Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

April 7, 2026

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Agenda Item 2.0

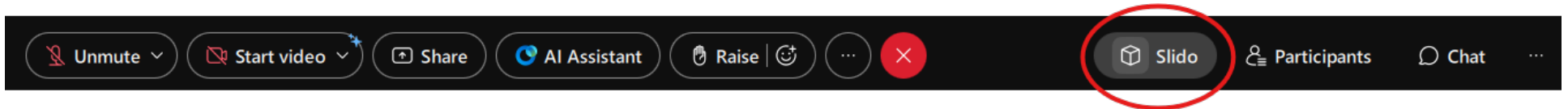
General instructions for the format of a teleconference meeting

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | April 7, 2026

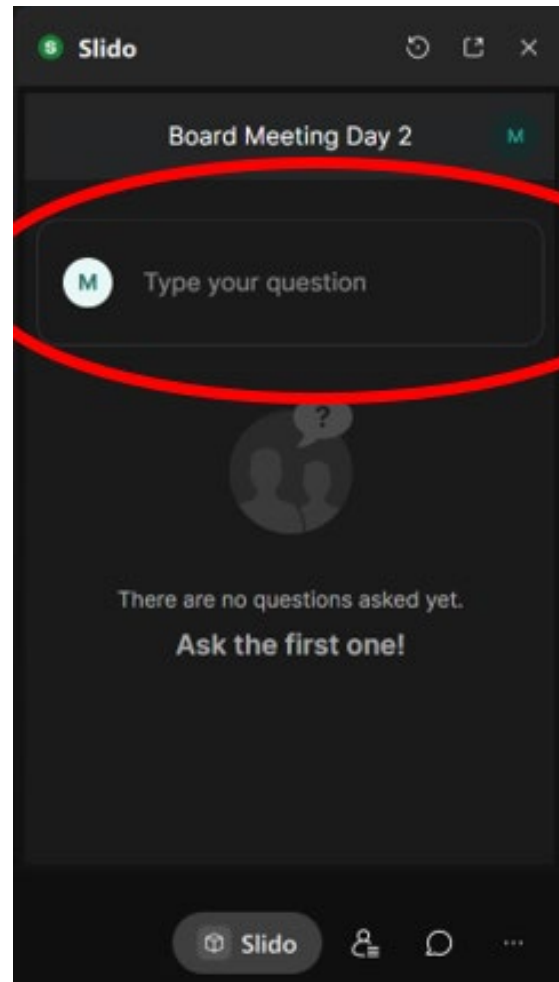
Participating During a Public Comment Period

If you would like to make a public comment:

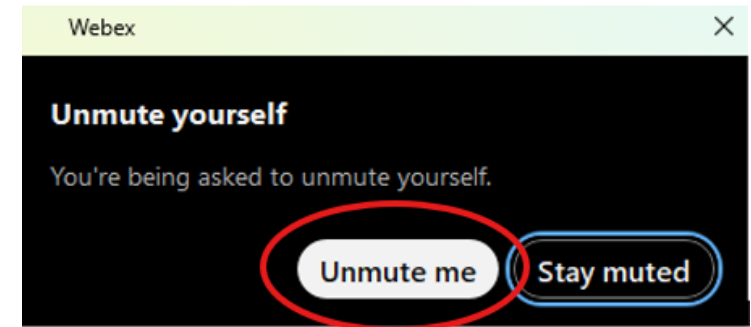
1. Click on the 'Slido' or  button at the lower right of your Webex session (you may need to click the three dots (...) and the Advanced tab to find this option, if joined by smart phone or another mobile device).



2. The 'Slido' panel will appear. (Your screen may look slightly different than pictured depending on Webex version.)



3. In the 'Slido' Q&A panel, type "I would like to make a comment." You will be identified by the name or moniker you used to join the Webex session, and your line will be opened. On the "Unmute yourself" pop-up, click the 'Unmute me' button (this may be hidden behind other open applications), and you will have **2 minutes** to provide comment. Every effort is made to take comments in the order which they are requested.





Agenda Item 4.1

Review and vote on whether to approve previous meeting's minutes

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | April 7, 2026

**BOARD OF REGISTERED NURSING
CLINICAL NURSE SPECIALIST ADVISORY COMMITTEE MEETING
MEETING MINUTES**

DATE: August 27, 2025

START TIME: 1:00 p.m.

LOCATION: **NOTE:** In accordance with Government Code section 11123.5, the meeting was held via a teleconference platform and all committee members participated remotely with a member of the Board's staff present at the primary physical meeting location below:
1747 North Market Blvd., Ste. 100
Sacramento, CA 95834

1:00 p.m.

1.0

Call to Order, Roll Call, and Establishment of a Quorum

Jessica Lightcap, Chair, called the meeting to order at 1:00 p.m. All members were present. Quorum established at 1:00 pm.

**Clinical Nurse
Specialist Advisory
Committee
Members:**

Jessica Lightcap, MSN, RN, AACNS-P – Chair
Elissa Brown, MSN, RN, PMHCNS-BC – Vice Chair
Kerri Krogen, MSN, RN, APRN-CNS, AACNS-AG
Elizabeth Scruth, PhD, MPH, RN, CNS, CCRN, CCNS, CPHQ,
FCCM, FCNS, FAAN
Marilyn Ababio

**BRN Staff
Representatives:**

Loretta Melby, RN, MSN, Executive Officer
Reza Pejuhesh, DCA Legal Affairs, Attorney

1:04 p.m.

3.0

Public comment for items not on the agenda; items for future agendas.

**Public Comment for
Agenda Item 3.0:**

No public comments in any location.

1:05 p.m.

4.0

Review and vote on whether to approve previous meeting's minutes

4.1 January 16, 2025

Discussion: Presented by Jessica Lightcap, Chair.

No comments or questions.

Motion: **Elissa Brown:** Motion to approve the minutes.

Second: **Kerri Krogen**

**Public Comment for
Agenda Item 4.1:**

Terri Ares, Director of the CNS program at California State, Dominguez Hills – expressed concerns after reviewing the previous

meeting minutes. She emphasized the importance of aligning future CNS regulations with the APRN Consensus Model and LACE guidelines, particularly regarding population foci. She supported ensuring pathways for CNSs educated under earlier standards to obtain licensure while maintaining alignment with national expectations going forward. She noted that accredited programs allow CNSs to pursue additional education, including post-master's preparation, to work in other population areas.

Loretta Melby asked Terri for the specific page reference in the minutes to avoid misunderstandings. She clarified that the Board has long directed staff to align with the 2008 APRN Consensus Model, and there is no intention to drift from it. She explained that California statute does not currently limit CNS practice by population focus, because CNS scope is tied to the RN scope, which is broad and not population-restricted. CNSs without an active certification exam may continue practicing under competency guidance. If future legislation changes CNS scope of practice, she would work to ensure alignment with the APRN model.

Terri Ares offered to send a highlighted copy of the minutes to the Executive Officer for clarity.

Loretta Melby asked Reza Pejuhesh whether the committee could adopt the minutes as written while still allowing for later amendments.

Reza Pejuhesh confirmed that the committee may adopt the minutes now and amend them later if needed, defer adoption, or adopt them with discretion for non-substantive edits. He noted that the term “consensus” appears on page 11 and offered to review it with members.

Loretta Melby read from pages 10–11 and stated she could add clarification regarding CNS scope of practice. She reiterated that any statutory changes in the future would incorporate alignment with the APRN Consensus Model.

Amended Motion: **Elissa Brown:** Motioned to approve the minutes including any necessary amendments that need to be made on pages 10-11 around discussion about consensus model and competency-based practice area.

Second: **Jessica Lightcap**

Vote:

	JL	EB	KK	ES	MA
Vote	Y	Y	Y	A	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

Motion Passed

1:19 p.m.

5.0

Information only: Report from the Board of Registered Nursing’s Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS)

Discussion: Presented by Loretta Melby, Executive Officer, Board of Registered Nursing.

No comments or questions.

**Public Comment for
Agenda Item 5.0:**

Mary Lawanson-Nichols (ACNS) noted that the association has recent activity to report and asked when she would have the opportunity to speak.

Loretta Melby informed her that this topic is scheduled under Agenda Item 10.0, which will occur later in the meeting.

No public comments in Sacramento.

1:24 p.m.

6.0

Discussion and possible action: Regarding meeting dates for 2026

Discussion: Presented by Loretta Melby, Executive Officer.

All committee members confirmed their availability for the proposed meeting dates.

Kerri Krogen asked whether an email notification would be sent once a decision is made on the bill concerning remote meetings.

Loretta Melby confirmed that an email update will be sent to all advisory committees when the bill is finalized.

**Public Comment for
Agenda Item 6.0:**

No public comments from any location.

Motion: **Elissa Brown** Motion to approve April 7, 2026, and October 6, 2026, meeting dates.

Second: **Jessica Lightcap**

Vote:

	JL	EB	KK	ES	MA
Vote	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB					

Motion Passed

1:29 p.m.

7.0

Discussion and possible action: Regarding election of Chair and Vice Chair positions

Discussion: Presented by Loretta Melby, Executive Officer.

Kerri Krogen acknowledged Chair Jessica Lightcap's strong leadership and asked whether she wished to continue in the role before nominations proceeded.

Jessica Lightcap confirmed she would like to continue as Chair, noting the valuable learning experience she has had working with Vice Chair Elissa Brown, whom she described as highly knowledgeable.

Marilyn Ababio inquired about the qualifications required for the Chair and Vice Chair positions.

Loretta Melby clarified that no formal qualifications are required beyond being appointed to the committee. She explained that the committee determines its own expectations for these roles and outlined the nomination process.

Elissa Brown nominated Jessica Lightcap for Chair and nominated herself for Vice Chair.

Loretta Melby stated that additional nominations could still be made.

Marilyn Ababio requested brief background summaries from Jessica Lightcap and Elissa Brown regarding their experience and interest in serving.

Jessica Lightcap's Background Summary

- CNS in Pediatrics at UCSF Benioff Children's Hospital Oakland.
- Former inpatient nurse; CNS for seven years with extensive work in orthopedic pediatric program development.
- Passionate about CNS practice in California, full scope of practice, and supporting CNS students toward board certification.
- Active in CACNS outreach and enthusiastic about contributing to statewide CNS advancement.
- Expressed appreciation for the committee and eagerness to continue serving.

Elissa Brown's Background Summary

- CNS since 1969 with a long history of leadership in CNS organizations in Chicago and California.
- Former member of the ANA Council of CNSs and past president of a psych-mental health CNS group.
- Helped organize an APRN summit focused on achieving full practice authority.
- Nearly 40-year career at the VA in various roles; continues to volunteer at the VA and Kaiser.
- Special interests in geriatric psychiatry and mental health.

- Longstanding involvement with this advisory committee, including participation in the original 1998 committee and work on the titling act.
- Expressed enthusiasm for continuing in the Vice Chair role.

Motion for Chair and

Vice Chair: **Kerri Krogen** Motion to nominate Jessica Lightcap for Chair and Elissa Brown as Vice Chair

Second: **Marilyn Ababio**

Public Comment for

Agenda Item 7.0: Mary Lawanson-Nichols expressed her appreciation that Jessica Lightcap and Elissa Brown will continue in their leadership roles, noting their passion for CNSs and their commitment to supporting colleagues.

No public comments in Sacramento.

Vote:

	JL	EB	KK	ES	MA
Vote	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB					

Motion Passed

1:41 p.m.

8.0

Discussion and possible action: Report from the two CNSAC subcommittees: Public Engagement and Website; and Regulations

Discussion: Presented by Jessica Lightcap, Chair.

Kerri Krogen noted that the regulations update will be addressed under Agenda Item 11.0.

Jessica Lightcap provided the Public Engagement and Website Subcommittee report. She expressed interest in partnering with one of the new members on this subcommittee. She shared that she reviewed the CNS program listings on the website and suggested updates to the program graph. She highlighted recent improvements to the APRN section on the website, making CNS information easier to navigate.

Marilyn Ababio volunteered, noting her background in public engagement.

Loretta Melby shared her screen to demonstrate where CNS-related information is located on the Board’s website and walked through the available resources. She also displayed the NCSBN website to show additional CNS information.

Elissa Brown commented that the updated layout appears more user-friendly.

Loretta Melby noted that while the site is not designed to be visually attention-grabbing due to being a state entity, the information is now consolidated in one accessible location.

Motion: **Kerri Krogen** Motion to accept the nomination of Marilyn Ababio on the Public Engagement and Website subcommittee

Second: **Elissa Brown**

Public Comment for

Agenda Item 8.0: No public comments in any location.

Vote:

Vote	JL	EB	KK	ES	MA
	Y	Y	Y	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB					

Motion Passed

1:51 p.m.

9.0

Information only: Overview of the 2026 BRN Sunset Review process

Discussion: Presented by Loretta Melby, Executive Officer.

Elissa Brown asked whether any problems were anticipated with the upcoming sunset review.

Loretta Melby responded that she does not anticipate problems but expects significant public and legislative feedback. She referenced language that may appear in the sunset bill and noted that prior sunset processes have been positive. The hearing will provide an opportunity to highlight the Board's accomplishments and request supportive statutory changes.

Kerri Krogen asked about the 2010 sunset incident, when the Governor vetoed the bill, and whether strategies exist to prevent a similar situation.

Loretta Melby explained that multiple individuals monitor bills closely to identify unintended consequences. If an issue arises, a corrective bill can be introduced.

Public Comment for

Agenda Item 9.0: No public comments in any location.

2:10 p.m.

10.0

Information only: Presentation from the California Association of Clinical Nurse Specialists (CACNS) on future priorities for CNSs.

Discussion: Presented by Mary Lawanson-Nichols, from CACNS.

Kerri Krogen asked whether the recent CACNS webinar was recorded and available for viewing.

Mary Lawanson-Nichols confirmed the webinar was recorded and is expected to be posted on the website around the end of September. She noted plans for a shorter, 90-minute repeat session during the week, covering interactive topics such as writing letters to the legislature using a provided template.

Kerri Krogen thanked Mary Lawanson-Nichols for her leadership and the work CACNS is doing.

Marilyn Ababio asked whether full practice authority, as discussed earlier, includes independent practice and prescribing authority.

Mary Lawanson-Nichols stated that CACNS is seeking full practice authority aligned with CNS education, including independent practice and prescriptive authority, which are part of CNS training in California. She noted CNSs are currently unable to practice to the full extent of their education and that the goal is to achieve these changes by 2026.

Marilyn Ababio asked whether the educational requirement is a bachelor's degree.

Mary Lawanson-Nichols clarified that CNSs must hold a master's or doctoral degree from an accredited program, as required in California.

Elissa Brown added that full practice authority involves more than prescribing medications; it includes ordering services that currently require a physician's order, which can delay care. She emphasized CNSs are well prepared for these responsibilities but restricted by law.

Loretta Melby explained that CNS scope of practice in California is tied to the RN scope, as CNSs do not have a separate statutory scope. She noted the presentation highlights where the Board's role may need to evolve but emphasized that legislative change is required before the Board can act. She encouraged CACNS to seek a legislative author to introduce a bill and stated the Board has historically supported APRN scope-of-practice legislation and has not opposed such bills. She referenced recent NP and CNM legislation involving ordering and prescribing authority as examples of successful statutory updates.

**Public Comment for
Agenda Item 10.0:**

No public comments in any location.

[The agenda was reordered during the meeting to address item 12.0 prior to item 11.0; the items are reflected within these minutes in the same order as they were in the agenda.]

2:38 p.m.

11.0

Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight

Discussion: Presented by Loretta Melby, Executive Officer.

Loretta Melby noted that materials for this agenda item were not posted and apologized for the oversight. She asked members for input on regulating academic programs offering CNS education. She highlighted that California is the only state where an APRN can be licensed without national board certification, which conflicts with the APRN Consensus Model.

Kerri Krogen summarized the options presented: full Board oversight of CNS educational programs; no oversight, relying solely on national accreditation; and a hybrid approach

Loretta Melby clarified that any of these approaches could be recommended. She noted that CRNAs operate with no state oversight of their programs, while NPs require oversight and national certification. CNS regulation could mirror one of these models, potentially with added tracking or early-warning mechanisms.

Elissa Brown stated that this issue has been discussed extensively and emphasized the differences among APRN roles. CNSs lack certification exams in several specialties, unlike NPs and CRNAs. She noted past efforts to work with national credentialing bodies to restore discontinued CNS certifications. Requiring certification could exclude many CNSs.

Loretta Melby explained that California does not support CNS preparation in areas without national certification pathways. Example: Women's Health CNS certification ended; only Adult-Gerontology CNS with a women's health subspecialty remains. Licensure is limited to CNS roles with national certification options.

Kerri Krogen said she understands Elissa's concerns but does not believe national certification would hinder candidates, given ANCC and AACN options that cover the lifespan. She noted the LACE framework supports national certification with grandfathering.

Loretta Melby added that federal rules prohibit educational programs that do not lead to licensure. If all other states require national certification, California programs must align. Subspecialty-only programs cannot be offered without a certifying body.

Elissa Brown noted that the APRN Consensus Model includes Psych–Mental Health as a population focus. Loretta Melby agreed but clarified it must be offered as a subspecialty, not a standalone CNS program.

Jessica Lightcap expressed interest in temporary licensure while awaiting national certification, similar to Pennsylvania’s model.

Loretta Melby said temporary licensure already exists for endorsement applicants but would need additional direction from the Regulatory Subcommittee for academic program oversight.

Kerri Krogen stated she supports national certification.

Loretta Melby shared that NCSBN recommends more oversight than accreditation alone, as accreditors focus on educational quality while boards focus on public protection. She compared this to prelicensure nursing programs, which may have national accreditation but still undergo Board oversight.

Elissa Brown asked about the resource burden on the Board.

Loretta Melby explained that NECs oversee schools, and more programs would require more staff. She mentioned the possibility of an annual reporting structure similar to BPPE.

Jessica Lightcap said she would like to hear from Elizabeth Scruth, given her certification experience. She noted CNS program information can be confusing and suggested tracking data such as attrition rates.

Elizabeth Scruth supported national certification, temporary licensure, and aligning CNSs with other APRNs. She acknowledged past resistance but emphasized the need to move forward.

Loretta Melby asked Marilyn Ababio for her perspective.

Marilyn Ababio said she is still learning the issues. She sees pros and cons, supports national licensure requirements, but is sensitive to students’ financial investment and the challenge of high-stakes testing. She chose to abstain from taking a position.

Elissa Brown provided historical context: CNSs existed before NPs, and CNSs traditionally worked two years before taking a certification exam.

Loretta Melby said online education also needs consideration and thanked Elissa for her historical insight.

Terri Ares, addressed concerns regarding educational requirements in the regulations. Noted that CNS programs have been declining nationwide for the past 15 years. Urged the committee to be cautious about imposing additional oversight requirements, as they can be burdensome for schools of nursing. Reported that most master's and doctoral nursing programs are accredited by CCNE, which already requires extensive reporting for APRN and post-graduate programs. Other accreditors have less stringent requirements. Requested the committee adopt the least restrictive approach. Programs already maintain outcome statistics; additional requirements would be taxing. Offered to provide additional data and asked to submit it.

Loretta Melby confirmed Terri may send the information to McCaulie Feusahrens.

Mary Lawanson-Nichols stated her comments align with Terri Ares and expressed similar concerns.

No public comments in Sacramento.

2:28 p.m.

12.0

Information only: Data on final dispositions of disciplinary cases against CNSs

Discussion: Presented by Loretta Melby, Executive Officer.

Kerri Krogen asked for clarification on the different types of discipline, such as Public Repeval.

Reza Pejuhesh explained that two charts are provided. One outlines disciplinary actions (e.g., Public Repeval, probation, surrender, revocation) and the other outlines violation types. Stated that a Public Repeval is the lowest level of formal discipline. Noted that citations are separate from formal discipline and handled administratively. Shared that when an accusation is filed against a nurse, including CNS licensees, it can result in various outcomes: probation, typically lasting three years with required terms such as reporting to the BRN; surrender of a license, which can occur without a hearing and may also occur during probation; revocation, the most severe action. A licensee may seek reinstatement after three years unless a shorter period is set. Explained that the reinstatement process requires a formal petition and a hearing before an administrative law judge. Noted that the violation types listed on the second chart are generally self-explanatory.

Kerri Krogen observed that the chart indicates no individuals have sought reinstatement.

Loretta Melby clarified that there have only been three revocations. Noted that individuals who surrendered their licenses did so voluntarily and typically do not seek reinstatement. Confirmed that

revocations and surrenders remain permanently on a licensee's history.

Public Comment for

Agenda Item 12.0: No public comments in any locations.

[The agenda was reordered and item 11.0 was addressed subsequently to item 12.0.]

3:22 p.m.

13.0

Adjournment: Jessica Lightcap, adjourned the meeting at 3:22 p.m.

Submitted by:

Accepted by:

McCaulie Feusahrens

Chief of Licensing
Licensing Division
California Board of Registered Nursing

Jessica Lightcap

Chair
Clinical Nurse Specialist Advisory Committee

Loretta Melby, MSN, RN

Executive Officer
California Board of Registered Nursing



Agenda Item 5.0

Discussion and possible action: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS)

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | April 7, 2026

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 5.0

DATE: April 7, 2026

ACTION REQUESTED: Report from the Board of Registered Nursing's Executive Officer regarding updates on activities which may impact Clinical Nurse Specialists (CNS).

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

Loretta Melby, Executive Officer for the Board of Registered Nursing, will provide updates on Board activities which may impact CNSs.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 6.0

**Discussion and possible action: Report from the two CNSAC subcommittees:
Public Engagement and Website; and Regulations**

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | April 7, 2026

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0

DATE: April 7, 2026

ACTION REQUESTED: **Discussion and possible action:** Report from the two CNSAC subcommittees: Public Engagement and Website; and Regulations

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The two CNSAC subcommittees will provide updates on work conducted. The subcommittees and members are as follows:

- Public Engagement and Website: Jessica Lightcap and Marilyn Ababio
- Regulations: Elissa Brown and Kerri Krogen

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 7.0

Information only: Data on final dispositions of disciplinary cases against CNSs

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | April 7, 2026

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: April 7, 2026

ACTION REQUESTED: **Information only:** Data on final dispositions of disciplinary cases against CNSs

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The members of CNSAC will discuss any trends/issues with final dispositions of disciplinary cases against CNSs. Discipline data for the past eight (8) years is included in the two charts below:

Clinical Nurse Specialist (CNS) Discipline Statistics

Type of Discipline	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 4/1/26)
Public Repeval	2	1	0	2	1	0	0	1	0
Probation	2	0	1	2	3	1	4	2	0
Surrender	0	2	2	0	1	0	0	0	0
Voluntary Surrender during Probation	0	0	0	1	0	1	0	1	0
Revocation	0	1	1	0	1	0	0	0	0
Reinstatement	0	0	0	0	0	0	0	0	0
Total	4	5	4	5	6	2	4	4	0
Active CNS Licenses	3,556	3,458	3,391	3,323	3,137	3,209	3,042	3,029	2,983
Percentage of CNSs Disciplined	0.11%	0.14%	0.12%	0.15%	0.19%	0.06%	0.13%	0.07%	0.00%

CNS Discipline Statistics – Violation Types

Violation Type	2018	2019	2020	2021	2022	2023	2024	2025	2026 (as of 4/1/26)
Practice	2	2	1	2	2	0	1	1	0
801 Practice	0	0	0	0	1	0	1	0	0
OSD	1	0	0	0	2	0	0	0	0
Conviction	0	3	2	1	1	1	1	1	0
SUD	0	0	1	1	0	0	0	0	0
Sexual Misconduct	0	0	0	0	0	0	1	0	0
Other	1	0	0	1	0	1	0	2	0
Total	4	5	4	5	6	2	4	4	0
Active CNS Certifications	3,556	3,458	3,391	3,323	3,137	3,209	3,042	3,029	2,983
Percentage of CNSs Disciplined	0.11%	0.14%	0.12%	0.15%	0.19%	0.06%	0.13%	0.07%	0.00%

Active Licenses/Certifications by Fiscal Year

Fiscal Year	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26 (3 Qtrs)
Registered Nurse	442,383	451,934	458,165	466,704	480,568	524,129	534,035	549,040	562,673
Clinical Nurse Specialist	3,556	3,458	3,391	3,323	3,137	3,209	3,042	3,029	2,983
Certified Registered Nurse Anesthetist	2,504	2,585	2,682	2,772	2,841	3,069	3,218	3,337	3,448
Nurse Midwife	1,350	1,346	1,349	1,368	1,352	1,427	1,432	1,460	1,496
Nurse Practitioner	25,297	26,305	27,640	29,699	32,616	36,092	39,919	43,800	46,080

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
 Chief of the Licensing Division
 California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 8.0

Discussion and possible action: Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight

Clinical Nurse Specialist Advisory Committee (CNSAC) Meeting | April 7, 2026

BOARD OF REGISTERED NURSING
Clinical Nurse Specialist Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0

DATE: April 7, 2026

ACTION REQUESTED: **Discussion and possible action:** Regarding the proposed draft regulatory language for Clinical Nurse Specialists, including but not limited to, definitions, application process and education oversight

REQUESTED BY: Jessica Lightcap, MSN, RN, ACCNS-P
Chair

BACKGROUND:

The CNSAC members will discuss proposed regulations for CNSs.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Marissa Clark
Chief of Legislative Affairs
California Board of registered Nursing
Marissa.Clark@dca.ca.gov