

Sophos Strategies, LLC

# Feasibility of a Centralized Application Service (CAS) for Texas Nursing Schools: Feedback from Stakeholder Roundtable Sessions

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# Feasibility of a Centralized Application Service for Texas Nursing Schools

## Feedback from Stakeholder Roundtables

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# Feasibility of a Centralized Application Service for Texas Nursing Schools

## Feedback from Stakeholder Roundtable Sessions

### Background

Texas faces a shortage of nurses but lacks the necessary nursing workforce pipeline data to develop effective solutions to this shortage. In May 2025, House Bill 2851 amended the Texas Education Code to require that any service or organization that provides a centralized application service (CAS) for medical and dental schools include applications for Texas nursing schools. A key goal of the legislation is to improve availability of data on the unique number of nursing school applicants and of applicants denied admission to Texas nursing schools, which will improve Texas policymakers' understanding of the demand for nursing education in the state. House Bill 2851 directs the Texas Higher Education Service (TXHES), which operates the existing CAS for Texas medical and dental schools, to establish an advisory board of nursing education representatives to develop recommendations and an implementation plan for including Texas nursing schools in the CAS.

In November 2025, TXHES selected Sophos Strategies, LLC to conduct a feasibility study on a CAS for Texas nursing schools. The purpose of the study is to identify the technical, operational, governance, financial, and stakeholder considerations for implementing a nursing school CAS.

### Roundtable Purpose

Sophos Strategies coordinated and facilitated roundtable sessions with a variety of nursing education stakeholders to inform this feasibility study. The roundtables convened nursing program leaders, admissions professionals, and registrars from a variety of nursing school types (public universities, community colleges, private colleges) across the state to gather insights, identify opportunities and risks, and ground feasibility and implementation recommendations in real-world institutional experience.

### Roundtable Methods

Dr. Erin McGaffigan, a Sophos Strategies consultant, facilitated six Zoom-based roundtable sessions between December 11-15, 2025. Outreach to invite stakeholders to participate was conducted over a two-week period through electronic flyers distributed by the Nursing Advisory Committee established under HB 2851, TXHES staff, and other stakeholders. The flyers were tailored to the following four groups identified by the Nursing Advisory Committee as critical stakeholders that should be included:

- Nursing school deans and directors across public universities, community colleges, and independent colleges and universities
- Registration, admissions, and nursing program leadership at community colleges
- Registration, admissions, and nursing program leadership at independent colleges and universities
- Leaders within student services and student affairs departments across public universities, community colleges, and independent colleges and universities

Outreach flyers included a direct link and QR code to a sign-up form for the roundtable sessions. Each participant received a confirmation email with a video teleconference link and a short, written review of the session purpose.

While five sessions were originally planned, an additional session focused on nursing school deans and directors of nursing programs was added to accommodate the number of individuals interested in participating and to keep group sizes small enough to allow for meaningful input from all participants. Participants were requested to use their cameras when possible to promote interaction. All sessions were recorded for transcription and analysis purposes only.

Participants were informed that they would receive a summary report of the roundtable sessions in Spring 2025. A post-session survey was offered after each roundtable to allow participants, as well as registrants unable to attend, to provide additional feedback on the topics discussed.

### Roundtable Representation

A total of 51 individuals registered for one of the six roundtable sessions. Forty individuals representing 23 institutions participated in the roundtable sessions. Participants were from public universities, independent institutions, and community and technical colleges. Attendees included Deans and Associate Deans of Nursing, Division and Department Chairs, Program Directors, and leaders in admissions, enrollment management, and student services, representing public universities, community colleges, and independent colleges and universities. Through Roundtable discussions, we learned that the Roundtables included a mix of individuals with and without NursingCAS experience. Of those who had NursingCAS experience, some shared that they actively used NursingCAS, were considering using NursingCAS in the future, or previously (but no longer) used NursingCAS.

**Table 1. Participant Roles Represented Across Roundtables**

| Role  | Examples of Titles Included  | Number of Participants |
|---|--|------------------------|
| Deans and Senior Academic Leadership                  | Dean, Dean of Nursing, Chief Nurse Administrator   | 11                     |
| Associate/Assistant Deans                             | Associate Dean, Assistant Dean (Academic Affairs, Admissions, Undergraduate, Student Success)                                    | 6                      |
| Nursing Program Chairs                                | Division Chair, Department Chair of Nursing  | 4                      |
| Nursing Program & Department Directors                | Director, Program Director, Director of BSN, Senior Director   | 12                     |
| Enrollment, Admissions, & Student Services Leadership | Associate VP of Enrollment, Director of Admissions, Assistant Director of Admissions, Student Services Manager, Academic Advisor | 7                      |
| <b>Total Participants</b>                             |  | <b>40</b>              |

**Table 2. Types of Academic Institutions Represented**

| Institution Type                             | Institutions Represented  | Number of Participants |
|--|---|------------------------|
| Public Universities & Health Science Centers | Texas A&M University - Texarkana<br>Texas A&M University - Corpus Christi<br>University of Texas at Austin<br>University of Texas Health Science Center - Houston<br>University of Texas Health Science Center - San Antonio<br>University of Texas - Rio Grande Valley<br>University of Houston<br>University of Houston - Downtown<br>Sam Houston State University<br>Texas Tech University Health Sciences Center - Lubbock<br>Texas Tech University Health Sciences Center - El Paso<br>University of North Texas Health Science Center | 18                     |
| Independent/Private Universities             | Abilene Christian University<br>Texas Christian University<br>Howard Payne University<br>Concordia University Texas   | 9                      |

|                                |   |           |
|--------------------------------|---|-----------|
|                                | Southwestern Adventist University<br>Wayland Baptist University   |           |
| Community & Technical Colleges | Weatherford College<br>San Jacinto College<br>Trinity Valley Community College<br>Western Technical College - El Paso<br>Collin College | 6         |
|                                | <b>Total*</b>   | <b>40</b> |

\* Counts reflect unique participants; multiple participants may represent the same institution.

## Roundtable Themes

Below is a summary of the key themes that emerged in the roundtable discussions. These included benefits and opportunities; challenges and concerns; factors influencing applicant application and enrollment decisions; existing application systems used by participants' institutions; nursing program and state access to applicant data; and implementation considerations.

### 1. Benefits and Opportunities

Participants identified several potential benefits and opportunities for the state, institutions, and applicants and families. For some of these benefits and opportunities, participants noted potential challenges that could offset some potential benefits. Each of these are described below.

- 1.1. *A nursing school CAS could improve access to accurate, actionable data.* Across all six roundtables, participants described how a CAS could improve access to accurate, actionable data for institutions and the state. Participants noted that a CAS could enable more accurate counts of qualified applicants who are turned away, helping institutions and the state understand unmet demand due to program constraints (i.e., applicants turned away due to lack of capacity, or 'seats', in Texas nursing programs). Several participants underscored the importance of aggregated demographic and geographic data to support strategic recruitment to fill unoccupied seats. Participants noted that statewide and nationally-connected data could help Texas better understand the nursing workforce pipeline, identify geographic and demographic inequities, monitor out-of-state recruitment "leakage," and support coordinated planning to address the nursing shortage. Participants also highlighted the potential value of a CAS offering reporting and dashboards that would enable institutions to track application progress, response times, completion status, and matriculation timelines in real time, improving operational oversight and staff efficiency.
- 1.2. *A nursing school CAS could expand applicant awareness of available programs and reduce the number of unfilled seats.* Across all six roundtables, participants noted that a CAS could expand applicant awareness of available nursing programs and help them understand application steps. Participants noted that a CAS would provide applicants with one place to learn about and apply to programs across the state, including accelerated, new, small, rural, or lesser-known programs. They also viewed a CAS as a potential marketing and outreach tool for nursing programs since it would increase their visibility to applicants who might not otherwise be aware of them, helping programs (particularly newer or smaller ones) to fill open seats. Participants also highlighted the potential for programs to use a CAS to offer admission to qualified applicants who were not admitted elsewhere.
- 1.3. *A nursing school CAS could help applicants make informed enrollment decisions.* Across four roundtables, participants described how a CAS could help applicants make more informed decisions by consolidating information about programs, requirements, and options into a single, accessible location. Participants

highlighted the potential value of centralization in reducing information overload and clarifying initial application steps, especially given that support options may be limited for some applicants. Participants noted that having one central area where applicants can view multiple nursing programs would enable them to compare availability, deadlines, admissions requirements (such as minimum GPA), and program characteristics, particularly for students considering transfers, late applications, accelerated pathways, or out-of-state options. Several participants emphasized that centralized access to key indicators (e.g., tuition and total cost, graduation rates, NCLEX pass rates, number of available seats, financial availability, location, local cost of living) could support applicants in weighing tradeoffs after receiving offers.

- 1.4. *A nursing school CAS could reduce administrative burden for institutions.* Across four roundtables, participants described how a CAS could reduce administrative burden by shifting time-intensive, manual tasks away from institutional staff and into a centralized system. Several participants emphasized that moving from paper-based or homegrown processes to a centralized platform could alleviate staff workload related to document uploads, applicant tracking, and applicant review, improving efficiency in admissions workflow and staff experience. Others highlighted that external management of transcript follow-up and routine applicant communication could reduce time needed for follow-up with students and lower the number of staff hours required to manage applications. Participants emphasized the value of having an external entity manage system maintenance, application workflows, and high-volume administrative tasks that would otherwise require significant institutional staff time. Participants also described the institutional support available during onboarding and ongoing use of centralized system, including training sessions, materials, and responsive assistance when staff encountered challenges configuring or using the system.
- 1.5. *A nursing school CAS could improve transcript management efficiency for institutions.* Across four roundtables, participants described how a CAS could improve tracking, verification, and management of transcripts. Participants noted that centralized systems can require applicants to submit official transcripts for verification, flag transcript issues, and confirm that coursework information has been entered accurately, which reduces uncertainty for institutions during their review. Several participants highlighted the benefit of having transcripts collected and managed externally, including the ability to export transcript data into institutional systems and reduce repeated back-and-forth communication with applicants about missing or incomplete materials. However, some participants noted concerns with using a CAS for transcript management. For example, one participant noted that the CAS they currently use has sent inaccurate confirmation that transcripts were complete and another participant reported that they did not realize transcripts were incomplete until they were preparing applicants for committee review, citing that their ‘home grown’ application process included checking in with students to ensure they complete transcript requirements before the application period closed.
- 1.6. *A nursing school CAS could assist institutions with applicant review and ranking.* Across four roundtables, participants described how a CAS could assist institutions with review and ranking of nursing applicants,

*“I think that the NCAS system is 100 times better than the homegrown systems. I can say that from experience, but there are tweaks that I think we have the opportunity to do now, especially if we’re building off of the national [NursingCAS]. So we take the current NCAS and we tailor it for Texas. And, I think that those quality metrics is one of those things that would stand out as a state to be able to say, hey, not only are we increasing the accessibility and making this more user-friendly, but now we’re increasing the transparency across our systems and our schools and working collectively to be able to manage the nursing shortage.”*  
-Roundtable Participant

which they highlighted as a significant time burden. They noted a CAS could support both formula-based ranking models and more holistic admissions approaches, including rubric-based scoring of video interviews. Some participants noted that the effort required to configure and learn how to use a CAS to support applicant review and ranking would offset some of the efficiency gains of using a CAS for that purpose.

- 1.7. *A nursing school CAS could provide support to applicants during the admissions process.* Across three roundtables, participants described how a CAS could provide support to assist applicants throughout the application process. They highlighted applicant-facing supports that are often available, such as help centers, live chat, email and phone assistance, applicant webinars, and instructional videos, that help applicants navigate how to complete applications and submit required materials. Even so, some participants questioned whether a CAS could ever replace navigation support provided by institutions, particularly to first-generation applicants or those applying from outside the institution who need guidance on where to start and how to move through the application process.

## 2. Challenges and Concerns

Participants identified challenges and concerns associated with implementing a nursing school CAS for both institutions and applicants. These are described below.

- 2.1. *A nursing school CAS could reduce institutional flexibility in admissions.* Across all six roundtables, participants expressed concern that a CAS could be overly rigid and insufficiently adaptable to the varied needs and requirements of different nursing programs' admissions processes. Several noted that centralized systems reduce institutional flexibility in processes such as extending deadlines, sequencing steps, tailoring requirements, or providing individualized support to applicants who need clarification or extra time. Participants highlighted limited customization options within existing CAS platforms, including the inability to deactivate unnecessary application sections, adjust instructions, anonymize applications for reviewers, or fully align system features with program-specific admissions practices. Participants also raised concerns about "all-or-nothing" participation models that require CAS exclusivity, potentially forcing institutions to abandon internal systems that are free, familiar, and responsive to applicant needs.
- 2.2. *A nursing school CAS could result in the need for multiple application systems for one program.* Across all six roundtables, participants raised concerns that a uniform CAS could result in institutions having to use both the CAS as well as their own separate application system for supplemental or secondary applications or required materials that are unique to that institution's admissions process. They noted that using multiple application systems for one program would create confusion, duplication, added cost, and administrative burden for both applicants and institutions. For example, an applicant who must complete a centralized application through a CAS as well as a secondary application through the institution's own system would have to navigate two different platforms, leading to duplicate data entry; multiple and potentially conflicting deadlines; and uncertainty about where materials such as transcripts should be sent. Participants noted that maintaining multiple systems would require significant coordination across campuses or departments for transfer evaluations, data reconciliation, and application processing.
- 2.3. *A nursing school CAS could increase applicant burden.* Across five roundtables, participants expressed concern that a CAS could increase applicant burden by adding complexity and time demands to an already challenging application process. Participants emphasized procedural burden, including the requirement for applicants to manually enter every course they have taken, upload transcripts, and navigate multiple systems, with errors or omissions potentially resulting in ineligibility or dropped applications.

- 2.4. *A nursing CAS could decrease the amount of support available to help applicants navigate the application and admissions process.* Across three roundtables, participants noted a CAS could reduce the individualized, hands-on support that many nursing applicants, particularly students who are the first in their family to apply to college and non-traditional students, currently rely on. Participants underscored the importance of navigation support, someone who can clearly explain first steps, requirements, and points of contact, suggesting that without navigation and personal support, a centralized system risks undermining the tailored assistance that helps these students successfully enter nursing programs.
- 2.5. *A nursing school CAS could be complicated to implement due to variation in admissions criteria and processes.* Across five roundtables, participants expressed concern that the wide variation in application criteria across Texas nursing programs would complicate implementation of a CAS. Participants described differences in application periods, admissions models (e.g., competitive versus priority or automatic consideration), accreditation standards, and program type (e.g., ADN and BSN), noting that these distinctions shape how institutions evaluate applicants. Participants expressed concern that incorporating these varied requirements within a single system would be logistically difficult, potentially confusing for applicants, and challenging for institutions that have intentionally designed nuanced admissions processes.
- 2.6. *A nursing school CAS could increase costs for institutions and applicants.* Across four roundtables, participants raised concerns about the costs associated with using a CAS and how those costs may affect applicants and institutions. Participants noted that their prior use of NursingCAS was associated with declines in applicant numbers, which some attributed in part to application fees and the financial burden placed on applicants. Participants noted application fees associated with a CAS would be layered on top of fees for secondary applications, exams, orientation, and other program costs. Concerns were raised specifically about first-generation and geographically distant applicants, for whom costs, incomplete submissions, and reduced access to in-person help may compound barriers to completing applications successfully. Participants also highlighted that centralized systems could introduce indirect costs associated with additional staff time needed to manage discrepancies, applicant confusion, and incomplete files, especially among institutions with long-standing systems or abundant applicant pools.
- 2.7. *A nursing school CAS could reduce or eliminate return on investments institutions have made in their own application systems.* Across four roundtables, participants expressed concern that institutions have already invested significant time and effort in developing, refining, or modernizing their existing admissions and application systems, raising questions about the added value of introducing a new system. Participants described having established processes, software platforms, dashboards, and multi-campus workflows that are already functioning well, including systems designed to manage background checks, transcript processing, applicant ranking, and holistic admissions review. Several noted that they are in the process of updating or migrating their current systems or recently implemented online applications to replace manual or paper-based processes. Others shared prior experiences with centralized systems that did not yield the expected benefits, such as failing to expand their pool of applicants or improve outcomes, leading them to

*“As a matter of fact, we... at one point, did use Nursing CAS, and our applicant numbers dropped. Part of it was associated with cost. Especially if they were anywhere close to the university, they wanted to be able to come into the university, get someone to help them and make sure they understood it. We had some students who were kicked out... because they answered a question wrong. So, they wanted that hands-on, personal touch.”*

*-Roundtable Participant*

revert to their previous internal processes. They emphasized the need to clearly identify the value of implementing a CAS to institutions that have their own systems.

- 2.8. *A nursing school CAS could increase competition among institutions.* Across four roundtables, participants expressed concern that a CAS could intensify competition among institutions by encouraging applicants to apply to additional schools and enabling multiple programs to target the same applicants. Participants worried that differences in application timelines, admissions criteria, and program types (e.g., ADN, BSN) could place institutions in direct competition with one another in ways that they are not now in competition and that are difficult to manage equitably. Some participants described fears of institutions “poaching” applicants and larger institutions racing to secure candidates, potentially disadvantaging smaller or community college programs. Others raised concerns that a CAS could result in many schools selecting the same top candidates, only to discover late in the cycle that those applicants chose another institution, forcing programs to scramble to fill seats they would otherwise easily fill. Some participants also noted potential downstream impacts, including loss of institutional revenue if applicants who are not admitted to nursing programs leave the institution entirely rather than being redirected to other majors.
- 2.9. *A nursing school CAS could present options that appear accessible but are not feasible for many applicants.* Across three roundtables, participants expressed concern that expanding access to nursing programs through a CAS may present opportunities that are not genuinely feasible for many applicants without accompanying financial and support resources. Participants emphasized that many applicants, particularly first-generation and Pell-eligible students, choose programs close to home due to financial constraints, family responsibilities, and community ties. They noted that while a centralized system may show applicants opportunities outside their local area, relocating and enrolling in more distant or private programs often involves costs that applicants cannot absorb (e.g., housing, cost-of-living differences, tuition costs). Participants stressed that without dedicated funding, advising, and transition supports, simply listing additional program options could be misleading, as applicants may technically qualify for seats but lack the resources needed to pursue them, making the opportunity nominal rather than practically feasible.
- 2.10. *A nursing school CAS could cause application delays.* Across three roundtables, participants expressed concern that a CAS could contribute to application delays if required materials are incomplete, incorrectly entered, or awaiting verification. Participants described how current centralized systems place applications on hold or mark them as incomplete if transcripts are missing, which can prevent institutions from viewing or acting on applications. Several participants noted applicant confusion about the sequence of steps between centralized and supplemental applications, leading to missed deadlines and delayed review. Others highlighted that incomplete uploads or verification delays, particularly for transcripts, can result in applications not being reviewed by established cutoff dates, even when applicants applied on time. Participants also described how the limited ability to correct applications within existing centralized systems once a cycle is launched, combined with reduced hands-on support compared to direct institutional processes, can further slow application progress.
- 2.11. *A nursing school CAS could complicate the verification process.* In two roundtables, participants noted that while systems like NursingCAS may confirm that documents are submitted and applications are complete, they do not validate whether entered courses satisfy prerequisite requirements or that applicants are qualified. They noted that eligibility determinations must still be performed by institutional staff, sometimes in separate systems, which can create discrepancies between verified status and actual admissibility. Participants highlighted that this gap can result in inflated applicant counts, additional manual workload, and confusion about what verification within a centralized system truly represents for admissions decision-

making. Some participants also described situations in which applicants were marked as “verified” despite not meeting prerequisites, having pending required courses, or failing to meet additional requirements such as entrance exams, requiring institutions to conduct their own manual reviews after verification.

### 3. Factors Influencing Applicant Application and Enrollment Decisions

Roundtable participants were asked to share their insight into the factors that influence applicant and family decisions to apply and enroll in nursing programs. Cost was cited across all six roundtables as the dominant factor. Participants described cost broadly (not just tuition), including application and re-application fees, fees across multiple systems, required exam and screening fees, and “startup” costs to begin a program. They also noted that scholarships and financial aid constraints can be decisive, especially for first-generation, Pell-eligible, community college, and private-school applicants.

Other factors participants identified as influencing application and enrollment decisions include:

- **Practical life constraints**, such as employment and childcare responsibilities.
- **Family influence and personal preferences**, including family members or friends with past experiences at the institution and preferences for being in or out of state.
- **Ease of navigating the application process**, such as digital ease and barriers and the availability of help from family or others.
- **Geographic location and willingness or ability to relocate**, including lease constraints and travel distance.
- **Prerequisite and admissions requirements**, such as the number or type of prerequisites, whether certain courses are required, and allowable credits.
- **Timelines**, including application deadlines and speed of admissions decisions turnaround.
- **Program reputation and quality**, including accreditation status and NCLEX pass rates.
- **Program fit**, such as the type of experience students expect.

### 4. Existing Application Systems Used by Participants’ Institutions

Across roundtables, participants identified a number of third-party tools as the core infrastructure they use to manage applications, data, and admissions workflows, often in combination with or downstream from a CAS. Several participants reported using Slate as their primary application tool, valuing the control it provides over deadlines, application steps, communications, as well as its ability to store, retrieve, and analyze admissions data. Others described hybrid models, in which applicants apply through NursingCAS and verified files are then pushed into Slate for secondary applications, prerequisite checks, transcript evaluation, transfer credit review, and internal decision-making, which still requires significant manual effort. Participants also referenced integrating or desiring integration with third-party tools such as Kira Talent for interviews, Casper for situational judgment testing, and Elsevier/HESI for exam scores, highlighting both the benefits of such integration and the inefficiencies created by manual uploads or linkages.

### 5. Nursing Program and State Access to Applicant Data

Participants in four roundtable sessions reported they have no need for additional or improved data regarding applicants. These participants noted that their institutions already have robust internal data (e.g., from Slate and dashboards) that they can access as needed. However, other participants described the need for additional data that is accurate, comparable, and actionable for both admissions operations and state workforce planning. The following themes about the need for data emerged from this feedback.

- 5.1. *The state needs a method to identify the unique number of qualified applicants denied admission due to program capacity.* A repeated theme was the need to distinguish the unique number of qualified applicants from inflated counts created by duplicate applications or “in-progress” clicks, so the state can better

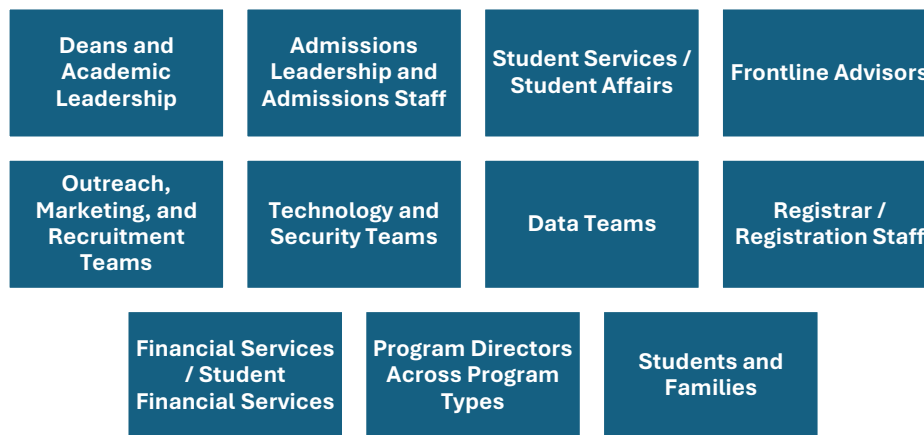
understand how many applicants are being denied admission due to program capacity rather than not meeting prerequisites.

- 5.2. *Nursing programs need on-demand visibility into application status.* Participants described needing visibility into application status and timelines, such as dashboards that detail applicant progress in completing applications.
- 5.3. *Nursing programs need tools that support review of data during the applicant ranking process.* Participants described wanting tools that reduce manual work in preparing applicants for ranking. They described the need for tools admissions committees can use that require minimal modification to meet the program's requirements and processes that have effective query or filtering capabilities to quickly identify specific subsets of applicants (e.g., early select pools).
- 5.4. *Certain program- and system-level data would enhance transparency for applicants and help nursing programs fill seats.* Several participants suggested that a CAS could collect and provide a number of program- and system-level metrics (e.g., total tuition/cost, graduation and on-time graduation rates, NCLEX pass rates, progression/retention outcomes) to improve transparency and give applicants comprehensive information on which to base application and enrollment decisions. Others indicated that additional data that is currently unavailable (such as geographic distribution of applicants, lists of qualified applicants denied admission due to program constraints) would help nursing programs develop and target recruitment and pipeline strategies, such as directing qualified applicants who were not admitted elsewhere to open seats at other institutions.
- 5.5. *A CAS will require clear guidelines and oversight for data confidentiality.* Some participants raised data confidentiality and governance concerns, emphasizing the need for clear protocols and oversight for access to applicant data. They discussed the need for protections for sensitive information and oversight to prevent inappropriate access, such as programs accessing CAS data to recruit from other programs' pools of applicants.

## 6. Implementation Considerations

### 6.1. Representation

Respondents said implementation should involve a broad, representative group of stakeholders with especially strong emphasis on the people who run admissions day-to-day and the teams responsible for student progression and support. Several respondents emphasized that implementation should not be "IT-only" and instead should include frontline users to ensure the system makes operational sense and to manage access, data, and change management. Roundtable participants explicitly named the following lenses as essential to the design and implementation process:



Participants also noted the importances of representation across community colleges, universities, and private schools as well as statewide and professional bodies, including the Texas Board of Nursing, Texas Nurses Association, Texas Deans and Directors associations, Texas Department of Health and Human Services, and accrediting bodies.

### 6.2. *Governance and Oversight*

Across roundtables, participants emphasized that clear governance and oversight structures are essential, particularly around data access, decision-making authority, and ongoing system stewardship. Several expressed concern about who would have access to applicant data, who would review it, and how it would be used, underscoring the need for transparency and guardrails to ensure data is used for its intended purposes (e.g., tracking capacity and access) rather than in unclear or unintended ways. Participants supported having direct user involvement in oversight, especially from institutions and students that use the system daily, so they can help guide system functionality, look and feel, and practical usability. Multiple respondents recommended a committee or advisory-based governance model, with representation from different institution types or regions, noting this aligns with academic norms and allows for periodic input on enhancements, changes, and updates. Finally, participants stressed the importance of including individuals who deeply understand existing institutional systems in oversight roles, to ensure continuity, informed decision-making, and alignment with current admissions operations.

### 6.3. *Timeline*

Across roundtables, participants consistently advised that implementation should be phased, deliberate, and realistically paced, with multiple participants cautioning against rushed timelines. Respondents who had direct experience implementing NursingCAS or similar systems described multi-year timelines as typical and necessary to ensure quality, coordination, and minimal disruption. The most commonly referenced timeline was three years: one year for planning, one year for piloting, and one year for deployment, with the emphasis on sufficient beta testing before full launch. Based on existing CAS experience, some noted at least 18–24 months from initial decision to the point when students can actually apply through a new system.

Participants described specific variables that will influence timelines. Some participants noted institutions' technology approval alone can take up to 12 months, due to heightened IT scrutiny, security reviews, and vendor evaluations. Other participants noted application cycles are often built years in advance, making abrupt transitions highly disruptive. Participants also noted the importance of building in time for staff training, internal coordination, contracting, and alignment with university admissions offices.

#### 6.4. *Phases and Important Steps*

Participants consistently emphasized that implementation should be phased, gradual, and risk-managed, rather than a single statewide “go-live.” They stressed the importance of sequencing, testing, and support to minimize compliance risk, technical failure, and disruption to existing admissions cycles. Participants’ guidance on important steps included:

- **Start small with pilots:** Participants recommended beginning with a small number of schools or programs to ensure the system is stable and functional before scaling, noting that large, immediate rollouts are harder to control and troubleshoot.
- **Sequence institutions by readiness and need:** Participants suggested that schools with greater enrollment challenges or fewer concurrent policy changes could pilot first, while institutions undergoing mergers or major internal transitions could join later.
- **Phase by program type within institutions:** Many described sequencing adoption internally (e.g., ABSN or second-degree programs first, followed by traditional BSN and RN-to-BSN), allowing time to refine workflows, instructions, FAQs, and staff training between cycles.
- **Delay participation until issues are resolved:** Several participants stated they would prefer not to be early adopters and would join only after technical bugs are addressed and lessons from early pilots are incorporated. Some participants wanted the option to completely opt-out and just provide any requested data to support data collection goals.
- **Embed regulatory and compliance requirements upfront:** Participants emphasized ensuring all Board of Nursing requirements, such as admission criteria, background checks, roster submissions, blue card clearance, and notifications, are fully built into the system to avoid approval or accreditation risk.
- **Align with IT approval, security, and hosting timelines:** Respondents highlighted that technology vetting, security review, and integration can take up to a year, requiring early and sustained coordination with IT, which in some cases, has a preference for vendor-hosted solutions.
- **Provide structured technical assistance and troubleshooting:** Participants stressed the need for dedicated support during pilots and rollout (e.g., vendor teams, specialists, or regional points of contact) to resolve issues quickly and build institutional confidence.
- **Define ownership, oversight, and decision-making roles:** Clear governance was viewed as essential, including clarity on who owns implementation, how priorities and algorithms are set, and how stakeholder input from nursing programs and broader stakeholders (e.g., hospitals) are incorporated.
- **Maintain interoperability with national system:** Many emphasized that a Texas CAS should be built in coordination with the national NCAS, rather than replacing it, to preserve national visibility, data continuity, and applicant access.
- **Build in training, change management, and communication:** Early staff training (especially for admissions coordinators), clear timelines, and proactive communication were seen as critical to reducing anxiety and disruption.

- **Allow time for external awareness and marketing:** Respondents cautioned that awareness of a Texas-specific portal, particularly among out-of-state applicants, will take time, and phased rollout should account for this.

## Participant Questions

Some participants presented questions during the roundtables. Questions included:

- Do we have a choice, or is this happening regardless?
- Is this going to cost us money? Cost students money?
- Is this an immediate requirement for nursing programs or are we looking for it to be in the future?
- Will this require uniformity across all programs?
- How will different types of programs be included or impacted?
- How are we defining filled and unfilled seats?
- What is the benefit to programs that do not have unfilled seats?
- Who will have access to data and what will they do with it?
- Will students lose individualized, local support?

## Post-Roundtable Survey Feedback

A post roundtable survey was sent to all individuals who signed up for roundtables, including those who did not attend, soon after session completion. This survey provided open-ended questions allowing individuals to expand upon the questions they answered during the roundtable sessions. Five respondents, representing a mix of institution types (including a private university, a community college, a technical college, and public universities), submitted feedback through a post-roundtable survey.

Across responses, cost and applicant burden emerged as the most significant concerns, with respondents emphasizing that application fees and layered costs could exacerbate inequities, particularly for community colleges and programs serving first-generation and other high-need applicants. They stressed the importance of preserving individualized, relationship-based admissions guidance, noting that personalized support often plays a decisive role in navigating complex requirements.

*“My worries are that using CAS will not allow for meaningful and individualized support for our students.”*

*-Roundtable Participant*

Respondents also identified potential benefits of a centralized application service, including the ability for applicants to apply to multiple programs through a single platform, identify alternative options if not admitted initially, and increase program visibility and seat fill rates; however, these benefits were consistently framed as contingent on avoiding duplicative processes and additional costs. Data considerations were also raised, with interest in more actionable statewide insights, such as demographic trends, incomplete applications, and distinctions between total and qualified applicants, alongside cautions that comparative metrics could disadvantage programs serving higher-need populations if not interpreted in context. Finally, respondents underscored implementation and governance challenges, emphasizing phased, voluntary adoption through pilots, broad stakeholder engagement, clear data governance, and concerns that a Texas-specific system could add complexity given the existence of a national nursing CAS and wide variation in program requirements and capacity. Overall, survey feedback reinforced the roundtable themes previously described and underscored that potential benefits are closely tied to thoughtful design choices that balance efficiency, equity, institutional autonomy, and applicant-centered support.