

# CELBAN™: A 10-Year Retrospective

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*This article provides a 10-year review by the test developers of the Canadian English Language Benchmark Assessment for Nurses (CELBAN™). From 2004 to 2014, the development, implementation, national administration, and operations of CELBAN and CELBAN-related products and services were the responsibility of the test developers and team at the Canadian English Language Assessment Services (CELAS) Centre at Red River College, Winnipeg, Manitoba. The CELAS Centre team experienced both challenges and opportunities during this 10-year period. As CELBAN expands, and in light of its current profile as a high stakes language assessment tool, a time for reflection and review is warranted. This retrospective review of CELBAN provides an overview of its history, administration, operations, and growth, as well as challenges experienced and lessons learned by the CELAS Centre team. Further research and development ideas are also posited by the CELBAN test developers.*

*Cet article présente un examen décennal par les auteurs du CELBAN™ (Canadian English Language Benchmark Assessment for Nurses), l'évaluation de compétence linguistique pour infirmiers et infirmières. De 2004 à 2014, les auteurs du test et l'équipe au centre canadien des services d'évaluation de compétence linguistique en anglais (CELAS) situé au Red River College, à Winnipeg, au Manitoba, étaient responsables du développement, de la mise en œuvre, de l'administration à l'échelle nationale et des activités du CELBAN, ainsi que des produits et des services qui en découlent. Pendant ces dix ans, l'équipe du centre CELAS a affronté des défis et fait face à de nouvelles occasions. Compte tenu de la croissance du CELBAN et de son profil actuel comme outil d'évaluation linguistique à enjeux importants, une période de réflexion et de révision se justifie. Cet examen rétrospectif du CELBAN offre un aperçu de son histoire en évoquant son administration, ses activités, sa croissance, ainsi que les défis affrontés et les leçons apprises par l'équipe du centre CELAS. Les auteurs du test proposent de nouvelles pistes de recherche et des idées de développement.*

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**KEYWORDS:** EAP, TBLT, teacher education

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It has been 10 years since the development and initial implementation of the Canadian English Language Benchmark Assessment for Nurses (CELBAN™). July 2014 marked a pivotal change in the management of CELBAN

(and CELBAN-related products and services) when the Centre for Canadian Language Benchmarks (CCLB), the owner of CELBAN, moved the management of the entire CELBAN enterprise from the Canadian English Language Assessment Services (CELAS) Centre at Red River College in Winnipeg to a new centre, the CELBAN Centre at Touchstone Institute in Toronto. This article is an informal evaluative report and a 10-year retrospective review by CELBAN test developers. It provides an overview of the development and implementation of CELBAN and CELBAN-related products and services by the CELAS Centre team, challenges and lessons learned regarding CELBAN with possible application to language proficiency assessments generally, and some recommendations for future directions.

## Background

CELBAN is an occupation-specific English language assessment tool used to assess the threshold English language proficiency of internationally educated nurses (IENs). CELBAN assesses communicative language ability in four separate skills: speaking, listening, reading, and writing. CELBAN was developed because English proficiency tests (e.g., TOEFL, IELTS, MELAB) previously used to assess the language proficiency of IENs were often inadequate for several reasons: tests were not based on a Target Language Use (TLU) analysis for nursing, and the language demands (content and context) of the tests did not represent the nursing profession, nor were they validated with the target population of IENs.

In 2000, the CCLB conducted a feasibility study in which key stakeholders identified the need for a more appropriate language proficiency tool to assess the language and communication demands of nursing. As a result, the CCLB embarked on a multiphase project and contracted applied researchers from the Language Training Centre at Red River College (RRC) in Winnipeg, Manitoba, for each phase. These applied researchers were recognized nationally beginning in 1997 for their pioneering work “benchmarking” college programs using the Canadian Language Benchmarks (CLB) Working Document (Epp & Stawychny, 2001).

In Phase I (2002), a TLU analysis was conducted: *Benchmarking the English Language Demands of the Nursing Profession across Canada* (CCLB, 2002). The significance of this study was that benchmark levels from the Canadian Language Benchmarks were applied to describe the language demands in an occupation-specific context in a national project in Canada. The data obtained in the study were used in Phase II (2003) to develop an occupation-specific language proficiency assessment tool, *The Development of CELBAN (The Canadian English Language Benchmark Assessment for Nurses): A Nursing Specific Language Assessment Tool* (CCLB, 2003).

In Phase III (2003-2004), CELBAN was implemented initially in three provinces at three pilot sites (Vancouver, Edmonton, and Toronto), *Implemen-*

tation of CELBAN (CCLB, 2004). Four additional initiatives were undertaken at this time. First, the CELAS Centre was formally established as the national administrative centre responsible for all CELBAN administration, training, and CELBAN-related products and services. Second, the national CELBAN data registry was established by RRC's Information Technology Department for the CELAS Centre. Third, the CELBAN website ([www.CELBAN.org](http://www.CELBAN.org)) was developed by CCLB. Fourth, a "how-to" manual was written, *Developing an Occupation-Specific Language Assessment Tool Using the Canadian Language Benchmarks: A Guide for Trades and Professional Organizations* (Epp & Lewis, 2004). Subsequent to the implementation phase, versions two and three of the official CELBAN were developed and implemented (CCLB, 2006).

In 2005, the CELBAN Readiness Self-Assessment (CRSA) was developed as an online self-assessment (freely available on the CELBAN website) and an offline paper-based kit (for purchase from the CELAS Centre). The CRSA was developed as a resource to support candidates preparing to take the CELBAN. Following the development of the official CELBAN and the CRSA, two versions of the Institutional CELBAN (I-CELBAN) were developed in 2007, for use by institutions offering nursing language bridging programs, as an admission, diagnostic, or exit assessment (CCLB, 2007). The development of I-CELBAN is an example of test impact and positive washback from the implementation of the official CELBAN (Kingdon & Lewis, 2010).

In 2014, after a decade of CELBAN test development, implementation, administration, and operations management at the CELAS Centre, the suite of materials and all CELBAN operations were transferred to a new centre, the CELBAN Centre, at Touchstone Institute in Toronto. During a brief period of transition, the CELAS Centre team provided preliminary training for national test administration and operations management to the CELBAN Centre team. The complete CELBAN data registry was also transferred, which was noted as a valuable resource in Touchstone Institute's first CELBAN publication, *Facts and Figures Issue 1* (Touchstone Institute, 2015).

## National Administration and Operations

Prior to the transfer to the CELBAN Centre in July 2014, seven official CELBAN assessment sites were fully operational, with 90 qualified and trained personnel administering 1,104 tests in 2013 and 881 tests in the first seven months of 2014. Figure 1 illustrates the scope of the national CELBAN administrative services while CELBAN was managed by the CELAS Centre.

The CELAS Centre also provided training and support for institutions using I-CELBAN and supplied CRSA offline kits to interested test-takers. Throughout the decade, the CELAS Centre team produced nine annual statistical reports beginning with *The First Year of Official CELBAN Administration in Canada, March 2005–April 2006* (Epp & Lewis, 2006), and ending with *The Final Seven Months of Operations at the CELAS Centre in the Ninth Year of Of-*

Official CELBAN Administration in Canada, January–July 2014 (Kingdon & Lewis, 2014). Reports were submitted annually to CCLB for response and dissemination to nursing regulators and other stakeholders.

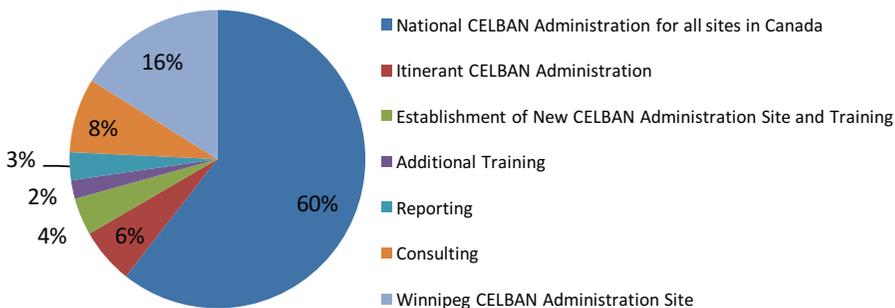


Figure 1. Scope of national CELBAN administrative services at the CELAS Centre (Red River College, 2014, p. 5).

### Growth Pattern of CELBAN Test Administration

Figure 2 illustrates the growth pattern of CELBAN throughout its years of operation at the CELAS Centre. The growth in number of tests administered annually steadily increased between 2004 and 2009 and then declined between 2009 and 2011 for two main reasons: (a) a standardization exercise initiated by nursing regulators (National Fluency Working Group) resulted in several policy changes, including increasing the cut score for the listening component of CELBAN by one CLB level from CLB Level 9 to 10; (b) by Year

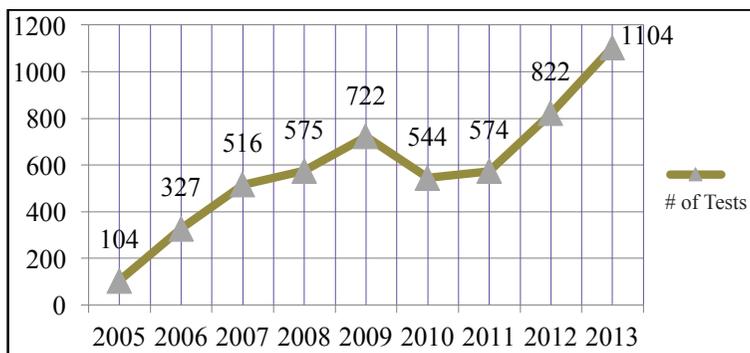


Figure 2: CELBAN growth (Kingdon & Lewis, 2014, p. 18).

4 of implementation, less retesting was scheduled because more test-takers were better prepared and succeeded on their first or second attempt. In 2012, the demand for CELBAN increased when nursing regulators across Canada endorsed it as one of only two language proficiency tests (i.e., CELBAN and IELTS) that IENs could use to demonstrate their level of language proficiency on the path to licensure (Kingdon, 2012).

## The Uniqueness of CELBAN

CELBAN is unique in that it is the only language proficiency assessment tool currently used nationally in Canada to assess communicative language ability, assign CLB levels for each skill, and provide specific individualized feedback on a test-taker's strengths and weaknesses in the productive skills of speaking and writing. CELBAN is based on the *CLB 2000: Theoretical Framework* (CCLB, 2000), recently rewritten as the *Theoretical Framework for the CLB and NCLC*, "a synthesis of the CLB 2000 document, augmented by additional research" (CCLB, 2013, p. 15). The two trained assessors in this high-stakes testing situation jointly administer and independently score the speaking assessment and then, through consensus, determine the final level achieved by the test-taker and note the test-taker's strengths and weaknesses for reporting. Also, during the role plays in the assessment, two assessors alternate in the roles of interviewer and standardized patient, which increases the face validity of the role plays. It is interesting to note that interrater reliabilities reported in annual reports were consistently statistically significant through the years. In the CELAS Centre's final report, "the overall agreement or inter-rater reliability for the final CLB Level for a stratified random sample of CELBAN™ Speaking Assessments was 0.841" (Kingdon & Lewis, 2014, p. 17).

CELBAN is distinctly different from academic language proficiency tests (e.g., TOEFL, IELTS, CanTEST, CAEL and others). Academic language proficiency tests assess the language proficiency of ESL test-takers with a range of levels. These tests are designed for the purpose of meeting entrance requirements for postsecondary studies and provide test-takers with a score in each of the four skills (listening, speaking, reading, and writing). CELBAN, on the other hand, assesses the language proficiency of a specific target population of ESL test-takers (IENs) measured against threshold levels of language proficiency (criteria-referenced) in a nursing occupation-specific context. CELBAN was designed for the purpose of assessing the language proficiency levels of IENs in order to determine if they meet the requirements (Speaking, CLB Level 8; Listening, CLB Level 10; Reading, CLB Level 8; Writing, CLB Level 7). This is only one step in the process of obtaining a license to practice nursing in Canada.

When compared specifically with IELTS, CELBAN is also different in purpose, test construct, history, locations of test sites, numbers of test adminis-

tered annually, reporting of feedback to test-takers, and ownership; CELBAN is more comparable to the Occupational English Test (OET) than to IELTS (Kingdon & Lewis, 2013). The seminal work by McNamara (2000), a developer of both IELTS and OET, informed the development of CELBAN.

Unlike IELTS, for which preparation courses are ubiquitous, no “CELBAN-Prep” courses have been endorsed by the test developers or CCLB (although there are a number of CELBAN-prep programs offered by a range of private contractors and institutional settings, with varying degrees of rigour and authenticity, commercially available to IENs). CELBAN is intended to be taken as a final step after IENs have acquired the requisite language and communication skills and strategies for working in a nursing-specific context in Canada. In the case of IELTS, researchers in one study investigated “the differences between a course that focuses very specifically on IELTS preparation and one that includes other learning objectives related to preparation for academic study” (Hayes & Read, 2004, p. 109). In this study, it appeared that more effective preparation for an IELTS test-taker was participation in an EAP course designed to address “a wider range of academic needs and to promote the students’ general language development” (Hayes & Read, 2004, p. 110). IENs who participate in occupation-specific language and communication programs have the opportunity to develop the levels of communicative language proficiency (i.e., the grammatical and textual knowledge [organizational], functional and sociolinguistic knowledge [pragmatics], and strategic competence) needed to communicate effectively in health care in Canada, and are better equipped to successfully attempt CELBAN. Thus, multiple attempts to pass CELBAN should be unnecessary. (Note: CELBAN test-takers are restricted to a maximum of three attempts, as currently there are three official versions of the test.)

Since the implementation of CELBAN, a number of resources and support materials to assist potential CELBAN test-takers in preparing for the test have been available through the CELBAN website: a detailed description of the test components and test format; a list of relevant CLB descriptors as performance indicators; test-taking strategies and tips; access to the CRSA, so that test-takers can self-assess their language readiness to attempt CELBAN; and information about the Institutional CELBAN, available as a practice test through an educational institution.

## **Challenges and Lessons Learned**

Throughout 2004–2014, the CELAS Centre team developed and implemented CELBAN and incrementally expanded its operations, products, and services. During this time, the team was presented with numerous challenges, some unique to this occupation-specific assessment tool and others relevant to managing high-stakes language assessments in general. As a result of these challenges, valuable lessons were learned.

## *Challenge 1: A Postsecondary Institution as a National Administrative Centre and Test Site*

Although there are advantages to a postsecondary institution functioning as a national administrative centre and test site for a high-stakes test, there are also disadvantages. The advantages include profile, potential spin-off benefits, networks, and a well-established infrastructure. First, RRC built up a profile of an institution that has valued innovation and applied research in a variety of sectors for well over a decade. As a result, approval was given to applied researchers to conduct a variety of provincial and interprovincial benchmarking initiatives and applied research, including CELBAN (Lewis, 2013). This applied research was recognized nationally for its contribution to the field of language benchmarking and assessment. Second, as a result of conducting applied research related to CELBAN specifically, a spin-off benefit for RRC was that researchers from the CELAS Centre partnered and/or consulted with other postsecondary institutions and organizations on related projects for many years. Third, as the largest postsecondary college in Manitoba, RRC was ideally situated to network with relevant stakeholders in a context that was more collaborative than competitive due to Manitoba's population and limited number of alternative service providers. Last, as a postsecondary institution, RRC had a well-established infrastructure including human resources, finance, information technology, facilities, parking, and so on that were integral to establishing and maintaining the operations of a national administrative high-stakes test centre.

The disadvantages for a postsecondary institution acting as a national administrative centre and test site for a high-stakes test include high fixed staffing costs, limited profitability related to low test fees, and uncertainty of research funding. First, as with many postsecondary institutions, RRC's constraints due to collective agreements result in relatively high staffing costs (wages and benefits) and reduced flexibility in allocating additional staff to meet the variable needs of test administration and operations. Second, the ongoing cost to sustain operations in terms of money, time, and human resources for CELBAN was greater than test fee revenue. Because one of the foundational principles for the implementation of CELBAN was accessibility with continuity of service for test-takers, RRC accepted the risk and absorbed the net losses necessary to sustain CELBAN operations for many years. Third, although RRC encouraged applied research and innovation and for many years was supportive of the CELBAN initiative, this changed in later years. Subsidies for CELBAN decreased as RRC's applied research funding was re-directed to projects with industry partners or organizations in other sectors.

### *LESSONS LEARNED*

A postsecondary institution functioning in the role of a national administrative centre and test site for a high-stakes test needs to weigh the advantages

against the disadvantages and formally review its role regularly. Without systematic and thorough reviews, additional disadvantages or emerging concerns are not analyzed, and the extent to which the disadvantages impact the viability of the postsecondary institution's ongoing involvement are not recognized and appropriately addressed.

### *Challenge 2: Funding*

Project-based funding was secured by CCLB from provincial and federal funders during the initial years of the development and implementation of CELBAN and CELBAN-related products and services, but additional funds were needed in subsequent years to support the necessary expansion of operations. CCLB, however, limited the number of test fee increases in order to ensure that the tool was accessible for IENs; CELBAN test fees were increased by only \$75 over an eight-year period between March 2005 and July 2013. The test fees were the sole revenue source for operations (in accordance with the cost-recovery model proposed in CCLB's initial three-year business plan), but, as operations expanded, that revenue was insufficient to cover the costs of test administration, including capacity building and operational upgrades. As a result, RRC covered the costs to fund minor changes to infrastructure in an attempt to manage the growing operational demands.

Additionally, when postimplementation funds were needed to update current test forms, develop new test items, and conduct ongoing validation, project funding was not secured by CCLB, partly due to "funder fatigue." As a result, RRC covered the additional costs for conducting ongoing annual statistical analysis, annually recalibrating speaking and writing assessors, and initiating new test development and updates to test content. In spite of these circumstances, by 2013 the CELAS Centre team had begun researching the feasibility of adapting the speaking and writing components of CELBAN for other health professions. However, this work was halted by the findings of a cost/benefit analysis.

#### *LESSONS LEARNED*

Funding that is separate from project-based funding is required to support expansion. Once the initial implementation of CELBAN was completed as a "project," no additional funding was provided for expansion of operations; expansion was not considered to be a project by the funders. When test fees are the sole source of revenue and are insufficient for operational expansion, either test fees must be increased or sustainable funding must be obtained. Furthermore, additional funding for new test development and ongoing validation is also required from reliable and sustainable sources.

### *Challenge 3: Partnership and Planning*

In the early years, the applied research, development, and implementation of CELBAN were possible because not only were the funding, commitment,

and support in place, but also the partnership between CCLB and RRC was stable. Throughout the decade in which the CELAS Centre managed CELBAN, both CCLB and RRC experienced changes in leadership, executive administration, and strategic initiatives that impacted collaboration in ongoing initiatives such as CELBAN. During the initial implementation of CELBAN, a letter of agreement between CCLB and RRC loosely delineated the roles and responsibilities of each partner. As CELBAN operations, products, and services evolved into a complex entity, this type of agreement was not replaced with a more robust partnership agreement to reflect the growth and increasing complexity of this business enterprise.

In addition, when the original three-year business plan for CELBAN expired in 2008, a new formal business plan to guide the operations and future direction of CELBAN was not provided by CCLB, as owner of CELBAN. CELBAN had transformed from a “project” to a “business” by the end of 2008, but without an ongoing long-range business plan with yearly projections, planning, and logistics, the CELAS Centre team had to focus on maintaining quality control, with limited options for expansion and development.

#### *LESSONS LEARNED*

A well-articulated partnership agreement and business plan are critical for ongoing commitment to the sustainability of a high-stakes assessment tool. Establishing a Service Level Agreement (SLA) between the owner and the national administrative centre that specifies manageable, realistic targets and the type of support available from the owner is crucial; a clause related to exclusivity may also be important to include. Roles and responsibilities of the partners for all business administration and management functions related to operations, products, and services need to be specified. The terms of a renewable SLA, jointly constructed and revised by the partners, is integral to an agreement in which authority to act, governance, and accountability for each aspect of the venture are appropriately shared or delegated. A sound business plan provided by the owner or co-constructed by the partners is critical to inform every stage of operations and development.

Comprehensive planning at the front end of the initiative is essential to ensure sustainability. A business plan provides direction, defines the scope, and ensures that projections are reasonable and profit/loss is monitored. It needs to include a cost/benefit analysis as a realistic assessment of the initial investment required to allocate resources—human resources, information technology, finance, space, utilities, and so on. Planning must also take into account the potential for revenue growth over time, including a fee-to-owner structure to provide a healthy profit margin. If test fees are to be the sole means of revenue generation, then a commitment by the test owner is needed to allow incremental increases to test fees in order to meet the operational costs.

### *Challenge 4: Test Site Sustainability*

Initially, establishing test sites at postsecondary educational institutions was preferable because they had assessment units with appropriate facilities, including access to human resources, information technology, and educational services. These sites, however, were often constrained by strict collective agreements limiting flexibility compared with other site options, and so sometimes it was challenging to renew annual licensing agreements. Also, securing additional, alternative, and suitable test sites, and recruiting and training qualified administration teams, were challenging when demands in specific regions (Western Canada) increased substantially in a short time or when new sites were requested by stakeholders in regions with low and/or infrequent demand in other regions (Atlantic Canada). Since accessibility to CELBAN for IENs across Canada was a priority identified in the implementation phase, the CELAS Centre developed an itinerant testing option to meet these unique needs. However, itinerant testing was only possible if subsidies to test-takers were available to offset itinerant costs; only some stakeholders were able to provide the necessary subsidies to fund this option for test-takers.

#### *LESSONS LEARNED*

Challenging logistics is the reality of running the business of a national high-stakes test. Establishing new test sites, onsite training of new team members, maintaining inventory at sites, training additional team members due to attrition or expansion, and conducting itinerant testing are logistically challenging. Some test sites may also encounter a variety of internal constraints or changes that will limit their ability to build capacity to adjust to increases in the external demand for testing. Consistent, respectful, open communication exchanges amongst all team members at the national administrative centre and multiple sites in several provinces are essential. The CELAS Centre team fostered a positive working relationship in which all CELBAN team members were encouraged to offer feedback and share insights from their experiences to enhance various aspects of test administration and contribute to the overall goal of CELBAN: to reliably administer a standardized language assessment tool to IENs. When faced with challenging logistics, the benefit of maintaining effective communication throughout the decade was evident when an engaged network of team players, despite limited resources, repeatedly increased capacity and offered additional test dates in an attempt to meet the increasing demand for test dates in recent years.

### *Challenge 5: Stakeholder Involvement*

A National Advisory Committee (NAC) for CELBAN was established in 2002 to advise and provide feedback and consultation regarding the initial development and implementation of CELBAN. It comprised a wide range of stake-

holders from across the country, including nursing stakeholders (regulators, policy analysts, educators, nurses, IENs), language stakeholders (immigrant servicing agencies, educators), and funders. In the ensuing years, the NAC was phased out and replaced by a nursing subcommittee of the CCLB Board of Directors, but the committee's role was not specified. Since CCLB owns CELBAN, only arm's-length governance was provided to the CELAS Centre team by RRC's Board of Directors. As CELBAN became a more complex business, an appropriate advisory committee with a range of expertise including business development was needed, but an NAC was not re-established.

#### *LESSONS LEARNED*

The absence of an NAC for CELBAN in the latter years of CELBAN operations at the CELAS Centre impacted CELBAN initiatives. The ability to explore new opportunities and develop a broader vision for CELBAN as a national assessment was hindered. Having pan-Canadian input from a wide range of stakeholders on a national committee would have been invaluable to advise and support the growth and development of CELBAN as a national language proficiency assessment tool.

### **Future Directions**

Understanding the challenges and lessons learned from this retrospection may be useful to the stakeholders who are determining the future directions of CELBAN. The following three recommendations have resulted from our retrospective review.

First, a formal CELBAN impact study is recommended. Some observations and anecdotal data regarding test impact and washback have been noted by the test developers (Kingdon & Lewis, 2010, 2015); however, initiating a formal multi-phase impact study, such as the IELTS Impact Study (IIS) initiated in 1995 (seven years after IELTS implementation), is needed to measure the consequential validity of CELBAN. Green (2007) has noted that "the IELTS Impact Study (IIS) ... was among the earliest investigations into consequential validity.... The ISS described in detail in Hawkey (2006) encompasses the influence of the test on a range of stakeholders, on test preparation materials, and on receiving institutions" (p. 296). As with IELTS, the impact from CELBAN is felt by a wide range of stakeholders:

Beyond the learners and teachers affected by the washback of an examination like IELTS is a range of other stakeholders on whom the examination has impact.... The IELTS impact study is designed to help [the testing organization] continue to understand the roles, responsibilities and attitudes of stakeholders in this constituency ... with whom [the testing organization] must have an accountable relationship. (Saville & Hawkey, 2004, p. 74)

CELBAN is still in its infancy as a high-stakes language assessment tool relative to its competitor, IELTS; however, it has entered its second decade and so it is timely to initiate a formal impact study at this juncture.

Second, as CELBAN development was based on the CLB 2000 document, it is recommended that the work started in 2013 by the test developers to update relevant CELBAN descriptors to reflect the CLB 2012 document be continued.

Finally, it is recommended that further research be conducted regarding the adaptability of CELBAN for other health professions. Since the implementation of CELBAN in 2004, stakeholders have shown interest in using its model for other health professions. In 2009, the CELBAN test developers began to examine the feasibility of adapting the content of the role-play section in the speaking component of the I-CELBAN for other health professions (i.e., physicians, physiotherapists, pharmacists, and midwives). This applied research was informed by the OET's conceptual model in which the speaking and writing components are specific to each health profession (i.e., dentistry, dietetics, medicine, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology, and veterinary science). (The same listening and reading tests are administered to all health professions.) Recent research on the updates and ongoing validation of the OET (Elder et al., 2013) provides a valuable resource for stakeholders involved in current CELBAN-related research and development.

## Conclusion

Prior to CELBAN, there was no precedent for developing, implementing, and operationalizing a high-stakes occupation-specific language assessment tool of this scope nationally in Canada. CELBAN provided a new model for language assessment in Canada (Epp, 2006; Epp & Lewis, 2009) and has become a successful innovation in occupation-specific language proficiency assessment. The direct and indirect support from a wide range of key stakeholders—an interdisciplinary group of experts who collaborated to share specific knowledge and experience—contributed significantly to the success of this innovation. Experts from both national and international test development centres (CanTEST, OET, and IELTS) were also invaluable resources in this venture. As CELBAN moves forward, it is essential for these key stakeholders to be engaged in order to inform CELBAN's research initiatives and support its future direction.

No endeavor that is worthwhile is simple in prospect; if it is right, it will be simple in retrospect.

- Edward Teller

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