

# Regulatory Analysis Form

(Completed by Promulgating Agency)

**INDEPENDENT REGULATORY  
REVIEW COMMISSION**

**RECEIVED**

Independent Regulatory  
Review Commission

December 27, 2024

(All Comments submitted on this regulation will appear on IRRC's website)

(1) Agency

**Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing**

IRRC Number: 3426

(2) Agency Number: **16A**

Identification Number: **5141**

(3) PA Code Cite:

49 Pa. Code §§ 21.1, 21.5, 21.11, 21.18, 21.31-21.125, 21.141, 21.143-21.145b, 21.147-21.148, 21.161-21.234, 21.251, 21.282a-21.283, 21.361-21.377, 21.901-21.991.

(4) Short Title: Nursing Education Programs; Terminology Updates

(5) Agency Contacts (List Telephone Number and Email Address):

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(6) Type of Rulemaking (check applicable box):

**PROPOSED REGULATION**

Final Regulation

Final Omitted Regulation

Emergency Certification Regulation;

Certification by the Governor

Certification by the Attorney General

(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

Currently the Board's nursing education regulations are divided by licensure type. The Board believes that this division is cumbersome and unwarranted as all of the Programs have similar establishment requirements and require an administrator, faculty, curriculum, records, and policies. In addition, all of the Program types are subject to various approval statuses and undergo the same procedural requirements where a Program is placed on provisional status or the approval status is subject to removal.

In this rulemaking, the Board (1) consolidates the three types of educational Programs, professional (§§ 21.31-21.116, 21.121-21.125), practical (§§21.143, 21.145b, 21.161-21.234) and certified registered nurse practitioner nursing education programs (Programs) (§§ 21.361-21.377), into new subchapter I that solely addresses Programs (§§ 21.901-21.991); (2) codifies current Board practice; (3) updates requirements to meet national standards and statutory requirements, and (4) amends current §§ 21.1, 21.5, 21.11, 21.18, 21.118, 21.141, 21.145, 21.145a, 21.147, 21.148, 21.251, 21.282a, and 21.283 tangentially impacted by this rulemaking.

(8) State the statutory authority for the regulation. Include specific statutory citation.

The amendments relating to Programs are proposed under the authority of sections 6.1, 6.2(a) and (b) and 8.1 of the Professional Nursing Law (RN Law) (63 P.S. §§ 216.1, 216.2, and 218.1) and section 9 of the Practical Nurse Law (PN Law) (63 P.S. § 659) which provide the Board with general authority to establish standards for the operation and approval of Programs. Additionally, the amendments relating to the practice of professional nursing, practical nursing and as a certified registered nurse practitioner are proposed under the authority of sections 2.1(k) of the RN Law (63 P.S. § 212.1(k)) and 17.6 of the PN Law (63 P.S. § 667.6).

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

No.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

This proposed rulemaking is intended to consolidate and update requirements for the three Programs that the Board approves: professional nursing (RN Programs), practical nursing (PN Programs) and certified registered nurse practitioner (CRNP Programs). Currently, these requirements are divided by licensure type. In this proposed rulemaking, the Board places all provisions relating to Programs in new subchapter I.

As of June 30, 2023, there are 261 Programs in the Commonwealth broken down into 89 RN Programs, 57 PN Programs, and 115 CRNP Programs. Based upon the latest Annual Reports for the 2021-2022 academic year there are 6,913 faculty members and 28,432 students in Pennsylvania RN and PN Programs. Pennsylvania ranks fifth in the number of registered and practical nurse (RN and PN respectively) candidates that tested nationally. As of January 1, 2023, based upon responses from CRNP Programs there were at least 816 faculty members and 6,404 students in CRNP Programs.

The curriculum content and established competencies for nursing education are developed through a combination of nursing education standards as established by the American Association of Colleges of Nursing (AACN), National League of Nursing (NLN), the National Council of State Boards of Nursing's (NCSBN) Model Acts and Rules, and the National Council's Licensure Examination (NCLEX®) RN and PN Practice Analyses and Test Plans and Quality and Safety Education for Nurses (QSEN) Competencies.

RN education can be obtained through an entry-level master's in nursing degree (DE-MSN), a baccalaureate degree in nursing (BSN), an associate degree (AD) or a hospital-based diploma. The general length of the education ranges from 16-48 months. In Pennsylvania, there are two DE-MSN Program, 45 BSN Programs, 27 AD Programs, and 15 hospital-based diploma Programs. As documented in the NCSBN's 2023 Environmental Scan, nationally, there is a growing trend among students seeking to become RNs to acquire a BSN.

PN education can be obtained through AD, diploma and certificate programs. In Pennsylvania, there are 20 certificate Programs, 35 diploma Programs, 1 AD in specialized technology Program, and 1 AD in applied science Program at 10 community colleges, 33 vocational and technical schools and 13 private licensed schools. The general length of the education ranges from 12-18 months. As the Pennsylvania Association of Practical Nursing Administrators (PAPNA) advised the Board in its October 27, 2017, presentation and White Paper entitled, *Practical Nursing Front & Center: The Role, Trends & Future of Practical Nursing in Pennsylvania*, between 2003 and 2013, there was 33% growth in practical nursing enrollment due to the need for long term care services. They also reported that 57% of the PN education takes place in career tech centers, 24% in private schools and 19% in community colleges.

In addition to an advanced practice core, CRNP education includes population focused competencies in one of six particular clinical specialty areas: Adult-Gerontology, broken into Acute Care (AGACNP) and Primary Care (AGPCNP), Family/Individual Across the Lifespan (FNP), Neonatal (NNP), Pediatric, also broken into Acute Care (CPNP-AC) and Primary Care (CPNP-PC), Psychiatric-Mental Health Across the Lifespan (PMHNP), and Women's Health/Gender Related (WHNP). CRNP education can be obtained through MSN, bachelors-to-doctorate (BSN-DNP) and post-master's CRNP certificate (PMC) or combined PMC/MSN programs. The general length of the education ranges from 18 months-5 years.

Unlike RN and PN Programs that are approved per controlling institution, CRNP Programs are approved by degree and particular clinical specialty area meaning that one controlling institution may have multiple CRNP Programs. In Pennsylvania, there are 39 BSN-DNP Programs, 1 MSN Programs 74 PMC/MSN Programs, 1 PMC Program and 1 MSN Program at 31 colleges and universities of which there are 17 AGACNP approved Programs, 20 AGPCNP approved Programs, 39 FNP approved Programs, 8 NNP approved Programs, 4 CPNP-AC approved Programs, 7 CPNP-PC approved Programs, 15 PMHNP approved Programs and 5 WHNP approved Programs.

### Consolidation

Currently the Board's nursing education regulations are divided by licensure type. The Board believes that this division is cumbersome and unwarranted as all of the Programs have similar establishment requirements and require an administrator, faculty, curriculum, records, and policies. In addition, all of the Program types are subject to various approval statuses and undergo the same procedural requirements where a Program is placed on provisional status or the approval status is subject to removal.

### Codification of Current Board Practice

The Board also intends to codify current Board practice. For example, prior to approving any new Program, the Board sets an appointment at a Board meeting for the new Program to make a presentation to the Board about the proposal and answer questions before the Board votes on whether to approve the new Program. This practice was instituted to reduce the instances where an application had to be tabled until further information was supplied. Similarly, because administrators and faculty of a new Program may not be hired or there is not an agreement executed between the Program and the site where clinical experiences will be obtained when the application is submitted, the Board requires Programs to submit this information for Board approval prior to commencement of the Program or use of the clinical site. Concomitantly, because Programs are required to possess authority to operate from the Pennsylvania Department of Education, whenever this authority changes, the Board requires that it be notified in advance. Consistent with current requirements from the Program establishment regulations, the Board is revising its education regulations, many of which were not amended since originally promulgated in 1976 for RN Programs, 1983 for PN Programs and 2006 for CRNP Programs. The Board believes it is

appropriate to add these and similar specific provisions to the Board's regulations. Moreover, the Board believes these approvals contribute to the success of both Programs and students, as is discussed further below.

In addition, in administering the nurse education programs, the Board attempts to keep standards for RN BSN, AD, and diploma Programs as well as all PN Programs as consistent as possible. Some Programs have specific regulatory requirements while others are silent on the issue. Where appropriate, the Board has implemented procedures that follow other Program regulatory requirements. Similarly, the Board requires all Programs to have an administrator even though the CRNP Program regulations do not use this title and instead refer to "a faculty member who directs the program." The Board is proposing to include these requirements because it believes that these requirements or references should be consistent and there are no statutory or regulatory prohibitions from doing so, as explained where applicable below.

#### Update requirements

Beyond consolidating and codifying current requirements and practices, the Board proposes to require Programs to obtain and maintain accreditation for the nursing program itself, referred to as programmatic accreditation, in addition to the currently required accreditation/authorization for the controlling institution. This "dual accreditation" is an indicium of quality of both the Program and the institution and is akin to what is statutorily mandated for many other professions, such as medicine, dentistry and psychology within the Bureau of Professional and Occupational Affairs. Further, programmatic accreditation enables Title IV funding for controlling institutions that may not qualify, leads to higher program pass rates, and enables seamless academic progression, known as articulation, for AD and diploma graduates into baccalaureate degree Programs, enabling these nurses to achieve higher levels of education and thereby fill clinical and educational roles. Moreover, since 100% of the RN and CRNP Programs and 46% of the PN Programs currently maintain programmatic accreditation, this new requirement will not impose a significant burden on Programs. For those Programs that do not already hold programmatic accreditation, this rulemaking would provide those Programs 5 years from final publication to accomplish this requirement.

This rulemaking also delineates 11 additional standards on Programs relating to accreditation, authorization to operate, systematic evaluation plans, curriculum, written policies, faculty, clinical agencies and notifications. Although the current regulations only enunciate one standard—the failure to meet the minimum pass rate—many of these newly enunciated standards were imbedded in other portions of the current regulations such that compliance with these standards will not impose any hardship on Programs but, at the same time, will provide additional transparency into the requirements. There are two exceptions—the addition of prohibitions on all Programs concerning multiple administrator turnover without Board approval within an academic year and engaging in fraud, deceit or misrepresentation specific to the Program. In particular, the latter is important given the recent Operation Nightengale investigation by the Federal Bureau of Investigation into fraudulent nursing programs.

Further, because Programs on provisional status fail to maintain standards, impacting both students and Programs, this rulemaking would also increase the Board's oversight on these Programs by requiring them to obtain approval prior to making alterations to the existing program, including adding practice locations, curriculum plans of study, delivery methods, cohorts or program options, enrollment increases and specialties or degrees. At the same time, the rulemaking would increase the panoply of restrictions on these Programs when deemed appropriate by the Board, including limiting or prohibiting class or cohort size, additional delivery methods, specialty or degree types or program sites, imposing clinical restrictions

and requiring programs on provisional status to submit additional reports. Currently, the Board's panoply of restrictions is limited and are not delineated in the regulations.

Concomitantly, this rulemaking would relax pre-approval requirements for existing Programs with full approval status by allowing these Programs to implement certain changes prior to the Board's review and approval. In addition, it would reduce the paperwork requirements on existing Programs that desire to add additional degree tracks or specialties by eliminating the need to provide redundant documentation included in the original application for approval.

Another new proposed provision is to increase the minimum admission requirements for RN and PN Programs and increase the educational requirements for administrators and faculty at all Programs. The increases to the minimum admission requirements ease the burden on Programs because students with this math and science education have a higher success rate on the licensure examination and have an easier time performing medication administration calculations and understanding basic science concepts thereby reducing the likelihood that the Programs fail to meet minimum standards and have to be placed on provisional status. In addition, this requirement should reduce the number of students who have to withdraw or fail out of the Program due to lack of preparation for the rigors of the curriculum. In some instances, Title IV funding is involved. The latter educational increases are consistent with national accreditation standards negating any impact associated with the increase. Additionally, as with the programmatic accreditation standard, in this proposal, administrators and faculty who do not meet the new requirements will have 5 years from final publication to obtain the required education.

Lastly, as is discussed further below, the Board proposes to include a reference to the PA-SUPPORT curriculum, a safe opioid prescription education curriculum approved by the Board under Section 5102 of the act of November 2, 2016 (P.L. 987, No. 126) (Act 124 of 2016), in the CRNP Program curriculum section and also the definitions.

#### Amendments to existing provisions

In addition to adding substantive provisions, the Board proposes to amend existing provisions impacted by these regulations. Specifically, the Board adds definitions for "comprehensive nursing assessment" and "advanced assessment" and concomitantly amends the definition of "focused assessment," to reflect the differences in the assessments conducted by licensed practical nurses (LPNs), RNs and CRNPs, replaces references to "IV" with "infusion" throughout to match current nomenclature, adds additional standards for LPNs, RNs and CRNPs to include their actions when specifically involved in nursing education, and corrects cross references to the new subchapter.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no applicable federal licensure standards.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

This proposal will not put Pennsylvania at a competitive disadvantage. All other states regulate nursing education programs; aside from New York where nursing education programs are regulated by the Board of Regents, boards of nursing regulate this education. Programs seeking to provide nursing education are required to apply to the Boards of Nursing wherein they must provide information on the rationale for and

details about the planned program, including its length, expected opening date, administrator and faculty qualifications, clinical agencies, curriculum plan and details about the relationship with the controlling institution including compatible philosophy and adequate fiscal, physical and clerical support. As such, Pennsylvania is not at a competitive disadvantage.

All states require that the controlling institution be accredited/approved. The Board is proposing adding programmatic accreditation of nursing programs. The following states require programmatic accreditation: Connecticut, Maine, District of Columbia, Delaware, New Hampshire, Rhode Island, Vermont and West Virginia (registered nurse only). Programmatic accreditation is not required in: Massachusetts, Maryland, New Jersey, New York, Ohio and West Virginia (practical nurse only). Not only is programmatic accreditation akin to what is statutorily mandated for many other professions, it enables Title IV funding for controlling institutions that may not qualify, leads to higher program pass rates, and enables seamless academic progression for AD and diploma graduates into baccalaureate degree Programs, enabling these nurses to achieve higher levels of education and thereby fill clinical and educational roles. Moreover, since 100% of the RN and CRNP Programs and 54% of the PN Programs currently maintain programmatic accreditation, and those without it will have 5 years to obtain the accreditation, this new requirement will not impose a significant burden on Programs and will not put Pennsylvania at a competitive disadvantage.

The current regulations require an 80% pass rate for RN and PN Programs. The proposed regulations add a minimum pass rate of 80% for CRNPs. All states require that professional and practical nursing programs maintain a minimum NCLEX<sup>®</sup> pass rate in order to move from an initial to full approval status. Although only two states require a minimum pass rate for CRNP Programs, to be consistent with the minimum pass rate requirement for RN and PN Programs, the Board has added a minimum pass rate for CRNP Programs. The Board has communicated with the CRNP certifying bodies and has confirmed that CRNP Programs can either receive certification examination pass rates for their Programs or review this information on certifying bodies' webpages enabling them to calculate their pass rates for first time test takers. Because the overall pass rates on the certification examinations are above the minimum threshold, Pennsylvania will not be at a competitive disadvantage with other states. Further, the addition of this requirement benefits both the Programs and the students as it is an indicia of quality.

Like Pennsylvania, some states, including Massachusetts, New Jersey and New York, do not reference or include a prescribed amount of simulation within their statutes or regulations, however, it is incorporated within the panoply of clinical experiences. Maryland, Maine, West Virginia, Ohio, Delaware, New Hampshire, Rhode Island and both West Virginia Boards include specific provisions regulating simulation in nursing education programs. The maximum amount of clinical hours that may be replaced by simulation hours ranges from more than 75% in Ohio to up to 50% in Delaware, Maryland, New Hampshire, Rhode Island, Maine, and West Virginia to as little as 25% in Vermont. Connecticut does not permit simulation to replace clinical hours. In states where simulation is proscribed, the faculty members must have specific knowledge and experience in conducting simulation experience and have a preplanned vetting process. In this proposal, the Board permits the use face-to-face simulation provided the planned experience meets the standards for simulation from a Board-recognized professional association. The lack of a cap puts the Pennsylvania at a competitive advantage over the aforementioned states. The inclusion of educational standards for simulation does not negate that advantage.

Like Pennsylvania, all states require infusion therapy education for practical nurses, however, they do not specifically have the same regulatory requirement for RNs. In this proposal, the Board adds infusion therapy education to the curricular requirements for RN Programs. Although this is a new regulatory requirement, infusion therapy education is currently included in the RN curriculum of Pennsylvania

Programs. Therefore, this technical addition has no impact on Pennsylvania's competitiveness with other states.

Massachusetts, New Jersey, Maryland, Maine, Ohio, Delaware, New Hampshire, Rhode Island, Vermont, and both West Virginia Boards require Programs to provide information to the Boards in Annual Reports and are required to receive pre-approval or report those changes to the Boards; Connecticut and Maine do not require the submission of Annual Reports. In this rulemaking, the Board liberalizes existing pre-approval requirements to permit Programs with full approval status to report enrollment increases and cohort additions in their Annual Reports as recommended by stakeholders. The new requirement that administrators update the Board on their progress toward degree completion in 21.933(a)(1), (b)(1) or (c)(1) and the Program's efforts to recruit qualified administrations in § 21.972(a) in their Annual Reports will not only keep the Board informed of the administrators' progress but will also be an annual reminder to the administrators and their Programs about the administrators' duties to complete the required degrees or recruit a replacement. The addition of this information will not put the Board at a competitive disadvantage with other states as the Reports are required and this requirement is not burdensome.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

This rulemaking will not affect other regulations of the Board or other state agencies. Of note, these regulations continue to require that Programs receive Pennsylvania Department of Education's (PDE) authorization to offer nursing education in the Commonwealth. Moreover, students who have not taken the math and science courses required in this rulemaking will be able to avail themselves of programs with the Department of Labor and Industry's (L&I) purview that provide this education at free or reduced costs.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Board discussed this regulation or information contained in this regulation at its meetings on: July 18, 2013, April 7, June 3, September 8, October 24, and December 5, 2014, January 22, April 8, May 12-13, June 25, July 28, October 26-27, and December 3, 2015, January 21, March 2, April 20, July 27, and September 16, 2016, July 25, September 12, and December 6, 2018, January 17, June 6, July 25, October 24, and December 5, 2019, January 24, July 22, and September 9, 2020, October 21 and December 9, 2021, January 27 and June 10, 2022, June 3, and July 20, 2023.

Initially, the Board only planned to amend the RN and PN Program regulations and sent an exposure draft of the proposal to stakeholders on July 30, 2014, after which the Board considered the comments of stakeholders. Upon further review, however, the Board determined that the CRNP Program regulations should also be included within this rulemaking as its requirements were fundamentally similar to those of the pre-licensure programs. On July 30, 2015, the Board sent another exposure draft of the regulations to pre-draft stakeholders. The list of pre-draft stakeholders is attached as Attachment A. The Board adopted an Annex, which included fees related to Programs, in proposed form on July 27, 2016. The Board then decided to excise the fees from the Annex and incorporate them in a separate a fee package, which was published in final form in 2019 at 49 *Pa.B.* 3891.

With the advent of the Pennsylvania Licensure System (PALS) and the Board’s review of its operational processes, information gleaned from the Board’s almost quarterly meetings with Programs on provisional status which reflected that additional standards and restrictions for failure to meet standards were needed, and updated information about the NCLEX® test plan and changes related to the Next Generation NCLEX® for RN and PN nurse applicants, the Board again reevaluated the proposal beginning at its September 12, 2018, meeting and amended the proposal. In addition to again receiving written pre-draft comment, the Board received oral input on the proposal from the regulated community at its meetings on June 3 and September 8, 2014, April 8 and October 27, 2015, January 17, June 6, and December 5, 2019, January 24, 2020, and June 5, 2023. A draft of the proposal was also made available to the public at the January 24, 2020, meeting and to stakeholders who received copies of the agenda by email prior to the meeting. The Annex was also publicly displayed during the June 3 and July 20, 2023, meetings.

Owing to the concern of stakeholders about the costs, including Title IV funding, and the availability of post-secondary programs to meet the Board’s planned requirement that RN and PN students complete a minimum math and science requirement prior to being admitted into a Program, the Board received presentations from L&I’s Bureau of Workforce Partnership Operations and the Director of L&I’s Apprenticeship and Training Office regarding apprenticeship opportunities as a pathway to bring diversity to licensure, its impact on nursing education, and alternative funding sources. As part of both presentations, the Board and stakeholders had an opportunity to ask questions and provide input. Immediately thereafter, stakeholders met with L&I representatives separately to address available options. Additionally, the Board had internal discussions with PDE regarding its approval processes and credit hour determinations. In light of those discussions and in order to reduce potential hardships on students and Programs, the Board decided to extend the timeframe to complete the coursework from pre-admission to pre-commencement providing students additional time to complete the deficient education and allowing them an opportunity to obtain Title IV funding. In addition, the proposed revision enables Programs to separately offer the courses or partner with other educational providers to provide the coursework. The Board adopted this Annex at its January 24, 2020, meeting but made additional revisions and adopted the amended Annex at its July 22 and September 9, 2020, meetings.

On June 30, 2021, the Deans of the Programs at the University of Pennsylvania, the University of Pittsburgh and Pennsylvania State University (collectively referred to as “the Deans”) requested an additional opportunity to comment on the Amended Annex and provided comments on August 6, 2021, about new §§ 21.901, 21.921, 21.923, 21.933, 21.941, 21.945, 21.946, 21.972, and 21.981. The Board discussed the recommendations with stakeholders at the October 21 and December 9, 2021, Board meetings, the Board provided a copy of the revised Annex and minutes from the December 9, 2021, regulation committee meeting to the Deans as well as all of the nursing education programs through eppiccNurse, the then-Program database, on January 7, 2022. The Board implemented some of the recommendations and relaxed other requirements and adopted the revised Annex at its January 27, 2022, meeting.

On June 10, 2022, the Board made an additional amendment to new § 21.944(b)(5) to reference the PA-SUPPORT curriculum, the approved opioid education curriculum necessitated by section 5102 of the act of November 2, 2016 (P.L. 987, No. 126) (Act 124 of 2016). The Board adopted the revised Annex at that meeting. On June 5, 2023, based upon comments that PAPNA raised at its April, 2023 meeting about the co-requirements for programmatic and controlling institution accreditation as it applies to PN Programs, the Board amended the accreditation provisions in §§ 21.916(a) and 21.921(14) and (15) and adopted the revised Annex. Finally, on July 20, 2023, the Board discussed changes necessitated by the revisions to the national accreditation standards and adopted the Annex.



(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

There are approximately 261 Programs in the Commonwealth broken down into 89 RN Programs, 57 PN Programs, and 115 CRNP Programs. Based upon the latest Annual Reports for the 2021-2022 academic year there are 6,913 faculty members and 28,432 students in Pennsylvania RN and PN Programs. Pennsylvania ranks fifth in the number of registered and practical nurse candidates that tested nationally. As of January 1, 2023, based upon responses from CRNP Programs there were at least 816 faculty members and 6,404 students in CRNP Programs.

RN education can be obtained through a DE-MSN, a BSN, an AD or a hospital-based diploma. The general length of the education ranges from 16-48 months. In Pennsylvania, there are two DE-MSN Programs, 45 BSN Programs, 27 AD Programs, and 15 hospital-based diploma Programs. They are housed within 47 colleges and universities, with 13 being approved to offer multiple degree types, 13 community colleges, and 14 hospitals. As documented in the NCSBN's 2023 Environmental Scan, nationally, there is a growing trend among students seeking to become registered nurses to acquire a BSN.

PN education can be obtained through AD, diploma and certificate programs. In Pennsylvania, there are 20 certificate Programs, 35 diploma Programs, 1 AD in specialized technology Program, and 1 AD in applied science Program. They are housed within 10 community colleges, 33 vocational and technical schools and 13 private licensed schools. The general length of the education ranges from 12-18 months.

Unlike RN and PN Programs that are approved by the Board per institution that houses the nursing Program, referred to as the controlling institution, CRNP Programs are approved by the Board per degree and particular clinical specialty area meaning that one controlling institution may have multiple CRNP Programs. In Pennsylvania, there are 39 BSN-DNP Programs, 74 PMC/MSN Programs, 1 PMC Program and 1 MSN Program at 31 colleges and universities of which there are 17 Adult-Gerontology Acute Care (AGACNP) approved Programs, 20 Adult-Gerontology Primary Care (AGPCNP) approved Programs, 39 Family Across the Lifespan (FNP) approved Programs, 8 Neonatal (NNP) approved Programs, 4 Pediatric Acute Care (CPNP-AC) approved Programs, 7 Pediatric Primary Care (CPNP-PC) approved Programs, 15 Psychiatric-Mental Health Across the Lifespan (PMHNP) approved Programs and 5 Women's Health/Gender Related approved Programs.

All of the 261 Programs in the Commonwealth will be affected by these regulations. Each will be required to comply with the controlling institution and programmatic accreditation requirements, the administrator and faculty qualification requirements, the standards for operating a program, including maintaining the minimum pass rate, submitting Annual Reports and providing notifications and/or seeking preapproval for program changes, and the inclusion of the infusion therapy education for RNs. Because many of these requirements have either been incorporated into current practice or are, or will be, part of programmatic accreditation standards, these regulations will not negatively impact Programs. The only exceptions may be the impact on Programs on provisional status and the 31 PN Programs who have yet to obtain programmatic accreditation. For Programs on provisional status, the Board's enhanced monitoring and reporting requirements will cause Programs to review their performance more regularly and, if there is a lack of improvement, Board restrictions could negatively impact the number of students in their Programs, however, this impact is necessary to create improvements. For the Programs who have yet to obtain programmatic accreditation, there will be an initial financial and recordkeeping impact, however, the benefits of programmatic accreditation to the Programs, including increased Title IV funding, higher pass

rates, and seamless academic progression for AD and diploma graduates into baccalaureate degree Programs, outweighs any negative impact.

According to the Small Business Administration (SBA), there are approximately 1.1 million businesses in Pennsylvania of which 99.6% are small businesses. Of the 1,099,158 small businesses, 226,511 are small employers (those with fewer than 500 employees) and the remaining 872,647 have no employees. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

Small businesses are defined in Section 3 of Act 76 of 2012, which provides that a small business is defined by the U.S. Small Business Administration's (SBA) Small Business Size Regulations under 13 CFR Ch. 1 Part 121. Specifically, the SBA has established these size standards at 13 CFR 121.201 for types of businesses under the North American Industry Classification System (NAICS). Nursing education programs are offered by the following types of businesses: colleges, universities and professional schools (611310), technical and trade schools (611519), junior colleges (611210), other educational entities (611710) and general hospitals (622110).

Applying the NAICS standards, colleges, universities, and professional schools are considered small businesses if they have 34.5 million or less in average annual receipts, technical and trade schools are considered small businesses if they have \$21 million or less in average annual receipts, miscellaneous schools and instruction are considered small businesses if they have \$16.5 million or less in average annual receipts, and general hospitals are considered small businesses if they have \$47 million or less in average annual receipts. For the most part, with the exception of private Programs, like Fortis, which is part of Educational Affiliates, or hospital-based diploma programs that are part of large health systems, like Geisinger and UPMC, most nursing education programs are considered small businesses.

In addition to the Programs themselves, faculty members and students will also be affected by this regulation. Students in a limited way via the admission requirement and faculty members by the qualification and Program review requirements. There are no fees imposed by the Board upon either of these groups. For students, the only direct affect will be the minimum admission requirement that students possess the requisite math and science education as a prerequisite to commencing a Program. That education can be obtained as part of a secondary education program, from a nursing education program or another education provider, including those recognized through Career Link. Health systems and institutions often have funding available for employees or may participate in Apprenticeship Programs and may even collaborate with Programs to provide education to students at reduced or no tuition.

For faculty members, including administrators, the Board's qualification requirements would affect faculty members who have not met the requirements. The costs to obtain the deficient education may be borne by the faculty member or the Program and would be based upon each particular faculty member's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. The enhanced education will make the faculty members more marketable, enhance their teaching abilities, and potentially lead to better outcomes for their students. As such, these regulations will not negatively impact Programs, faculty or students.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

Programs, faculty members and students will be required to comply with the regulations. There are 261 Programs in the Commonwealth broken down into 89 RN Programs, 57 PN Programs, and 115 CRNP Programs. Based upon the latest Annual Reports for the 2021-2022 academic year there are 6,913 faculty members and 28,432 students in Pennsylvania RN and PN Programs. Pennsylvania ranks fifth in the number of registered and practical nurse candidates that tested nationally. As of January 1, 2023, based upon responses from CRNP Programs there were at least 816 faculty members and 6,404 students in CRNP Programs.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The most significant fiscal impact of this proposal is the cost of obtaining programmatic accreditation as the fees for Program and course approval, other than the stand-alone infusion therapy course, were promulgated by the Board at 49 Pa.B. 3891 on July 27, 2019. Fees relating to accreditation will not kick in for at least five years as programmatic accreditation will not become effective until five years from publication of the final form regulation. Then, Programs have an additional five years to obtain the programmatic accreditation. Currently, 100% of RN and CRNP Programs and 46% PN Programs possess programmatic accreditation. As such, the costs of programmatic accreditation for the 31 PN Programs who do not already possess it will not be incurred for about six to eight years.

The costs for programmatic accreditation, for one Program ranges from \$7,750.00 to \$14,500.00 depending upon the accreditor selected regardless of the program type. The average annual fee once accreditation is achieved is \$2,500.00. ACEN™ charges an initial candidacy fee of \$2,500.00, an initial accreditation fee of \$1,250.00, a site visit fee of \$7,875.00 (consisting of \$875.00 for 3 peer evaluators for 3 days), a first accreditation fee of \$2,875.00, totaling \$14,500.00. Thereafter, the Program pays a one-time accreditation fee of \$1,250.00 and a site visit fee of \$7,875.00 (consisting of \$875.00 for 3 peer evaluators for 3 days). CCNE charges an evaluation fee of \$5,250 (consisting of \$1,750 for three evaluators) and a new applicant fee of at least \$2,500, depending upon the number of programs being accredited, totaling \$7,750.00. Thereafter the Program pays an annual fee of \$2,500.00. CNEA charges a pre-accreditation candidacy applicant fee of \$3,345.00, depending upon the number of programs being accredited, and an accreditation fee of \$7,300.00, totaling 10,645.00. Thereafter, the Program pays an annual fee of \$2,920.00.

As noted in the description for new § 21.916 in the preamble, the Board believes that the benefits outweigh the costs of requiring programmatic accreditation. Accreditation provides an indication of quality as it requires Programs to meet standards set by an independent peer-review board dedicated to nursing education. During a Board meeting when accreditation was discussed, the Hospital and Health System of Pennsylvania advised the Board that one benefit of programmatic accreditation for diploma programs is that it enables them to obtain Title IV funding for their students as their controlling institutions may not be accredited. ACEN™, for example is the pathway used by many private licensed and diploma programs as it is approved by the USDE to act as a Title IV “gatekeeper.” In addition to the benefits for Programs, as explained by other stakeholders from RN AD and PN Programs, programmatic accreditation facilitates articulation for AD and diploma graduates into BSN programs. Although the Robert Wood Johnson Foundation’s Initiative on the Future of Nursing (FON) recommended in 2011 that 80% of nurses should obtain a bachelor’s degree by 2020, nationally, it is anticipated that 66% of RNs will have a BSN by 2025. In 2018, nationally, 35% of AD and diploma educated nurses were obtaining a BSN, as reported by the FON. Seamless academic progression enables nurses to achieve higher levels of education allowing these nurses to fill clinical and educational roles.

A final benefit of accreditation, as articulated by another stakeholder, is higher program pass rates. Research conducted by Joanne Farley Serembus, Ed.D., R.N., CNE, of Drexel University, published in the January, 2018 *Journal of Nursing Regulation*, found that students who graduate from programs with nursing accreditation have a higher pass rate. ACEN™-accredited RN and PN Program pass rates for 2017, the last year of comparison, outstripped the NCLEX® Statistics average pass rates for the same period, for each program type: RN ACEN™ accredited baccalaureate programs achieved a 90% pass rate vs. an NCLEX® Statistics average pass rate of 88%, ACEN™ accredited AD programs achieved a 88%

pass rate vs. an NCLEX® Statistics average pass rate of 84%, ACEN™ diploma programs achieved a 91% pass rate vs. an NCLEX® Statistics average pass rate of 90%, and PN ACEN™ accredited programs achieved a pass rate of just over 90% vs. an NCLEX® Statistics average pass rate of 84%. There are no significant paperwork requirements associated with this rulemaking. New Programs currently apply for approval and provide almost identical information to that being required in new § 21.921. Additionally, Programs continue to file an Annual Report and provide almost identical information to that being required in new § 21.972.

For RN and PN students who did not obtain the math and science education required in new § 21.917(a) during their secondary education, they may incur costs associated with obtaining this education. These courses, which could total 7 credits, may be taken from Programs or other educational providers. The costs of this education vary by provider. These courses can be completed though a GED at approximately \$30 per subtest. Also, as the Board learned from L&I's Bureau of Workforce Partnership Operations education, provided by the Workforce Investment and Opportunity Act through Career Link and other programs, can be obtained to retrain persons with deficient education so that they could qualify for other career pathways at no charge to the learner. In addition, Individual Training Accounts could tailor training programs to meet an individual's needs. Programs may be eligible to provide the coursework and obtain reimbursement. However, if taken from a private or public educational institution the cost could range from \$200-\$1,000 per credit. The Board does not have data to determine the number of students or the number of credits that must be taken as it would be a student-specific determination based upon each student's individual high school education. The Board relies on its Programs to ensure that students are compliant with educational requirements.

As noted in the description for new § 21.917(a), the Board believes that the benefits of obtaining this education before commencing a nursing education program outweigh the costs of completing the coursework. There is a correlation between math and science preparedness and the ability to successfully complete a Program and pass the NCLEX®. Dr. Serembus noted that numerous studies of ways to improve NCLEX® first time pass rates have concluded that science grade point average is the most consistent predictor of program and NCLEX-RN® success. In addition, mathematics proficiency is key for medication calculations. Anecdotally, Programs on provisional status have repeatedly reported to the Board, when they appeared to discuss an extension of their provisional status, that one factor causing their low pass rates is the lack of student competence in math and science.

For administrators and faculty members who do not meet the qualification requirements in new §§ 21.933(a)(1), (b)(1), and 21.933(c)(1) and 21.934(a)(1)(i), (2)(i) and (3)(i), they would be required to complete education and/or experience. The costs associated with completing these requirements may be borne by the faculty member or the Program and would be based upon each particular faculty member/administrator's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. Additionally, there are scholarship opportunities available, including through the Foundation for Academic Nursing. The costs for each credit depend upon whether the institution is public or private and ranges between \$200-\$1,000 per credit. Master's degrees vary in credits but generally consist of a minimum of 30 credits while graduate degrees are often between 60-72 credits.

According to the 2017 Bureau of Health Planning, Division of Plan Development, Report on Nursing Education Programs in Pennsylvania, the last published Report, 99.9% of the then 4,342 RN faculty members and 773 PN faculty members met current faculty requirements or were working toward completing those requirements by 2022. On the 2021-2022 Annual Report, RN Programs reported that 86% of Program faculty have graduate degrees, 13% are working on graduate degrees and 1% have not

enrolled in graduate studies. For PN Programs, on the 2021-2022 Annual Report, 95% have BSNs or higher, 3% are working on BSNs or graduate degrees and 2% are not enrolled in further education. This information is not available for CRNP Programs. Like programmatic accreditation, administrators and faculty have five years to obtain the enhanced education.

Additionally, for the aforementioned reasons, this rulemaking would positively affect every citizen of the Commonwealth who receives care from those students/graduates of Commonwealth Programs.

There are no additional paperwork requirements on students. For faculty members, the administrator must include information on the faculty members' progression in the Program's Annual Report. This requirement assists Programs as it keeps the administrators regularly updated on faculty members' progress. Because the regulations currently require Programs to seek an extension of the 5-year timeframe for faculty to obtain the required education, Programs currently keep track of this information. The only change resulting from this information is that the administrator will have to provide information annually rather than just at the end of the five years. As such, there is no cost associated with maintaining this paperwork.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

This regulation updates and consolidates existing nursing education program regulations. In that the proposal is consistent with national nursing education standard as well as accreditation standards not only are there are no adverse effects of the regulation, but it will actually benefit the Programs, faculty, students and citizens of the Commonwealth who receives care from those students/graduates as the Programs and education will be enhanced where applicable. In addition, the regulations incorporate current Board practices and procedures putting new and affected Programs on notice about the Board's requirements and allow the Board to carry out its mission.

The cost of programmatic accreditation for those PN Programs who do not current hold this accreditation is outweighed by the Board's duty to license and regulate nursing education in the public interest as well as the benefits highlighted in #17. Similarly, the potential costs on students needing to obtain additional math and science education is negated by the benefit of being more prepared for nursing's science and math laden curriculum. Lesser prepared students result in more NCLEX® failures, student attrition, additional student remediation expenses, and lower Program pass rates resulting in more Programs being placed on provisional approval status. Additionally, Programs will be better able to distribute resources that are currently devoted to students' deficient math and science education to tutoring for specific nursing courses and NCLEX® preparation and additional clinical practice.

(19) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

For programs that possess programmatic accreditation, this regulation does not impose additional costs. Currently, 100% of the RN Programs and 100% of the CRNP Programs are accredited. The only anticipated new cost is for the 31 PN Programs who do not currently have programmatic accreditation. The costs for programmatic accreditation range from \$7,750.00 to \$14,500.00 plus an average annual fee, once accreditation is achieved, of \$2,500.00. As noted in #17, the programmatic accreditation costs for these 31 PN Programs will not become effective until five years from publication of the final form regulation. Then, Programs have an additional five years to obtain the programmatic accreditation. As

such, the costs of this accreditation will not be incurred for about six to eight years.

For students who have not completed the required math and science courses, these courses, that could total 7 credits, can be completed through a GED at approximately \$30 per subtest, as part of a retraining program through Careerlink at no cost, as part of an Individual Training Account or from a private or public educational institution ranging from \$200-\$1,000 per credit. The Board does not have data to determine the number of students or the number of credits that must be taken as it would be a student-specific determination based upon each student's individual high school education. The Board relies on its Programs to ensure that students are compliant with educational requirements.

For faculty members, including administrators, who meet the education requirements, this regulation does not impose additional costs. For those who do not meet the educational requirements, the costs may be borne by the faculty member or the nursing education program and would be based upon each particular faculty member/administrator's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. Additionally, there are scholarship opportunities available, including through the Foundation for Academic Nursing. The costs for each credit depends upon whether the institution is public or private and ranges between \$200-\$1,000 per credit. Although Programs have been required to keep track of this information, unless the Program has requested an extension of the 5-year completion requirement, the Board has not collected this information and cannot determine the number of faculty members who will have to obtain this additional education. Nonetheless, according to the 2017 Bureau of Health Planning, Division of Plan Development, Report on Nursing Education Programs in Pennsylvania, 99.9% of the 4,342 RN faculty members and 773 PN faculty members met current faculty requirements or were working toward completing those requirements within five years. On the 2021-2022 Annual Report, Programs reported that 86% of RN Program faculty have graduate degrees, 13% are working on graduate degrees and 1% have not enrolled in graduate studies. For PN Programs, on the 2021-2022 Annual Report, 95% have BSNs or higher, 3% are working on BSNs or graduate degrees and 2% are not enrolled in further education. This information is not available for CRNP Programs. Additionally, because the amount of education needed is faculty member specific, the Board cannot determine the number of credits needed to satisfy the new requirement. Master's degrees vary in credits but generally consist of a minimum of 30 credits while graduate degrees are often between 60-72 credits.

(20) Provide a specific estimate of the costs and/or savings to the local governments associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to local governments associated with compliance with the rulemaking.

(21) Provide a specific estimate of the costs and/or savings to the state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board will incur a minimal cost to revise its new and change application forms. The Board would incur no other increase in administrative costs by implementing the rulemaking as it currently reviews and approves nursing education programs. There are no other costs or savings to state government associated with implementation of the rulemaking.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

This rulemaking will not require significant additional recordkeeping, nor will there be any legal, accounting or consulting procedures required for implementation of the proposed rulemaking. The regulations do not require students or faculty to submit paperwork and Programs currently submit information to the Board as Proposals for new Programs and changes to those Programs in the Pennsylvania Licensure System, the successor for eppiccNURSE, the prior tracking system for Programs, or by letter depending upon the change requested.

At most, faculty who have not met education requirements will have to track the progression towards completion, however, because the regulations currently require Programs to seek an extension of the 5-year timeframe for faculty to obtain the required education, Programs currently keep track of this information. The only changes resulting from new §§ 21.934(b)(1) and 21.936(b)(1) are that the faculty will have to keep track of their progression toward degree completion and the administrator will have to provide that information to the Board in their Annual Reports rather than just at the end of the five years. This tracking can be done simultaneously or separately by both the faculty and the administrator.

There is no additional reporting or recordkeeping requirements related to Program closures because the only change is the addition of the requirement for a summary report in the regulations; Programs have been providing this report as part of the Board's current practice stemming from §§ 21.41, and 21.173, 21.364 (relating to discontinuance).

Finally, because programs in transition are so rare, the requirement to file a semi-annual update with the Board in § 21.922(b) is negligible.

(22a) Are forms required for implementation of the regulation?

No. The Board will use its existing forms as they are sufficient for implementation of this regulation. Programs currently submit proposals for new Programs, file notifications and applications for approval of changes. The Proposals include program-specific information about the controlling institution and its accreditor or approver, programmatic accreditor, curriculum, clinical sites, administrator and faculty qualifications, and policies.

(22b) If forms are required for implementation of the regulation, attach copies of the forms here. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.

The Board does not need to develop new forms as the existing forms posted on the Board's website are sufficient for implementation of this regulation. The link for nursing education programs is: (<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/Nursing-Education-Program-Forms.aspx>).

These forms include:



Application for Professional or Practical Pre-Licensure Nursing Education Programs (electronic form in PALS)  
 Nursing Education Budget Report  
 Table of Contents  
 Agency Data Form (electronic form in PALS)  
 Faculty Qualification Form (electronic form in PALS)  
 Faculty Completion of Regulatory Requirements (electronic form in PALS)  
 Application for Certified Registered Nurse Education Program (electronic form in PALS)  
 Application for Approval as a Provider of an infusion therapy education program (electronic form in PALS)  
 Infusion Therapy Faculty Qualification Form (electronic form in PALS)  
 Infusion Therapy Program Curriculum Checklist  
 Infusion Therapy Program Syllabus  
 Infusion Therapy Program Certificate  
 Infusion Therapy Program Invoice

Templates for the RN, PN and CRNP Annual Reports and other revised forms are attached as Attachment B.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year (24-25)	FY +1 Year (25-26)	FY +2 Year (26-27)	FY +3 Year (27-28)	FY +4 Year (28-29)	FY +5 Year (29-30)
<b>SAVINGS:</b>	\$	\$	\$	\$	\$	\$
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0
<b>COSTS:</b>						
Regulated Community	\$0	* See below	* See below	* See below	* See below	* See below
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	* See below	* See below	* See below	* See below	* See below
<b>REVENUE LOSSES:</b>						
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue Losses	\$0	\$0	\$0	\$0	\$0	\$0

\* As for student costs, the estimated costs for students to complete deficient math and science education depends upon whether the education can be completed through a GED test, as part of CareerLink retraining, as part of an apprenticeship or at a private or public college or university, ranging from \$0 in the first three options to \$1,000 in the latter option. The Board does not have data to determine the number

of students or the number of credits that must be taken as it would be a student-specific determination based upon each student’s individual high school education.

Programmatic accreditation does not become effective until 5 years from publication of the final-form regulation. Then, programs have an additional 5 years to obtain the programmatic accreditation. As such, the costs of this accreditation will not be incurred for about six to eight years. Based upon the most recent annual report, the Board estimates that 31 programs will need to acquire programmatic accreditation, which would result in a total cost of \$240,250-\$449,500.

Similarly, administrator and faculty educational requirements do not become effective until 5 years from publication of the final-form regulation. Then, there is an additional 5 years to obtain the enhanced education; therefore, there would not be any costs to report in the chart above which goes out to FY 28-29. The Board anticipates that approximately 1,700 RN and PN faculty members may require additional education. The estimated cost to faculty of about \$0 - \$1,000 per credit depends upon the number of credits of education that the faculty member is deficient, whether there is any scholarship or grant monies available for the education and where the education is completed.

(23a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3 (2021-2022) (actual)	FY -2 (2022-2023) (actual)	FY -1 (2023-2024) (estimated)	Current FY (2024-2025) (budgeted)
State Board of Nursing	\$17,023,926.37	\$17,918,736.82	\$18,844,000.00	\$19,973,000.00

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

(a) Almost all Programs are considered “small businesses” as that term is defined by the Regulatory Review Act and the SBA. Faculty members and students, while required to comply with the regulations, are not small businesses. As of June 30, 2023, there are 261 Programs in the Commonwealth broken down into 89 RN Programs, 57 PN Programs, and 115 CRNP Programs. Most of the Programs would likely be categorized as small businesses.

(b) As indicated in the answer to question 22 of the RAF, there are only negligible projected reporting, recordkeeping or additional administrative costs required to comply with these regulations as any reports or records are currently required.

(c) For Programs who do not hold programmatic accreditation, the probable effect is increased review and analysis of the Program and completion of the accreditation self-study and review process. For

faculty who work for the Programs and who do not meet the educational requirements, the probable effect is the obtainment of additional education or being replaced with faculty who meets the requirements. For Programs and faculty who meet the requirements, there will be negligible effect.

- (d) Given the benefits of accreditation, qualified faculty, fewer programs on provisional status associated with higher NCLEX<sup>®</sup> pass rates and more proficient nursing practice, the Board did not consider any less intrusive methods of regulation. The Board considered requiring all Program administrators to hold additional advanced degrees but chose the less restrictive alternative of requiring a degree above the one granted to graduates given the impact on Programs, especially PN Programs. This less restrictive alternative should reduce the costs to Programs, most of whom are small businesses.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

The Board has determined that there are no special needs of any subset of its applicants or licensees for whom special accommodations should be made.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

In the definition of “examination year” in § 21.901, the Board considered, based upon a comment from a pre-draft stakeholder, changing the examination year from the October 1<sup>st</sup>-September 30<sup>th</sup> timeframe to a cohort of test-takers who tested during the first six months from completion of a Program, similar to the timeframe used by the Ohio State Board of Nursing. The concern for the Board was that a six-month timeframe would only give the Board a snapshot of a Program’s performance rather than a cumulative evaluation of all graduates within the Program and would reduce remediation for students not passing the NCLEX<sup>®</sup>. Therefore, the Board did not change the examination year.

In the definition of “minimum pass rate” in § 21.901, the Board, based upon a request by a stakeholder, considered but rejected reducing the minimum pass rate from 80% of first-time test takers within a given examination year as it is the standard applied by the majority of states. The Board’s rationale for setting a minimum pass rate and specifically selecting 80% as that rate was enunciated in the Preamble to §§ 21.33, 21.33b, 21.162 and 21.162b published in the *Pennsylvania Bulletin* at 38 *Pa.B.* 344 (January 19, 2008) and 39 *Pa.B.* 2103 (April 25, 2009). According to responses on a 2022 NCSBN Member Board Profiles Education survey, 39 of the 52 Boards of Nursing calculate their pass rates based upon first-time test takers during an examination year and 70% utilize the same minimum pass rate of 80% to evaluate Programs. The Board also considered, but rejected, the recommendation of a stakeholder that each Program be permitted to set the level of pass rate akin to the ACEN<sup>™</sup> accreditation standard. The Board noted that despite ACEN<sup>™</sup> making Programs responsible to set their expected level of achievement, ACEN<sup>™</sup> requires the same 80% pass rate of first-time test takers as the Board. Additionally, allowing Programs to set their own pass rate would result in varying standards to be applied by the Programs possibly even within cohorts. In light of these factors, the Board proposes to retain the 80% minimum pass rate for first-time test takers during an examination year.

The Board discussed whether to limit the amount of time that a Program may be on provisional status in new § 21.911 but ultimately decided not to do so. First, there is no scientific evidence that one timeframe

is preferable over another. Second, no other state includes such a limit. Third, the Board believes that the restrictions on provisional Programs throughout the regulations provides the Board with sufficient oversight over the Program.

New § 21.912(e) addresses the length of time that a Program may be on provisional status. In promulgating this regulation, the Board considered, based upon a comment from a pre-draft stakeholder, extending the timeframe within which a Program can be on provisional status to three or more years before an extension must be requested. The current two-year timeframe ensures early intervention with Programs experiencing difficulty and emphasizes the development of a plan to ensure improvement so that the Programs on provisional status can be returned to full approval status. In the Board's experience, requiring Programs to seek an extension of provisional status after two years heightens the attention on the Program by both the controlling institution and the Program. At the same time, the Board is cognizant that there is a correlation between the length of the Program and the time it takes to correct the deficiencies. Accordingly, the Board proposes in new subsection (e) to permit a Program to remain on provisional status for the length of the full-time Program before having to seek an extension. Under this provision, a BSN-DNP Program would be permitted to remain on provisional status about three to four years before seeking an extension, a MSN Program would be permitted to remain on provisional status about one to two years before seeking an extension, a BSN Program would be permitted to remain on provisional status for about four years before seeking an extension, an AD Program would be permitted to remain on provisional status for about two-three years before seeking an extension, and a diploma Program would be permitted to remain on provisional status for about 24-36 months before seeking an extension.

The Board discussed the inclusion of a minimum retention standard in Proposed § 21.915 but decided not to include one. Proponents suggested that such a requirement would end Programs' admission of unqualified students who Programs anticipate, even upon acceptance, would not be able to meet the rigors of Programs or pass the licensure examinations. However, others suggested that that a minimum retention standard would reduce a Program's student diversity pool. Stakeholders also advised that retention is not always attributed to academic failures but may be due to family obligations or health conditions.

The Board considered a ten-year timeframe for implementation of the requirement for programmatic accreditation in new § 21.916 when it began discussing these regulations, however, in this regulation, the Board opted for a five-year implementation timeframe. The Board has discussed the requirement for programmatic accreditation at either Board meetings or at Pennsylvania Association of Practical Nursing Administrators (PAPNA) meetings such that the PN Programs have had an opportunity to learn and prepare for programmatic accreditation. At least three additional program have obtained programmatic accreditation within the last two years. Excluding those on initial Board approval, 46% (26 of 57) of PN Programs hold programmatic accreditation by ACEN or CNEA according to the NCSBN's 2020 Survey. Additionally, the benefits of programmatic accreditation, including being eligible for Title IV funding, easier articulation with higher degree programs and increased Program NCLEX® pass rates, explained in the Preamble, are worthy of an earlier implementation date.

As part of its discussions about accreditation/approval for both the controlling institution in § 21.917, the Board considered the full panoply of options, including only requiring programmatic accreditation, not requiring that either be accredited, only requiring U.S. Department of Education (USDOE) accreditation for the controlling institution and removing Joint Commission accreditation for PN Programs. In the Board's view, accreditation for degree granting institutions assures the public of educational quality and holds all controlling institutions to minimum standards.

In § 21.917(a)(1), the Board considered eliminating the requirements that the degree granting RN Programs possess regional accreditation, and unless state chartered, Pennsylvania Department of Education authorization to grant an academic degree based upon comments from a pre-draft stakeholder

that regional accreditation for the controlling institution is unnecessary since the Board is also requiring programmatic accreditation under new § 21.916. Also, requiring controlling institutions to possess academic degree granting authority could restrict the types of Programs that private licensed schools may offer. Nonetheless, in 2020, the USDOE amended its regulations at 34 CFR 602.3 to remove the distinction between regional and national accreditation on the grounds that USDOE holds all accrediting agencies to the same standards. In light of the USDOE's justification, in § 21.917(a)(1)), the Board chose to accept accreditation bodies recognized by the USDOE for the controlling institution for RN Programs. Additionally, the Board chose to incorporate the requirement for PDE academic degree granting authority as it assures more seamless articulation in that it allows graduates of AD and diploma Programs to progress to BSN and advanced academic degree Programs. Without the combined accreditation and PDE academic degree granting authorization, the Board is concerned that graduates of RN Programs could potentially hold a terminal non-academic degree and would not be able to continue their nursing education without obtaining an academic degree from another controlling institution. To eliminate that concern, proposed subsection (a) clarifies that the controlling institution for RN Programs must be accredited by bodies recognized by the USDOE, approved by the Board and authorized by PDE to grant a DE-MSN, BSN or AD in professional nursing.

While the Board would have preferred to similarly require that PN Programs' controlling institutions be accredited by a USDOE accrediting agency, stakeholders have advised that many of the private licensed schools as well as some career-technical schools are only authorized to operate by PDE. Therefore, the Board distinguishes between the requirements for RN and PN Programs' controlling institutions in subsections (a)(1) and (b)(1) and simply requires that PN Programs be currently authorized by PDE to award at a minimum a diploma or certificate in practical nursing via a community college, university and public school district and vocational education programs. Nonetheless, the Board believes that programmatic accreditation, effective 5 years from publication of this regulation in final form, as provided in § 21.916(a) and (b), will eliminate any gap resulting from the lack of USDOE accreditation as this requirement is incorporated within programmatic accreditation.

In new § 21.918, stakeholders requested that the Board remove the requirement in subsection (a) that the Program's minimum admission requirements meet the requirements for the controlling institution on the grounds that requiring Programs to be consistent with the controlling institution would require burdensome checking on the part of Programs and would stymie Programs' creativity in designing educational pathways. The Board chose not to remove this requirement since the academic degree is conferred by the controlling institution, not the Program.

In § 21.918(a)(1), the Board considered requiring that students complete a minimum of a high school diploma or its equivalent and have completed two courses in mathematics, with one being in Algebra, and two courses of physical science with a related lab or the equivalent prior to being admitted into a Program. The Board was advised by stakeholders, however, that such a requirement would result in a significant decrease in PN Program applicants, as this is not the current standard, impacting nursing shortages, because a significant number of students have not had this education, especially students who did not complete an academic track, students whose education did not include a laboratory requirement and older learners who are returning to school. Additionally, since the prerequisite courses would not be included in the 1500-hour content requirement for PN Programs, the length of a PN Program would increase. The Board was also advised that additional prerequisites may impact accreditation.

In order to avoid these outcomes but still assure that students begin their nursing education with the necessary prerequisites, the Board, after numerous discussions with stakeholders, agreed that students may be admitted into a Program before meeting the requirements but cannot commence the Program until the

requirements are met. The Board learned from L&I's Bureau of Workforce Partnership Operations that there are services, including education, provided by the Workforce Investment and Opportunity Act through Career Link and other programs to retrain persons with deficient education so that they could qualify for other career pathways. In addition, Individual Training Accounts could tailor training programs to meet an individual's needs. Further, RN and PN Programs may be eligible to provide the coursework and obtain reimbursement. Owing to the concerns for non-traditional students, the Board agreed to add the equivalence of a high school diploma to subsection (a)(1).

As part of the math and science commencement pre-requisite, the Board also discussed a stakeholder's suggestion that the Board permit admission or aptitude testing, like the Kaplan Nursing Admission Assessment, the Health Education Systems Incorporated, the Assessment Technology Institute or the PSB Aptitude Test to determine candidate suitability for admission. The Board chose not to implement this suggestion because, while these instruments may assess some level of foundational knowledge, and that differs based upon the instrument, in the Board's view they cannot replace broad spectrum primary instruction in PDE-established math and science courses.

In new § 21.921(b), the Board initially considered a 15-month timeframe from the intended admission of students for the submission of new program application documentation, however, based upon a suggestion from stakeholders, the Board reduced the submission date to 12 months and replaced the intended admission of students with the first advertisement of the Program. While this timeframe is earlier than the eight months currently required for RN Programs in § 21.51(c)(4) and the six months currently required for PN Programs in § 21.172(b)(1), in the Board's experience, Program proposals involve lengthy staff review and often require revisions before they are voted upon by the Board at regularly scheduled meetings. After the Board vote, Programs may advertise and recruit new students and following a facility review may admit students into the Program. Additionally, the 12-month timeframe is consistent with the one required for CRNP Programs in § 21.365(c)(1). Further, while the Board proposes lengthening the time timeframe when a Program must submit a proposal to the Board, it proposes shortening the minimum timeframe in which the administrator and faculty must be employed by the Program in subsection (c). Current § 21.51(c)(3) and (5) require that that RN Programs employ an administrator at least one year before the admission of students and faculty at least one term prior to the commencement of classes. Current § 21.172(b)(1) and (2) requires that PN Programs employ an administrator six months prior to the intended admission date of students and faculty members at least one month prior to the initiation of their teaching responsibilities. Current CRNP Program regulations do not prescribe minimum hiring dates. The Board believes that a combination of these provisions is appropriate. Given the extra time required for submission of a proposal to the Board in new § 21.921(b), assuring that the Program will be fully developed, coupled with the fact that many administrators are not involved in Program development, the Board believes that for the Programs economically, six months is an acceptable minimum timeframe for the hiring of an administrator. Similarly, the Board believes that the proposed timeframe of at least one term prior to commencement of classes for faculty hiring provides faculty members with sufficient time to onboard with the controlling institution and Program as well as prepare for their upcoming teaching assignments.

In new § 21.921(b)(1), the Board initially proposed reiterating the requirements in §§ 21.51(c)(1)(i), 21.172(b)(4)(i) and 21.365(c)(1)(i) that applicants for approval of a Program submit statistical data on potential applicants, employers and faculty to support the need for the Program in the geographical area of the Program. Based upon comments from stakeholders who noted that Programs attract students throughout the county, the Board eliminated the requirement that the data be limited to the geographical area. Additionally, based upon a stakeholder suggestion, the Board added the requirement for data about the availability of clinical sites and, as applicable, preceptors.

In new § 21.921(b)(12), the Board initially desired that Programs include formal contracts with clinical agencies in their proposals so that the Board could evaluate whether the clinical agency could accommodate the number of planned students and whether the planned clinical experience matched the area being taught. Stakeholders advised the Board that having the contracts in advance of Board approval would be a hardship for both the Program and the clinical agencies given the lag time between submission of the proposal and student obtaining their clinical experiences. They recommended that the Board accept agreements, even in letter form, as is commonly done for CRNP Programs, from the clinical agencies granting access to the Program's students and identifying the maximum number of clinical spaces, the average daily census of the agency and the anticipated teacher-to-staff ratio. The Board concurred and inserted this requirement. The Board believes that this information is critical for Programs as they develop student clinical experiences, especially in specialty areas like pediatrics, obstetrics, psychiatry and geriatrics.

In new § 21.921(b)(16), the Board proposed that Programs develop a plan to enter into at least one articulation agreement with a degree granting institution with at least equivalent standards if it confers less than a bachelor's degree. Stakeholders recommended that the Board remove the equivalence standard because they consider it burdensome. The Board has chosen not to incorporate this recommendation because despite the articulation agreement, applicants must still meet the statutory educational requirements for licensure in this Commonwealth. Failure to assure that the standards of the Programs are equivalent could give the applicant the false belief that the Board will also automatically accept that education.

In formulating new § 21.921(e), the Board considered conducting a facility review of a new RN or PN Program before the application went to the Board for approval rather than after the Board votes to approve. The Board decided that since it receives pictures/plans for the facility with the application and because there are instances where the Board tables the application for additional information or denies the application, it is more time efficient to conduct the review after Board approval. Because their reviews can be done virtually given the documentation originally submitted, they are conducted shortly after the approval. The Board has chosen not to incorporate this requirement for CRNP Programs because their controlling institutions underwent a facility review for their existing prelicensure Programs.

In formulating new § 21.923(f), the Board and stakeholders discussed whether to include curriculum review, identification of gaps in curriculum and recommendations for curriculum changes to faculty organization responsibilities. Stakeholders were concerned that this responsibility may not be completed by faculty organizations for all controlling institutions. Nonetheless, because the faculty have such intimate knowledge of the curriculum, the Board decided, and therefore proposes in new subsection (g)(4) that faculty organizations' responsibilities should include reviewing the curriculum, developing a process to identify and measure gaps in the curriculum and recommend changes. Even in controlling institutions where these tasks are performed by other committees, the Board believes that it is critical for the evaluation and changes to be originally driven by faculty members who understand the curriculum, the NCLEX<sup>®</sup> and associated Test Plan and Practice-Analyses and reports generated from NCLEX<sup>®</sup> data. In addition, these responsibilities are consistent with the Standards of the National Task Force (NFT) on Quality Nurse Practitioner Education (6<sup>th</sup> Edition, 2022) which requires that the faculty to design, review, revise and evaluate the curriculum to maintain current relevancy and meet national standards.

In new § 21.925, the Board considered requiring all programs to report all changes to the Board and in most instances requiring preapproval prior to implementing the changes. Stakeholders recommended that Programs with full approval status be permitted to report all changes to existing Programs, including administrative structure, faculty, clinical agencies, and the addition of cohorts on their Annual Reports.

The Board agreed that for Programs with full approval status, some of this information could be included in the Annual Report, like enrollment and attrition information, but others would require Board notification or Board approval as outlined in this section. Even then, based upon this recommendation, the Board determined that an existing program would not have to provide documentation previously provided unless there are changes to the information in that documentation or degree types and specialties. The Board chose not to implement the stakeholders' suggestion about clinical sites and faculty approval since the turnaround time to approve faculty is very quick and the Board tracks where faculty members work in order to monitor whether the faculty member meets the education requirements. Similarly, for clinical sites, which are also approved quickly, the Board assures that the Programs have sufficient clinical experiences for their students. Whether changes to course content or instruction in paragraph (7) requires merely notification or pre-approval depends upon the criteria in new § 21.946(a) and (b).

To meet its desire to liberalize requirements for Programs with full approval status, for the addition of degree types or certifications, like adding a PN AD to an existing PN certificate, an RN BSN to an existing RN AD, an DE-MSN to an RN BSN, a CRNP DNP to an existing CRNP MSN within the same specialty or adding a psychiatric mental health Program where the controlling institution has a existing adult health across the lifespan Program adding another specialty, new § 21.925(f)(1) would require the filing of a new proposal, but at the stakeholders' request, less documentation would have to be submitted. The Board agreed that in these instances it would not be necessary to provide a sample job description for the administrator and the faculty, copies of policies and procedures, the systematic evaluation plan or a process to evaluate the resources, as specified in subsection (f)(1)(iv). Rather than providing a statement about the Program's congruence with the controlling institution's mission, goals and learning outcomes, as specified in subsection (f)(1)(iii), it would be sufficient to provide a statement regarding the congruence with the new Program's learning outcomes. Similarly, instead of providing clinical agency agreements and a description of facilities and resources, the Program would only need to provide a statement that the new Program can accommodate the additional students, as specified in subsection (f)(1)(iv). Lastly, instead of providing the whole curriculum, proposed subsection (f)(1)(v) would only require Programs to provide an amended curriculum plan, amended syllabi and a statement about changes to the nursing courses. Subsection (f)(2) and (3) would clarify that an additional facility review is not required for a new scope of practice, degree type or certification specialty and that upon the Board's vote to approve, the addition is added to the Board's approved list posted on the Board's website. Where there are no changes to the curriculum, degree types or certification specialties and there is just a change to a new location necessitating new faculty and clinical agencies, the Board proposes in new subsection (g) that the Program submit an application for approval along with the fee and an attestation.

During pre-draft input on new § 21.932, a stakeholder recommended that the Board specifically add a financial aid advisor and a secretary to the required complement of Program staff. To accomplish that objective, the Board proposes adding subsection (e) which would require that the Program to have support staff including administrative, library, admissions, financial aid, academic counseling, student services, technological and dedicated clerical support. Unlike dedicated clerical staff, the Board believes that a financial aid advisor can be shared with other non-nursing discipline within the controlling institution.

In new § 21.933, the Board initially considered requiring the same minimum qualifications for the administrator of RN and PN Programs because the responsibilities are the same, however, stakeholders suggested that the qualifications should be based upon the degree and completion document being awarded. Owing to the concerns of the stakeholders that such a requirement could lead to a shortage of faculty for PN Programs, the Board determined that the educational requirements for administrators of RN Programs for the first five years from promulgation of the regulation should track current requirements in 21.71(b)(1) and (2) and proposed in new § 21.933(a)(1)(i) that the administrators of RN baccalaureate



degree Programs have at least one graduate degree in nursing and an earned doctoral degree. The Board also proposes in new § 21.933(a)(1)(ii) that the administrator of RN AD or diploma Programs have at least one graduate degree in nursing. To ease the burden on Programs, the Board proposes in § 21.933(a)(1)(iii) to give current administrators of all RN Programs five years from the date of publication to hold at least one graduate degree in nursing and an earned doctoral degree or have obtained a doctoral degree within five years of appointment. The Board believes that this timeframe adequately balances the Board's desire to enhance educational requirements to meet national standards with the cost and time associated with obtaining the additional education. The Board chose not to require that the doctoral degree also be in nursing as a degree in education, research or public health would be valuable to an administrator as would a doctoral degree in nursing.

In new § 21.933(d), based upon requests from stakeholders, the Board proposes expanding the length of time that an interim administrator may serve in that capacity. Also in that subsection, the Board proposes retaining the initial one-year timeframe contained in §§ 21.71(b)(3) and 21.365(b) but permitting Programs to seek and receive an extension of that timeframe following a demonstration by the Program that it has exhausted all efforts at hiring an administrator who meets the requirements of this section.

In promulgating new § 21.934(a), the Board considered requiring both RN and PN Program faculty to hold a minimum of a master's degree as the necessary education and faculty responsibilities should be the same regardless of the program type. However, the Board was persuaded by stakeholders from PN Programs who explained that a significant number, in some cases more than half, of the PN faculty hold BSNs, rather than a master's degrees, and use the time teaching in a PN Program as an opportunity to "test the waters" before obtaining a master's degree. They also advised that many of the PN Program faculty also maintain a clinical practice in addition to their teaching responsibilities. Owing to the concern that a master's degree requirement for PN Program faculty would result in a PN Program faculty shortage, the Board proposes that faculty educational requirements be tied to the type of program with RN Program faculty earning a minimum of a graduate degree and PN Program faculty earning a minimum of a bachelor's degree.

In promulgating new § 21.934(b), the Board considered whether faculty should be required to complete the education requirements within five years. Some stakeholders argued that eliminating exceptions eliminates good instructors. Other stakeholders requested the Board to remove any exception as it dilutes the qualification requirements. While the Board does not desire to eliminate or extend the five-year timeframe generally, the Board appreciates that like for administrators in new § 21.933(d(2)), there may be circumstances that warrant an extension. Owing to those extraordinary circumstances, the Board proposes adding new § 21.934(b)(1) which requires Programs to demonstrate that they have exhausted all efforts to hire qualified faculty and new paragraph (2) which clarifies that the deficient education would have to be completed within five years unless the Board grants a limited extension.

Stakeholders requested that the provisions relating to curriculum and program content in new §§ 21.941 and 21.942 be condensed into broad categories that reflect the dynamic changes necessary to prepare nurses for licensure. The Board has chosen not to implement this recommendation because regulations are not broad evolving categories, rather, they are prescriptive and alert licensees and students to what is required of them.

In new § 21.941(a)(5), stakeholders requested that the Board remove the requirement that a course syllabus include instructors, course schedule, attendance requirements, and make-up work and that weekly outlines be shortened so as to provide Programs with more flexibility. The Board concurred and removed those items from mandatory inclusion on the syllabus. Both attendance requirements and make-up work can be

included in the Student Handbook.

The Board considered capping the amount of clinical experience that can be achieved via simulation in new § 21.945(e) due to its belief that in-person direct clinical experience is necessary in order to properly prepare nursing students for practice and the costs associated with setting up a simulation experience. However, the Board was concerned that such a cap would result in an arbitrary determination and would not properly consider the availability of varied clinical experiences. Despite the Board's value of in-person "live" experience, the Board understands that at times clinical placements, for example, in maternity and psychiatry, are difficult, if not impossible, to secure. In addition, simulation enables students to study complications that may not be seen as part of a clinical experience. Because, as found in NCSBN's National Simulation Study, which reviewed prelicensure student outcomes where simulation was substituted for up to 50% of the clinical experience, there is no discernable difference in pre-licensure knowledge and clinical performance between students using 10% or less, 25% or 50% of simulation experience, the Board has not capped the amount of face-to-face simulation a Program can utilize.

Like the comment for a shortened process for Programs on full approval in § 21.925, stakeholders recommended that Programs on full approval status be permitted to make curricular changes prior to approval in § 21.946(b). The Board agreed that Programs who meet the following five requirements may make the changes in advance of approval provided the Board is notified of the changes 90 days prior to planned implementation: the Program has full approval status, holds programmatic accreditation, has an active faculty committee and an institutional review committee that reviews curriculum recommendations and actively engages in a review of the systematic evaluation plan. The Board concurs that permitting these changes to be implemented prior to Board-approval would enable Programs to implement changes more quickly. The Board also concurred with stakeholders that any changes required by the Board not be implemented until the next academic year. Both stakeholders and the Board wanted to ensure that changes would not have to be implemented during the middle of an academic year.

At the suggestion of stakeholders, the Board incorporated "physiological, psychosocial, demographic, developmental, and historical data" into the definitions of "comprehensive assessment" and "advanced assessments" in §§ 21.1 and 21.251.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

- a) & b) All Programs are required to comply with the regulations. The Board did not consider less stringent reporting requirements or deadlines for small businesses but included future deadlines to permit Programs and faculty to complete the requirements of accreditation and education.
- c) There are no compliance or reporting requirements that could be consolidated or simplified.

- d) The regulations do not contain design or operational standards that need to be altered for small businesses.
- e) To exclude any Programs, faculty or students from the requirements contained in the rulemaking based on the size of the business would not be consistent with the Board's mission to regulate nursing education in this Commonwealth

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

### Curriculum

[The Essentials: Competencies for Professional Nursing Education \(aacnursing.org\)](#)

[BaccEssentials08.pdf \(aacnursing.org\)](#)

[QSEN Competencies | QSEN](#)

[Graduate QSEN Competencies | QSEN](#)

[NTF Standards - National Organization of Nurse Practitioner Faculties \(NONPF\)](#)

[ntfs\\_faq\\_2022\\_.pdf \(ymaws.com\)](#)

[ACEN 2023 Standards and Criteria – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[NONPF NP Role Core Competencies - National Organization of Nurse Practitioner Faculties \(NONPF\)](#)

[CCNE Procedures for Accreditation \(aacnursing.org\)](#)

[Summary-Major-Revisions-to-2018-Standards.pdf \(aacnursing.org\)](#)

[Standards for Accreditation of Baccalaureate and Graduate Nursing Programs \(aacnursing.org\)](#)

[Microsoft Word - DNP Essentials Final 10-06.doc \(aacnursing.org\)](#)

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[Education | NCSBN](#)

[Nursing Education Programs in Pennsylvania, Data from 2013 Nursing Education Program Annual Reports \(pa.gov\)](#)

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[2023 RN Test Plan English FINAL.pdf \(nclex.com\)](#)

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[21 NCLEX PN PA.pdf \(ncsbn.org\)](#)

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[Infection Control | CDC](#)

[Principles of Epidemiology | Lesson 1 - Overview \(cdc.gov\)](#)

[nursing-judgment-final.pdf \(nln.org\)](#)

[Curriculum \(pa.gov\)](#)

[Postsecondary & Adult Education \(pa.gov\)](#)

[INS Learning Center: Fundamentals of Infusion Therapy \(ins1.org\)](#)

[About Us | Institute For Safe Medication Practices \(ismmp.org\)](#)

[Patient Safety Authority - Safe healthcare for all patients](#)

[Education: Consensus on Nursing Education Regulatory Quality Indicators: A Delphi Study | NCSBN](#)

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## Accreditation

[2023 Standards and Criteria Program Guideline and Resources – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[Request an Initial or Continuing Accreditation Site Visit – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[Search ACEN Accredited Nursing Programs \(acenursing.com\)](#)

[ACEN-2023-Program-Guidelines.pdf \(acenursing.org\)](#)

[Cover Page \(acenursing.org\)](#)

[ACEN Accreditation Manual – Policies – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[ACEN 2023 Standards and Criteria – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[Candidacy-Presentation-Written-Report-Instructions-August-2022.pdf \(acenursing.org\)](#)

[Candidacy - Jira Service Management \(atlassian.net\)](#)

[ACEN Accreditation Manual – Policy 3 – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[2023 Schedule of Fees Domestic – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[Commission Actions – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[Requests for an ACEN Certificate of Accreditation – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[Evidence-based Nursing Education Program Approval | NCSBN](#)

[Board of Nursing Approval of Registered Nurse Education Programs - Journal of Nursing Regulation Accredited Programs | NLN CNEA](#)

[APPLY | NLN CNEA \(eligibility criteria\)](#)

[APPLY | NLN CNEA \(pre-accreditation candidacy application cycles and deadlines\)](#)

[Microsoft Word - 2023 NLN CNEA accreditation fees \(cdn-website.com\)](#)

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[CNEA+Standards+October+2021.pdf \(cdn-website.com\)](#)

[CNEA Substantive Change Form 04\\_23.pdf \(cdn-website.com\)](#)

[CCNE Accreditation \(aacnursing.org\)](#)

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[Baccalaureate & Graduate Nursing Program Application Process \(aacnursing.org\)](#)

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[Nursing Education Pathways \(aacnursing.org\)](#)

[Commission on Collegiate Nursing Education \(aacnursing.org\) \(nursing education programs\)](#)

[Commission on Collegiate Nursing Education \(aacnursing.org\) \(CRNP\)](#)

[Commission on Collegiate Nursing Education \(aacnursing.org\) \(entry to practice\)](#)

[Frequently Asked Questions \[FAQs\] – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[ACEN 2023 ACCREDITATION MANUAL – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[ACEN 2023 Standards and Criteria – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[2023 Schedule of Fees Domestic – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[2023 Standards and Criteria Program Guideline and Resources – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[2023 Program Guidelines - ACEN Resources \(acenursing.org\)](#)

[ACEN Recognition Renewed by the USDE – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

[ACEN Position Statement Related to Graduate Nursing Education Programs – Accreditation Commission for Education in Nursing \(acenursing.org\)](#)

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Fact Sheets (aacnnursing.org)

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National Council of State Boards of Nursing | NCSBN

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Web addresses are contained in Attachment C.

(29) Include a schedule for review of the regulation including:

- A. The length of the public comment period: 30 days from publication.
- B. The date or dates on which any public meetings or hearings will be held: The proposal was discussed at public Board meetings from 2014 through 2023, excluding mid-2016 and 2017 and 2021. No specific date has been scheduled for future discussions. The Board holds regularly scheduled meetings and considers public comment at those meetings. A schedule is provided in item (30) below.
- C. The expected date of delivery of the final-form regulation: Winter of 2025
- D. The expected effective date of the final-form regulation: Upon publication as final except for §§ 21.916(a) and (b), 21.933(a)(1)(iii), (b)(1) and (c)(1) and 21.934(a)(2)(i), (3)(i), and (b) which become effective five years from publication.
- E. The expected date by which compliance with the final-form regulation will be required: Upon publication as final except for §§ 21.916(a) and (b), 21.933(a)(1)(iii) and (b)(1) and (c)(1) and 21.934(a)(2)(i), (3)(i), and (b) which become effective five years from publication.
- F. The expected date by which required permits, licenses or other approvals must be obtained: N/A

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board regularly evaluates the effectiveness of its regulations. Additionally, the Board regularly

reviews requests by licensees and members of the public to amend its regulations causing the Board to evaluate the regulations' impact and necessity. The Board reviews all regulatory proposals at regularly scheduled meetings. The Board will meet on the following dates in 2024: December 12 and the following dates in 2025: January 22, March 6, April 16, June 5, July 16, September 4, October 15, and December 4, 2025. More information can be found on the Board's website (<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/default.aspx>).

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Stevens & Lee - Robert Archibald [rca@stevensless.com](mailto:rca@stevensless.com)

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Cindy Campbell - 519 Sandel Road, Winfield, PA 17889

Mary Ann Cegielsky - 431 W. Oak Street, Shenandoah, PA 17976

IRRC - Arthur Coccodrilli - 14th Floor, Harristown 2, 333 Market Street, Harrisburg, PA 17101

Belinda Curry - 591 W. Main Street, Apt 1, Bloomsburg, PA 17815

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Margie Eckroth-Bucher - 312A Thomas Road, Bloomsburg, PA 17815

Judy Egly - 304 W. Academy Street, Hughesville, PA 17737

Chris Evans-Rook - 984 Liberty Valley Road, Danville, PA 17821

Pat Falkowski - 380 East South Street, Wilkes-Barre, PA 18702

Susan B. Fetterman - 35 Sandy Stone Drive, Orangeville, PA 17859

Michelle Ficca - 35 Camelton Hill Road, Danville, PA 17821

Professional Nursing Resources Inc. - Christine Filipovich - 3969 Green Street, Harrisburg,  
PA 17110

Lynn S. Freeze - 90 VanSant Road, Danville, PA 17821

Cynthia Gallagher - 1616 W. Walnut Street, Coal Township, PA 17866

Marianne Gursky - 408 Leisure Loop, Milford, PA 18337

Sharon Haymaker - 31 Sandy Stone Drive, Orangeville, PA 17859

Dawn Hobbs - 267 Lampman Street, Avoca, PA 18641

Karen Kaskie - 1468 SR 890, Paxinos, PA 17860

PA Council of Operating Room Nurses – Donna Klinger - 816 E. Cypress Street, Palmyra, PA 17078

Armstrong Hospital – Susan McDougal, RN MSN - One Nolte Drive, Kittanning, PA 16057

Joan Miller - 11 Heather Hills, Danville, PA 17821

Kathleen Pagana - 1244 Crestfield Drive, Williamsport, PA 17701

Pat Porter - 436 Bear Gap Road, Elysburg, PA 17824

Intravenous Nurse Society – Vicki Quaid - 6109 Catherine Street, Harrisburg, PA 17112

Arthur F. Richer - 3408 2nd Street, Bloomsburg, PA 17815

PA State Board of Nursing - Colleen Rosborough - 2601 North 3rd Street, PO Box 2649, Harrisburg, PA 17110

Deb Sanders - 4 West 5th Street, Bloomsburg, PA 17815

PA Assoc Medical Staff Services – Sherry Shadduck - Hamot Medical Center, 201 State Street, Erie, PA 16550

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Kelly Shultz - 342 Fairmont Drive, Watsonstown, PA 17777

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Brenda Wards - 7 Greenbriar Dr., Milton, PA 17847

Licensed Practical Nurses Association of Pennsylvania - Genovia Williams - 1500 N. Second Street - 2nd Floor, Harrisburg, PA 17102

American Assoc. of Neuroscience Nurses - 4700 Lake Avenue, Glenview, IL 60025-1485

# **ATTACHMENT B**

# DRAFT—RAF #22a

STATE BOARD OF NURSING  
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HARRISBURG, PA 17105-2649

PHONE (717)783-7142  
FAX (717)783-0822  
[www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)  
Email: st-nurse@pa.gov

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## Application for a Professional or Practical Pre-licensure Nursing Education Program

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The requirements for establishment of an RN or PN Program are contained in Section 21.921 of the Board's regulations with additional information contained in Sections 21.931-21.936 (administrative and instructional personnel), 21.941-21.943 and 21.945-21.947 (curriculum), 21.951-21.952 (facilities and resources), 21.961 (policies) and 21.971-21.973 (records) of the Board's regulations. Applications must be submitted to the Board no later than 15 months prior to the intended admission date of students. The Administrator must be appointed no later than 6 months prior to the intended admission date of students and faculty must be appointed no less than one term prior to the commencement of teaching.

### GENERAL INSTRUCTIONS:

1. For purposes of this application, the Provider is the controlling institution that awards the degree/diploma/certificate. For private licensed programs, the Provider and the Nursing Education Program may be the same.
2. For purposes of this application, the Contact Person is the author of the proposal and with whom the Board will communicate on behalf of the Provider. The Contact Person and the Program Director may be the same.
3. A separate application must be submitted for each program type.
4. A separate application must be submitted for each additional location beyond the one(s) approved by the Board. If content (curriculum, policies etc.) requested on the template form(s) is unchanged from the Board approved program indicate that on the form in the section where the related attachment is requested. Do NOT attach a copy of the previously approved materials. **If a fee is required for the additional location, it will be determined following the review of your submission.**
5. At the time the application is submitted, the Program must either identify the Administrator, Nursing Faculty and Allied Faculty or detail the qualifications required for these positions provided that the regulations do not require that the positions are filled.
6. All applications must be reviewed by the Board at a regularly scheduled meeting. Applications will be placed on the agenda once the application is complete and any deficiencies have been corrected.

### FEES:

- The **\$2,195.00 application fee** is non-refundable and must accompany the application.
- Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

### FORMAT:

- Where citations are required, use established citation format. For example, Author, S. P. (Year of publication). *Title of work: Capital letter also for subtitle.* Location: Publisher.

- Submit the original and three copies of the application and attachments.
- Submit attachments on 8x11 size paper, double-spaced and single-sided.
- Number every page consecutively including the page dividing each attachment.
- Do not tab, staple, bind, or clip pages.
- Do not abbreviate or use acronyms.
- Do not shade or highlight.

ATTACHMENTS:

The following documents must be labeled and attached with this application:

- Attachment 1: Provider's Philosophies and Objectives
- Attachment 2: Provider's Organizational Chart depicting the relationship with the Nursing Education Program
- Attachment 3: Provider's Letter of Commitment to the Nursing Education Program
- Attachment 4: Provider's Pennsylvania Department of Education Approval
- Attachment 5: Nursing Education Program's Philosophies and Objectives
- Attachment 6: Nursing Education Program's Organizational Chart
- Attachment 7: Nursing Education Program's Nursing Faculty Policies on:
  - Personnel
  - Nursing Faculty Orientation
  - Nursing Faculty Responsibilities
  - Nursing Faculty Development
  - Nursing Faculty Organization Governance and Minutes
  - Nursing Faculty Record Management
  - Faculty Replacement of Equipment Policy
- Attachment 8: Nursing Education Program's Student Policies on:
  - Student Admission and Selection
  - Student Advanced Standing and Transfer
  - Student Health Program
  - Student Immunization
  - Student Absence
  - Student Counseling and Guidance
  - Student Financial Aid
  - Student Refund Policy Governing Fees and Tuition
  - Student Rights
  - Student Grievance
  - Student Record Maintenance and Retention
  - Student Record Access
  - Student Progression/Grading
  - Student Retention
  - Student Dismissal

- Attachment 9: Student and Nursing Faculty Handbooks
- Attachment 10: Curriculum Plan by Semester – **(Complete & attach Template A)**
- Attachment 11: Simulation Program Plan – **(Complete & attach Template B)**
- Attachment 12: Syllabi **(Submit all syllabi in Format Template E)** for all Courses on the Curriculum Plan to include:
  - Hours of instruction broken down into didactic, clinical, laboratory and simulation hours
  - Faculty member’s name and credentials
  - Course name and number
  - Course pre- and co-requisites
  - Clock Hours/Credit to be awarded
  - Course description
  - Course objectives
  - Learning outcomes
  - Course content outline per week
  - Required and recommended textbooks/references
  - Standards of nursing practice
  - Required technologies, including technology support
  - Methods of course delivery (lecture, discussion boards, online)
  - Assessment tools and methods including the grading matrix and final course average
- Attachment 13: Clinical Agency Information – **(Complete & attach Template C)**
- Attachment 14: Written Agreements or Letters of Intent for each Clinical Agency identified
- Attachment 15: Systematic Evaluation Plan. An organized, continuous analysis of all nursing education program components, such as curriculum, Nursing Faculty, facilities, policies and outcome measures, that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.
- Attachment 16: Sample Nursing Faculty and the Student Evaluations
- Attachment 17: Facility and Resource Plan. Describe the planned office, instructional and administrative facilities, clinical laboratories, library facilities and resources, as well as equipment for the Nursing Education Program. Attach drawings or pictures of the planned space.
- Attachment 18: Administrator’s CV and transcripts. The CV shall detail the Administrator’s experience practicing and teaching, including the courses taught and the number of years teaching, and administering/operating an education program.
 

**RN PROGRAMS-BACCALAUREATE DEGREE ONLY**-If the Administrator does not possess an earned doctoral degree also include a plan to complete the doctoral degree within 5 years.

**RN PROGRAMS-ASSOCIATE DEGREE ONLY**-The Administrator must hold at least one graduate degree in nursing. On or after \_\_\_\_\_ (five years from publication of the final form regulation), the Administrator of an RN Program—Associate Degree must hold at least one graduate degree in nursing and an earned doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment.

**PN PROGRAMS ONLY**- The Administrator must hold a baccalaureate degree, preferably in nursing, with experience in the areas of nursing practice, nursing education and administration. On or after \_\_\_\_\_ (five years from publication of the final form regulation), the Administrator of a PN Program must hold at least one graduate degree in nursing or have a specific plan for completing graduate degree in nursing within five years of appointment.
- Attachment 19: Work history for each Nursing Faculty member.
 

**RN PROGRAMS** - If the nursing faculty member does not possess a minimum of a master’s degree, also include a plan to obtain the master’s degree.

**PN PROGRAMS** - If the Nursing Faculty member does not possess a baccalaureate degree, also

include a plan to obtain the baccalaureate degree.

- Attachment 20: Work history for each Allied Faculty member.
- Attachment 21: 5-Year Projected Nursing Faculty to Student Complement Per Year and Term – **(Complete & attach Template D)**
- Attachment 22: 5-Year Budget Projection of Financial Viability. An excel spreadsheet setting forth the details required for the five-year budget projection is available on the Board's website. **(Complete & attach the Completed Budget Spreadsheet)**

**STATE BOARD OF NURSING**  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

PHONE (717)783-7142  
email [St-nurse@pa.gov](mailto:St-nurse@pa.gov)  
[www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)

**APPLICATION FOR A PROFESSIONAL OR PRACTICAL PRE-LICENSURE NURSING EDUCATION PROGRAM**

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**Provider Information:**

Provider:

Provider's Name: \_\_\_\_\_

Provider's Mailing Address: \_\_\_\_\_

Provider's Physical Address: \_\_\_\_\_

Provider's Telephone Number: \_\_\_\_\_

Provider's Website Address: \_\_\_\_\_ Web Link to the Provider's Catalogue: \_\_\_\_\_

Provider's Accreditor/Approver:

Regional Accrediting Agency       Joint Commission       Pennsylvania Department of Education

Other \_\_\_\_\_

Pennsylvania Department of Education Approval Date: \_\_\_\_\_

**Nursing Education Program:**

Date of Proposed Program Implementation: \_\_\_\_\_

Nursing Education Program's Name: \_\_\_\_\_

Nursing Education Program's Mailing Address: (if differs from the Provider's Mailing Address)

\_\_\_\_\_

Nursing Education Program's Physical Address: \_\_\_\_\_

Type of Nursing Education Program proposed:  RN       PN

Degree/Diploma proposed:

**RN PROGRAMS ONLY:**

Associate degree       Baccalaureate degree       Diploma

Full-time       Full-time       Full-time  
 Part-time       Part-time       Part-time



Other \_\_\_\_\_  
\_\_\_\_\_ Full-time  
\_\_\_\_\_ Part-time

**PN PROGRAMS ONLY:**

\_\_\_\_\_ Diploma/Certificate      \_\_\_\_\_ Vocational/Technical      \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Full-time                              \_\_\_\_\_ Full-time                              \_\_\_\_\_ Full-time  
\_\_\_\_\_ Part-time                              \_\_\_\_\_ Part-time                              \_\_\_\_\_ Part-time

Nursing Education Program’s Intended Admission Date of Students: \_\_\_\_\_  
This date cannot be earlier than 15 months prior to the submission of the Proposal.

Nursing Education Program’s Anticipated Accreditor:    \_\_\_\_\_ACEN    \_\_\_\_\_CCNE    \_\_\_\_\_CNEA

Other \_\_\_\_\_

Anticipated Date of Accreditation: \_\_\_\_\_

Policies:

Are the faculty and student policies of the nursing education program at least equal to those of the provider’s other programs?    \_\_\_\_\_ Yes    \_\_\_\_\_ No (Explain) \_\_\_\_\_

**Contact Person Information:**

Contact Person’s Name: \_\_\_\_\_

Contact Person’s Physical Address: \_\_\_\_\_

Contact Person’s Telephone Number: \_\_\_\_\_

Contact Person’s Email Address: \_\_\_\_\_

**Education Information:**

**Rationale for the Planned Nursing Education Program Development:**

Provide State and Local Workforce quantitative data that explains the need for the planned education program. Cite all references in APA format.

Curriculum plan by semester (Complete and Attach Template A)

**PN PROGRAMS ONLY** - Total program length in months. \_\_\_\_\_  
*The minimum number of months is 12.*

Cite the specific national educational standard(s) used for curriculum development. *Examples of curriculum development standards include Keating, Billings, Bloom's Taxonomy and NCLEX Test Plan.*

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**Faculty Information:**

**ADMINISTRATOR**

Have you identified an Administrator for this program?

*(The title Administrator refers to the Administrator of an RN Program or the Nurse Director or Nurse Coordinator of a PN Program.)*

- Yes - Go directly to Identified Administrator questions
- No - Go directly to Minimum Qualifications for the Administrator questions unless it is less than six months from the intended admission of students. An Administrator must be employed no later than six months from the intended admission date of students.

Identified Administrator:

Administrator's PA Temporary Practice Permit/License Number: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_

Administrator's Education: \_\_\_\_\_

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree(s) and Year Awarded: \_\_\_\_\_

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree(s) and Year Awarded: \_\_\_\_\_

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree(s) and Year Awarded: \_\_\_\_\_

Administrator's Appointment Status: \_\_\_\_\_ Interim      \_\_\_\_\_ Permanent

Administrator's Telephone Number: \_\_\_\_\_

Administrator's Jurisdiction of Licensure: \_\_\_\_\_

Administrator's Clinical/Functional Specialization(s):

\_\_\_\_\_ Medical-Surgical \_\_\_\_\_ Obstetrics \_\_\_\_\_ Pediatrics \_\_\_\_\_ Psychiatric \_\_\_\_\_ Community

\_\_\_\_\_ Other \_\_\_\_\_

Administrator's Employment Status: \_\_\_\_\_ Part-time      \_\_\_\_\_ Full-time      \_\_\_\_\_ Contract/Per-diem

Administrator's Area(s) Teaching Responsibility:

Medical-Surgical \_\_\_\_\_ Obstetrics \_\_\_\_\_ Pediatrics \_\_\_\_\_ Psychiatric \_\_\_\_\_ Community

Other \_\_\_\_\_

Administrator’s Date of Appointment:

*The Administrator of an RN or PN Program must be employed within six months of the intended admission date of students.*

Minimum Qualifications for the Administrator:

**PN PROGRAMS ONLY-** If the Administrator does not possess a graduate degree in nursing also include a plan to obtain the graduate degree in nursing within 5 years

**RN PROGRAMS—***The Administrator of an RN Program—Baccalaureate Degree must have at least one graduate degree in nursing and an earned doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment. The Administrator of an RN Program--Associate Degree must have at least one graduate degree in nursing. On or after \_\_\_\_\_ (five years from publication of the final form regulation) the Administrator of an RN Program—Associate Degree must hold at least one graduate degree in nursing and an earned doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment. Administrators of all RN Programs must also hold either a PA RN temporary permit or a license and have experience in nursing practice, nursing education and administration. Detail the Program’s minimum qualifications for its Administrator, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.*

**PN PROGRAMS-***The Administrator of a PN Program must have earned a baccalaureate degree, preferably in nursing, and if not a graduate degree, a specific plan for completing a graduate degree by \_\_\_ (five years from publication of the regulation in final form), and have experience in nursing practice, nursing education and administration. Detail the Program’s minimum qualifications for its Administrator, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.*

Detail the minimum qualifications for the Nursing Education Program Administrator for this Program.

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## **NURSING FACULTY MEMBERS**

Have you identified Nursing Faculty for this program?

- Yes – Go directly to Nursing Faculty Information
- No - **RN PROGRAM ONLY** – Go directly to Minimum Qualifications for Nursing Faculty. Remember: RN Faculty must be identified within three months of the intended admission date of students.

- No - **PN PROGRAM ONLY** – Go directly to Minimum Qualifications for Nursing Faculty. Remember: PN Faculty must be identified within three months of the intended admission date of students.

Nursing Faculty Member's PA Temporary Practice Permit/License Number: \_\_\_\_\_

Nursing Faculty Member's Name: \_\_\_\_\_

Nursing Faculty Member's Education: (Include all Nursing Education Programs Attended Starting with the most recent)

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree and Year Awarded: \_\_\_\_\_

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree and Year Awarded: \_\_\_\_\_

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree and Year Awarded: \_\_\_\_\_

Program Name:

\_\_\_\_\_

City/State:

\_\_\_\_\_

Degree and Year Awarded: \_\_\_\_\_

Nursing Faculty Member's Jurisdiction of Licensure:

\_\_\_\_\_

Nursing Faculty Member's Clinical/Functional Specialization(s):

\_\_\_\_\_ Medical-Surgical \_\_\_\_\_ Obstetrics \_\_\_\_\_ Pediatrics \_\_\_\_\_ Psychiatric

\_\_\_\_\_ Community

\_\_\_\_\_ Other

\_\_\_\_\_

Nursing Faculty Member's Employment Status: \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Contract/Per-diem

Nursing Faculty Member's Area(s) Teaching Responsibility:

\_\_\_\_\_ Medical-Surgical \_\_\_\_\_ Obstetrics \_\_\_\_\_ Pediatrics \_\_\_\_\_ Psychiatric  
\_\_\_\_\_ Community  
\_\_\_\_\_ Other

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Nursing Faculty Member's Date of Appointment:

\_\_\_\_\_

Nursing Faculty Member's Title/Position:

\_\_\_\_\_

Nursing Faculty Member's Start Date:

\_\_\_\_\_

Add a separate attachment for additional Faculty Members.

Minimum Qualifications for the Nursing Faculty

***RN PROGRAM ONLY*** - The RN Nursing Faculty must have at least one graduate degree in nursing or have a specific plan for completing graduate preparation within five years of appointment, hold either a PA RN temporary permit or a license and have expertise in their area of instruction.

***PN PROGRAM ONLY*** - The PN Nursing Faculty must have earned a baccalaureate degree, preferably in nursing, with additional preparation for teaching nursing, hold either a PA RN temporary permit or a license and have experience and skill in nursing practice.

Detail the minimum qualifications for the Nursing Education Program Faculty for this Program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLIED FACULTY**

*(Allied Faculty Members are those without a degree in nursing but who hold at least one graduate degree in a subject area pertinent to their area of teaching. Allied faculty teach basic sciences or specialized areas of health practice.)*

Have you identified Allied Faculty for this Program?

- Yes – Go directly to Allied Faculty Information

- No - Go directly to Minimum Qualifications for Allied Faculty. Remember: All Allied Faculty must be employed at least one term prior to commencement of classes.

Allied Faculty Member's PA License Number, **if applicable**:

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Allied Faculty Member's Name:

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Allied Faculty Member's Education

Program Name:

---

City/State:

---

Degree and Year Awarded: \_\_\_\_\_

Program Name:

---

City/State:

---

Degree and Year Awarded: \_\_\_\_\_

Program Name:

---

City/State:

---

Degree and Year Awarded: \_\_\_\_\_

**Allied Faculty Member's Jurisdiction of Licensure:**

---

Allied Faculty Member's Clinical/Functional Specialization(s):

---

Allied Faculty Member's Area(s) Teaching Responsibility:

---

Allied Faculty Member's Title/Position:

---

Allied Faculty Member's Start Date:

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Add a separate attachment for additional Allied Faculty.

Minimum Qualifications for the Allied Faculty

*(Allied Faculty members must have at least one graduate degree in a subject area pertinent to their area of teaching.)*

Detail the minimum qualifications for the Allied Faculty for this program.

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**I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I also verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration or the denial/restriction of the approval to be a nursing education program.**

**Signature of Program Application Contact Person: \_\_\_\_\_ Date:**

\_\_\_\_\_



**Provider Name:** \_\_\_\_\_

**Template A  
CURRICULUM PLAN BY SEMESTER**

**Semester I:**

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

**Semester II:**

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

**Semester III:**

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

**Semester IV:**

Course and Title	Term	Type and hours of instruction				Total # hours of instruction	
		Didactic	Clinical	Lab	Sim	Clock	Credit
						Total	Total

**TOTAL NUMBER OF HOURS** \_\_\_\_\_

(ALL SEMESTERS)                      Didactic                      Clinical                      Lab      Sim                      Clock hours                      Credit

**Provider  
Name** \_\_\_\_\_

—

**TEMPLATE B**  
Simulation Program Plan

Cite the specific standard(s) used to develop the simulation program.

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Describe the resources, including Nursing Faculty, budgetary, facility and equipment, for the simulation program.

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Describe the specific scenarios unique to each course.

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Describe the evaluation methods including the debriefing process.

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**Provider Name** \_\_\_\_\_

—

**TEMPLATE C**  
**CLINICAL AGENCIES**

*Clinical agencies are settings across the continuum of care wherein students engage with live patients to obtain clinical experience. Attach a written agreement or letter of intent for each of the clinical agencies identified indicating a positive commitment to the program and the availability of sufficient resources to meet the educational requirements of the program. The agreements/letters must identify the maximum number of clinical spaces and the anticipated teacher-student ratio.*

Name of site & Address	Census of Agency Unit	Population breakdown (infant, child, adult, elderly)	Type of Experience (Med-Surge, OB, PEDS, Mental Health, Rehab)	Related Course Name & Number	Faculty member assigned as supervisor

**Provider Name** \_\_\_\_\_

**Template D  
5 YEAR PROJECTED FACULTY TO STUDENT COMPLEMENT PER YEAR AND TERM**

	Projected student enrollment		Projected faculty complement		Faculty/Student Ratio	
	New	Continuing & Returning	Full Time	Part Time	Didactic	Clinical
<b>YEAR 1</b>						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
<b>YEAR 2</b>						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
<b>YEAR 3</b>						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
<b>YEAR 4</b>						
(Fall)						
(Winter)						
(Spring)						
(Summer)						
<b>YEAR 5</b>						
(Fall)						
(Winter)						
(Spring)						
(Summer)						

**Provider Name** \_\_\_\_\_

**Template E**

**SYLLABUS FORMAT**

<b>PCT103</b>	<b>Electrocardiograph Technique &amp; Application</b>	<b>48 Total Hours</b>	<b>3.0 Quarter Credits</b>	<b>24 Lecture Hours 24 Laboratory Hours</b>
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**COURSE TITLE:** ELECTROCARDIOGRAPH TECHNIQUE & APPLICATION

**PREREQUISITE:** AHC101 Introduction to Health Careers; BI0101 Anatomy & Physiology 1

**INSTRUCTOR:** TBA

**COURSE SCHEDULE:** Classes are scheduled between 8:00 AM and 10:00 PM, weekdays (dependent upon day or evening sessions)

**COURSE LENGTH:** 24 lecture hours / 24 lab hours / 3.0 Quarter Credits

**COURSE OVERVIEW:** Acquiring a deeper understanding of the cardiovascular system and how it functions, students practice basic electrocardiograph patient care techniques, applying legal and ethical responsibilities. Students learn the use of medical instrumentation, electrocardiogram theory, identification of and response to mechanical problems, recognition of cardiac rhythm and response to emergency findings.

**COURSE OBJECTIVES:** Upon successful completion of this course, the student will be able to:

1. Define the key terms associated with electrocardiographs.
2. Describe the cardiac cycle and the conduction systems that controls the cardiac cycle.
3. Describe the electrocardiogram.
4. Maintain equipment for safety and accuracy; identify and eliminate or report interference and mechanical problems.
5. Identify the basic equipment and supplies required for electrocardiography.
6. Demonstrate proper lead placement.
7. Describe and demonstrate the step-by-step procedure for obtaining an EKG and use documentation skills to identify electrocardiographs.
8. Calculate rate and identify rhythms.
9. Recognize a cardiac emergency as seen on the EKG.

**MEDIA, TEXT & RESOURCE REQUIREMENTS:**

Cohn, E. & Gilroy-Doochan, M. (2002): Flip and See ECG, 2<sup>nd</sup> Edition Saunders Elsevier Publishing.

Young, A., et al. (2006): Kinn's The Medical Assistant, an Applied Learning Approach, 9<sup>th</sup> edition. Text & Workbook: Saunders (Elsevier) Publishing.

**INSTRUCTIONAL STRATEGIES:**

This course combines lecture instructions with lab application. Instructional strategies include lecture, demonstration, discussion, practical application, simulation and presentations.

**COURSE OUTLINE\***

1. Review Anatomy and Physiology of Cardiovascular system; cardiac cycle, conduction pathways; role of the ECG Aide; purpose of Electrocardiograms.
2. Terminology, equipment and supplies required for ECG.
3. ECG Instrumentation; lead placement and vectors.
4. Normal ECGs, calculating rate, introduction to rhythms.
5. Patient preparation for ECG tests; finding the heartbeat, taking an ECG

6. Naming rhythms, types of rhythms, clues to identifying rhythms.
7. 25 common dysrhythmias
8. Charting ECGs
9. Reading ECGs
10. Recognizing interference, loose leads and other malfunctions
11. Recognizing, responding to, reporting emergency situations
12. Review & Final Exam.

\* Session Course Outline may change as needed, and shall be determined by the instructor. Content shall not change, and if so, students shall be given prior notice. However, depending on the term, the course breakout in sessions per week may vary, but all contact hours shall be met within the term, and within the class schedule parameters.

Make-up sessions may be scheduled during hours other than the regularly-scheduled meeting times, including breaks and weekends.

## GRADING REQUIREMENTS:

Final grades will be determined as follows:

<u>GRADE BREAKDOWN</u>		<u>GRADE SCALE</u>		
Quizzes	20%	100-90	A	4.0
Tests	25%	89-80	B	3.0
Lab Assignments	30%	79-70	C	2.0
Final Exam	<u>25%</u>	69 & Below	F	0.0
	100%			

## ATTENDANCE REQUIREMENTS:

It is important for the school to be notified when a student is not able to attend class. It is the student's responsibility to inquire about make-up work for both classroom lectures and laboratory sessions.

Tardiness and/or absence from any part of a class/lab will constitute a partial absence. A total of three partial absences will constitute a full absence.

For further information on the attendance policy, consult the current edition of the MedVance Institute catalog and applicable student handbook.

## MAKE-UP WORK:

It is the student's responsibility to inquire about make-up work for both classroom and laboratory sessions. The instructor will not re-teach material, therefore there is no charge for make-up work. For information regarding make-up work, please consult the current edition of the catalog and applicable student handbook.

## INSTRUCTOR RESPONSIBILITIES:

1. At the beginning of each course, the instructor will provide a course syllabus to each student in the class.
2. The instructor will evaluate each student's participation, assignments, assessments and projects based on the grading criteria published in the syllabus.
3. Accurate records of each student's attendance and grades will be maintained by the instructor, and retained at the campus. Attendance will be reported at the conclusion of each class meetings; course grade averages will be reported at the mid-term and final weeks, as a minimum.
4. Unannounced quizzes and special projects may be given at the instructor's discretion.

## STUDENT: TEACHER RATIO

For information on maximum class capacity and student to teacher ratio for lecture and laboratory courses, please consult the current edition of the catalog.

<b>PCT103</b>	<b>Electrocardiograph Technique &amp; Application</b>	<b>48 Total Hours</b>	<b>3.0 Credits</b>	<b>24 Lecture Hours 24 Laboratory Hours</b>
---------------	---	-------------------------------	------------------------	---

**Schedule:** 48 hours presented 8 hours per week x 6 weeks.

## Texts:

Cohn, E. & Gilroy-Dooan, M. (2002): Flip and See ECG, 2<sup>nd</sup> Edition Saunders Elsevier Publishing.

Young, A., et al. (2006): Kinn's The Medical Assistant, an Applied Learning Approach, 9<sup>th</sup> edition. Text & Workbook: Saunders (Elsevier) Publishing.

Week Hours	Session Topic	Resources	Assignments
Week 1 Hours: 1-8	<b>Lecture 6 hours Lab 2 hours</b> Introduction to course, materials, publication & review of syllabus; review Anatomy and Physiology of Cardiovascular system; cardiac cycle, conduction pathways; role of the ECG Aide, purpose of Electrocardiograms. Discuss terminology associated with ECGs, demonstrate equipment and supplies required for ECG; orientation of ECG exam room/lab.	Text, lab instruction, lab equipment & supplies	<b>Assignments:</b> Class notes, participation in lab activities; read Kinn's Chapter 46.
Week 2 Hours 9-16	<b>Lecture 4 hours Lab 4 hours</b> Explain ECG Instrumentation; demonstrate lead placement and discuss/explain vectors; practice lead placement. Explain & view normal ECGs; demonstrate calculating rate, introduce rhythms. Practice calculating rate.	Text, lab instruction, lab equipment & supplies	<b>Assessments:</b> vocabulary quiz/test <b>Assignments:</b> Class notes, participation in lab activities; read Cohn's assigned chapters.
Week 3 Hours 17-24	<b>Lecture 6 hours Lab 2 hours</b> Describe patient preparation for ECG tests; finding the heartbeat, taking an ECG. Practice ECGs. Naming rhythms, types of rhythms; clues to identifying rhythms.	Text, lab instruction, lab equipment & supplies	<b>Assignments:</b> Class notes, participation in lab activities; read Cohn's assigned chapters.
Week 4 Hours 25-32	<b>Lecture 1 hour Lab 3 hours</b> Describe 25 common dysrhythmias; practice ECGs. Explain and demonstrate charting ECGs; practice ECGs.	Text, lab instruction, lab equipment & supplies	<b>Assessments:</b> rhythms quiz <b>Assignments:</b> Class notes, participation in lab; read Cohn's assigned chapters.
Week 5 Hours 33-40	<b>Lecture 3 hour Lab 5 hours</b> Practice reading ECGs. Recognizing interference, loose leads and other malfunctions; simulate identification of and correction of malfunctions & interference.	Text, lab instruction, lab equipment & supplies	<b>Assignments:</b> Class notes, participation in lab activities; review Kinn's pp 947-948.
Week 6 Hours 41-48	<b>Lecture 1 hour Lab 3 hours</b> Recognizing; responding to emergency situations; simulate emergency response. Review of ECG technique, rhythms, rates, charting, lead placement, patient preparation & education. Final Exam & skills competence testing.	Text, lab instruction, lab equipment & supplies	<b>Assessments:</b> interference quiz <b>Assignments:</b> Class notes, participation in lab activities; review Cohn's (all chapters) and Kinn's chapter 46 to prepare for final exam.



**Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
CRNP Program Annual Report BSN-DNP**

07/28/2023

**DEPARTMENT OF NURSING/Family/Individual Across Lifespan(BSN-DNP)**

**General Information**

- The 2022-2023 Annual Report is open for submission until 01/01/2024.
- Submit Program information for the period starting on 06/01/2022 and ending on 05/31/2023.
- Limit information/data to those students enrolled in each Board approved program leading to certification as a registered nurse practitioner in Pennsylvania.
- A separate Annual Report must be submitted by the Program Director of each separate program specialty (population).

**CRNP program specialty (population) Public Contact Information :** \_\_\_\_\_

**Mailing Address :** \_\_\_\_\_

**Phone Number :** \_\_\_\_\_

**Fax Number :** \_\_\_\_\_

**Is the College/University regionally accredited? :** Yes/No

**Accrediting Organizations and dates for the Graduate Nursing Program**

**ACEN**

ACEN Date : \_\_\_\_\_

**CCNE**

CCNE Date : \_\_\_\_\_

**CNEA**

CNEA Date : \_\_\_\_\_

**National Certification Organization(s) exam(s) for which graduates of this program specialty (population) are eligible :**

- AANP
- AACN
- ANCC
- NCC
- ONCC
- PNCB

**Faculty**

Faculty Member Type	License Number	Faculty Name	FTPT	Teaching Clinical	Teaching Didactic	Current National Adv Pract Cert	Currently Practicing







**Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
CRNP Program Annual Report BSN-DNP**

07/28/2023

**DEPARTMENT OF NURSING/Family/Individual Across Lifespan(BSN-DNP)**

**Is the entire CRNP program specialty (population) offered at more than one site, e.g. a secondary site different from the Board approved location of the controlling institution? :**

Yes/No

Indicate number of secondary sites : \_\_\_\_\_

Site Location(s) : \_\_\_\_\_

**The BSN-DNP offers a MSN breakout prior to completion of the DNP : Yes/No**

**The BSN-DNP offers a MSN and DNP at completion of the DNP program. : Yes/No**

**Total number of clinical hours in the CRNP program specialty (population) :**

Less than 500 hours

500 hours or more

Provide Reason for Less than 500 hours for clinical hours in the CRNP program specialty (population) : \_\_\_\_\_

**Supervision of students in the clinical areas (check all that apply) :**

One faculty member supervises no more than 6 students in a clinical course

One onsite faculty member who is also a preceptor supervises no more than 2 students

One faculty member with own case load supervises only 1 student

Other

Provide Reason if Other : \_\_\_\_\_

**Indicate which of the following content is included in the curriculum for this specialty (population)**

**Research : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Health care policy and organization : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Ethics : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Professional Role Development : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Theoretical foundations of nursing practice : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Human diversity and social issues : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Health promotion and disease prevention : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced health/physical assessment : Yes/No**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced Physiology and Pathophysiology : Yes/No**



**DEPARTMENT OF NURSING/Family/Individual Across Lifespan(BSN-DNP)**

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced Pharmacology taught as a 3-credit or 45 hour course** : Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced Nursing Practice Core Pharmacology**

**Offered across the lifespan** : Yes/No

**Stand alone course** : Yes/No

**Advanced Nursing Practice Core Health / Physical Assessment**

**Offered across the lifespan** : Yes/No

**Stand alone course** : Yes/No

**Advanced Nursing Practice Core Physiology and Pathophysiology**

**Offered across the lifespan** : Yes/No

**Stand alone course** : Yes/No

**Students**

**The following questions refer only to nurse practitioner students in this program specialty (population).**

**Were students admitted between 06/01/2022 and 05/31/2023?** : Yes/No

- Total number of candidates who **applied** between 06/01/2022 and 05/31/2023. : \_\_\_\_\_

- Total number of **qualified** candidates who applied between 06/01/2022 and 05/31/2023. : \_\_\_\_\_

Are the total number of qualified applicants equal to the total number of applicants? : Yes/No

Reasons candidates did not qualify for this program specialty (population) : ACADEMIC,LICENSURE,OTHER

Provide Other Reason : \_\_\_\_\_

- Total number of candidates **admitted** between 06/01/2022 and 05/31/2023. :

    FT (Admitted): : \_\_\_\_\_

    PT (Admitted): : \_\_\_\_\_

- Number of students who **enrolled** between 06/01/2022 and 05/31/2023. :

    FT (Enrolled): : \_\_\_\_\_

    PT (Enrolled): : \_\_\_\_\_

- Number of students who **completed** between 06/01/2021 and 05/31/2022. :

    FT (completed): : \_\_\_\_\_

    PT (completed): : \_\_\_\_\_

Of those students who **completed** this program between 06/01/2021 and 05/31/2022, how many passed a Board approved national certification exam on the first attempt. : \_\_\_\_\_

- Number of students who **completed** this program between 06/01/2022 and 05/31/2023. : \_\_\_\_\_



**DEPARTMENT OF NURSING/Family/Individual Across Lifespan(BSN-DNP)**

- Number of students **expected to complete** between 06/01/2023 and 05/31/2024. : \_\_\_\_\_

- Total number of **vacant seats** the program had between 06/01/2022 and 05/31/2023. : \_\_\_\_\_

Reasons program specialty (population) was unable to admit all qualified candidates between 06/01/2022 and 05/31/2023. Please check all that apply in rank order with '1' for the most significant reason to '5' for the least significant reason (Use NA if not applicable) : :

Program at maximum student capacity : \_\_\_\_\_

Program at maximum student capacity for number of faculty : \_\_\_\_\_

Program unable to obtain clinical sites : \_\_\_\_\_

Program unable to obtain preceptors : \_\_\_\_\_

Other : \_\_\_\_\_

: \_\_\_\_\_

**Attrition**

**The total number of students who did not complete the program between 06/01/2022 and 05/31/2023** : \_\_\_\_\_

**Academic Failure** : \_\_\_\_\_

**Financial** : \_\_\_\_\_

**Change in Career Goals** : \_\_\_\_\_

**Health** : \_\_\_\_\_

**Relocation** : \_\_\_\_\_

**Transfer to other program within college/university** : \_\_\_\_\_

**Attrition Other** : \_\_\_\_\_

**Reason for Other** : \_\_\_\_\_

**Affidavit**

**1) I am currently certified as a Certified Registered Nurse Practitioner (CRNP) in Pennsylvania.**

**2) I hold an earned doctorate degree or am proceeding with my plan for completion of the doctoral degree within five years as contained in this CRNP Annual Report.**

**3) I verify that this Nurse Practitioner Education Program complies with all Board regulations related to nurse practitioner nursing education programs. : Yes/No**

If NO, then please provide an explanation in the space provided (Nurse Practitioner Education Program complies with all Board regulations related to nurse practitioner nursing education programs) : \_\_\_\_\_

**4) I verify that I reviewed the current Faculty List that is a part of this CRNP Annual Report and that it lists all faculty members who provided didactic and clinical instruction. : Yes/No**

If NO, then please provide an explanation in the space provided (The current Faculty List that is a part of this CRNP Annual Report and that it lists all faculty members who provided didactic and clinical instruction) : \_\_\_\_\_

**5) I verify the curriculum is continuously evaluated according to a plan developed by the faculty. : Yes/No**

If NO, then please provide an explanation in the space provided (the curriculum is continuously evaluated according to a plan developed by the faculty) : \_\_\_\_\_

**6) I have read this report and accept responsibility for its contents.**



CRNP Program Annual Report MSN  
DEPT OF NURSING/Family/Individual Across Lifespan(MSN)

**General Information**

- The 2022-2023 Annual Report is open for submission until 01/01/2024.
- Submit Program information for the period starting on 06/01/2022 and ending on 05/31/2023.
- Limit information/data to those students enrolled in each Board approved program leading to certification as a registered nurse practitioner in Pennsylvania.
- A separate Annual Report must be submitted by the Program Director of each separate program specialty (population). A separate report is not required for the Post-Master's Certificate program in this specialty (population)

CRNP program specialty (population) Public Contact Information : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Fax Number : \_\_\_\_\_

Is the College/University regionally accredited? : Yes/No

**Accrediting Organizations and dates for the Graduate Nursing Program**

**ACEN**

ACEN Date : \_\_\_\_\_

**CCNE**

CCNE Date : \_\_\_\_\_

**CNEA**

CNEA Date : \_\_\_\_\_

**National Certification Organization(s) exam(s) for which graduates of this program specialty (population) are eligible :**

- AANP
- AACN
- ANCC
- NCC
- ONCC
- PNCB

**Faculty**

Faculty Member Type	License Number	Faculty Name	FTPT	Teaching Clinical	Teaching Didactic	Current National Adv Pract Cert	Currently Practicing





CRNP Program Annual Report MSN

DEPT OF NURSING/Family/Individual Across Lifespan(MSN)

**Curriculum**

**Is the entire CRNP program specialty (population) offered at more than one site, e.g. a secondary site different from the Board approved location of the controlling institution? :**

Yes/No

Indicate number of secondary sites : \_\_\_\_\_

Site Location(s) : \_\_\_\_\_

**Is the Post-Master’s Certificate option available? :** Yes/No

**Total number of clinical hours in the CRNP program specialty (population) :**

Less than 500 hours

500 hours or more

Provide Reason for Less than 500 hours for clinical hours in the CRNP program specialty (population) : \_\_\_\_\_

**Supervision of students in the clinical areas (check all that apply) :**

One faculty member supervises no more than 6 students in a clinical course

One onsite faculty member who is also a preceptor supervises no more than 2 students

One faculty member with own case load supervises only 1 student

Other

Provide Reason if Other : \_\_\_\_\_

**Indicate which of the following content is included in the curriculum for this specialty (population)**

**Research :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Health care policy and organization :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Ethics :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Professional Role Development :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Theoretical foundations of nursing practice :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Human diversity and social issues :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Health promotion and disease prevention :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced health/physical assessment :** Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced Physiology and Pathophysiology :** Yes/No



CRNP Program Annual Report MSN

DEPT OF NURSING/Family/Individual Across Lifespan(MSN)

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced Pharmacology taught as a 3-credit or 45 hour course** : Yes/No

If NO, then please provide an explanation in the space provided : \_\_\_\_\_

**Advanced Nursing Practice Core Pharmacology**

**Offered across the lifespan** : Yes/No

**Stand alone course** : Yes/No

**Advanced Nursing Practice Core Health / Physical Assessment**

**Offered across the lifespan** : Yes/No

**Stand alone course** : Yes/No

**Advanced Nursing Practice Core Physiology and Pathophysiology**

**Offered across the lifespan** : Yes/No

**Stand alone course** : Yes/No

**Upon completion of the Post-Master's Certificate option, the graduates meet the education eligibility requirements for nurse practitioner national certification in the specialty (population) area of focus** : Yes/No

If No provide Reason : \_\_\_\_\_

**Students**

The following questions refer only to Post-Master's Certificate nurse practitioner students in this option specialty (population)

- Number of Post-Master's Certificate nurse practitioner students who completed this option between 06/01/2021 and 05/31/2022. : \_\_\_\_\_

- Of those Post-Master's Certificate students who completed this option between 06/01/2021 and 05/31/2022, how many passed a Board approved national certification exam on the first attempt. : \_\_\_\_\_

- Number of Post-Master's Certificate students expected to complete between 06/01/2023 and 05/31/2024. : \_\_\_\_\_

The following questions refer only to nurse practitioner students in this program specialty (population).

**Were students admitted between 06/01/2022 and 05/31/2023?** : Yes/No

- Total number of candidates who **applied** between 06/01/2022 and 05/31/2023. : \_\_\_\_\_

- Total number of **qualified** candidates who applied between 06/01/2022 and 05/31/2023. : \_\_\_\_\_

Are the total number of qualified applicants equal to the total number of applicants? : Yes/No

Reasons candidates did not qualify for this program specialty (population) : ACADEMIC,LICENSURE,OTHER

Provide Other Reason : \_\_\_\_\_

- Total number of candidates **admitted** between 06/01/2022 and 05/31/2023. :





CRNP Program Annual Report MSN

DEPT OF NURSING/Family/Individual Across Lifespan(MSN)

FT (Admitted): : \_\_\_\_\_

PT (Admitted): : \_\_\_\_\_

- Number of students who **enrolled** between 06/01/2022 and 05/31/2023. :

FT (Enrolled): : \_\_\_\_\_

PT (Enrolled): : \_\_\_\_\_

- Number of students who **completed** between 06/01/2021 and 05/31/2022. :

FT (completed): : \_\_\_\_\_

PT (completed): : \_\_\_\_\_

Of those students who **completed** this program between 06/01/2021 and 05/31/2022, how many passed a Board approved national certification exam on the first attempt. : \_\_\_\_\_

- Number of students who **completed** this program between 06/01/2022 and 05/31/2023. : \_\_\_\_\_

- Number of students **expected to complete** between 06/01/2023 and 05/31/2024. : \_\_\_\_\_

- Total number of **vacant seats** the program had between 06/01/2022 and 05/31/2023. : \_\_\_\_\_

Reasons program specialty (population) was unable to admit all qualified candidates between 06/01/2022 and 05/31/2023. Please check all that apply in rank order with '1' for the most significant reason to '5' for the least significant reason (Use NA if not applicable) : :

Program at maximum student capacity : \_\_\_\_\_

Program at maximum student capacity for number of faculty : \_\_\_\_\_

Program unable to obtain clinical sites : \_\_\_\_\_

Program unable to obtain preceptors : \_\_\_\_\_

Other : \_\_\_\_\_

: \_\_\_\_\_

**Attrition**

The total number of students who did not complete the program between 06/01/2022 and 05/31/2023 : \_\_\_\_\_

Academic Failure : \_\_\_\_\_

Financial : \_\_\_\_\_

Change in Career Goals : \_\_\_\_\_

Health : \_\_\_\_\_

Relocation : \_\_\_\_\_

Transfer to other program within college/university : \_\_\_\_\_

Attrition Other : \_\_\_\_\_

Reason for Other : \_\_\_\_\_

**Affidavit**

1) I am currently certified as a Certified Registered Nurse Practitioner (CRNP) in Pennsylvania.

2) I hold an earned doctorate degree or am proceeding with my plan for completion of the doctoral degree within five years as contained in this CRNP Annual Report.



**CRNP Program Annual Report MSN**

**DEPT OF NURSING/Family/Individual Across Lifespan(MSN)**

**3) I verify that this Nurse Practitioner Education Program complies with all Board regulations related to nurse practitioner nursing education programs. : Yes/No**

If NO, then please provide an explanation in the space provided (Nurse Practitioner Education Program complies with all Board regulations related to nurse practitioner nursing education programs) : \_\_\_\_\_

**4) I verify that I reviewed the current Faculty List that is a part of this CRNP Annual Report and that it lists all faculty members who provided didactic and clinical instruction. : Yes/No**

If NO, then please provide an explanation in the space provided (The current Faculty List that is a part of this CRNP Annual Report and that it lists all faculty members who provided didactic and clinical instruction) : \_\_\_\_\_

**5) I verify the curriculum is continuously evaluated according to a plan developed by the faculty. : Yes/No**

If NO, then please provide an explanation in the space provided (the curriculum is continuously evaluated according to a plan developed by the faculty) : \_\_\_\_\_

**6) I have read this report and accept responsibility for its contents.**



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Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)

**To Nursing Program Administration**

1. Submit the required Annual Report to the Board anytime between the period starting 01/01/2023 and no later than 12/31/2023
2. The Program Information requested is from the period 10/01/2022 through 09/30/2023.
3. Submit a SEPARATE report for EACH type (PN, ADN, BSN etc.) of nursing education program.

**GENERAL NURSING EDUCATION PROGRAM INFORMATION**

**Please check the Type of Nursing Program: :**

Practical Nursing  
RN Diploma  
Associate Degree  
Baccalaurette Degree  
MSN

**Complete any missing information**

**Name Of Nursing Education Program :** \_\_\_\_\_

**College or University Affiliation/Controlling Institution :** \_\_\_\_\_

**Nursing Education Program Administrator Name & Title :** \_\_\_\_\_

**Nursing Education Program Address :** \_\_\_\_\_

**City, State, Zip :** \_\_\_\_\_

**County :** \_\_\_\_\_

**Nursing Education Program Telephone (Number Including area code and extension) :** \_\_\_\_\_

**Email Address For Board Office Use Only :** \_\_\_\_\_

**Email Address For Public Contact :** \_\_\_\_\_

**Nursing Education Program Web Site Address :** \_\_\_\_\_



Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)

**Accreditation Profile For Nursing Education Program**

(Please select all that apply. Include the corresponding Date Initiated and Date Expired)

Note: It is not necessary to list PA Board of Nursing.

**Accreditation Commission for Education in Nursing (ACEN) : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Accreditation				
Accreditation with Condition				
Focused Report Required				

**Commission on Collegiate Nursing Education : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Accreditation				
Special Report Required				

**Commission for Nursing Education Accreditation : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Pre Accreditation				
Initial Accreditation				
Continuing Accreditation				

**Accreditation For Controlling Institution : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Joint Commission				
Middle States Association				
Other()				

**Other Accreditation/Licensing : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Other()				

**CURRICULUM PROGRAMMING**



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Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
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DEPT OF NURSING & ALLIED HEALTH (PN)

Please Check all options that apply to the program :

- Full-Time Program With Daytime Scheduling
- Part-Time Program With Daytime Scheduling
- Full-Time Program With Evening/Weekend Scheduling
- Part-Time Program With Evening/Weekend Scheduling
- Program Offered At Additional Site(s) Other Than Main Campus.

Please Indicate the number of sites : \_\_\_\_\_

**Nursing Education Program Information**

**Curriculum**

Please indicate the number of hours required for completion of this nursing education program.

Nursing Theory Hours : \_\_\_\_\_

Nursing Clinical Hours : \_\_\_\_\_

Total Clinical Hours Required For Completion (Total hours must add up to 1500 or greater hours) : \_\_\_\_\_

Program Administrator

Indicate the highest earned NURSING degree of the program

Administrator: : PHD,EDD,DNSC,DNP,MS/MSN,BSN,ADN,DIPLOMA,OTHER

: \_\_\_\_\_

Indicate the highest earned degree of the program

Administrator: : PHD,EDD,DNSC,DNP,MS/MSN,BSN,ADN,DIPLOMA,OTHER

: \_\_\_\_\_

**PRACTICAL NURSING FACULTY: Full-time faculty only**

(\* Note: The numbers entered in 2 through 6 should equal the total number of full-time faculty. Totals will Automatically Calculate in the Field (gray) below.)

(Do not count the Administrator)

1.\*Indicate the total number of full-time PN

In the boxes below please break the total number of full-time PN faculty into the following qualification categories: : \_\_\_\_\_

2.Indicate the number of full-time PN faculty with a master's or doctorate degree. : \_\_\_\_\_

3.Indicate the number of full-time PN faculty with a bachelor's degree. : \_\_\_\_\_

4.Indicate the number of full-time PN faculty currently enrolled in baccalaureate studies leading to a BS or BSN degree within 5 years of employment in a nursing education program. : \_\_\_\_\_

5.Indicate the number of faculty not enrolled in baccalaureate program but employed by the nursing education program for less than 5 years. : \_\_\_\_\_



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Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)

6. Indicate the number of faculty who have not earned a baccalaureate degree after 5 years of employment in a nursing education program. : \_\_\_\_\_

**PRACTICAL NURSING FACULTY: Part-time faculty only**

(\* Note: The numbers entered in 2 through 6 should equal the total number of part-time faculty. Totals will Automatically Calculate in the Field (gray) below.)

1. Indicate the total number of part-time PN faculty.  
In the boxes below please break the total number of part-time PN faculty into the following qualification categories: : \_\_\_\_\_

2. Indicate the number of part-time PN faculty with a master's or doctorate degree. : \_\_\_\_\_

3. Indicate the number of part-time PN faculty with a bachelor's degree. : \_\_\_\_\_

4. Indicate the number of part-time PN faculty currently enrolled in baccalaureate studies leading to a degree within 5 years of employment in a nursing education program. : \_\_\_\_\_

5. Indicate the number of part-time PN faculty not enrolled in baccalaureate program but employed by the nursing education program for less than 5 years. : \_\_\_\_\_

6. Indicate the number of faculty who have not earned a baccalaureate degree after 5 years of employment in a nursing education program. : \_\_\_\_\_

**PRACTICAL NURSING FACULTY: contracted or per diem faculty only**

(\* Note: The numbers entered in 2 through 6 should equal the total number of Contracted or per diem faculty. Totals will Automatically Calculate in the Field (gray) below.)

1. Indicate the total number of contracted or per diem PN faculty. : \_\_\_\_\_

2. Indicate the number of contracted or per diem PN faculty with a master's or doctorate degree. : \_\_\_\_\_

3. Indicate the number of contracted or per diem PN faculty with a bachelor's degree. : \_\_\_\_\_

4. Indicate the number of contracted or per diem faculty currently enrolled in baccalaureate studies leading to a degree within 5 years of employment in a nursing education program. : \_\_\_\_\_

5. Indicate the number of contracted or per diem faculty not enrolled in baccalaureate program but employed by the nursing education program for less than 5 years. : \_\_\_\_\_



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**Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)**

**6. Indicate the number of contracted or per diem faculty who have not earned a baccalaureate degree after 5 years of employment in a nursing education program. : \_\_\_\_\_**

**Why does the Practical Nursing education program hire PART-TIME, CONTRACTED and Per Diem faculty? (Check all that apply)**

**Teach didactic lessons**

**Supervise clinical education**

**Other - Enter in Box Provided**

**: \_\_\_\_\_**









Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)

**Faculty**

**CURRENT FACULTY**

Enter number of full-time faculty who have been hired since the last Annual Report: : \_\_\_\_\_

Enter number of part-time faculty who have been hired since the last Annual Report: : \_\_\_\_\_

Enter number of per diem/contract faculty who have been hired since the last Annual Report: : \_\_\_\_\_

Total: : \_\_\_\_\_

**Faculty Who Left Since the Last Annual Report**

Enter number of full-time faculty who left since the last Annual Report: : \_\_\_\_\_

Enter number of part-time faculty who left since the last Annual Report: : \_\_\_\_\_

Enter number of per diem/contract faculty who left since the last Annual Report: : \_\_\_\_\_

Total: : \_\_\_\_\_

**VACANT FACULTY POSITION**

1. Indicate the current number of unfilled full-time faculty positions by full-time equivalents (FTEs).  
Totals will Automatically Calculate in the Field (gray below.) : \_\_\_\_\_

Of these unfilled FTEs, please indicate the specialty area(s) below in which these unfilled FTEs occur (the number of specialties indicated should equal the number of unfilled full-time faculty positions).

Community : \_\_\_\_\_

Critical Care : \_\_\_\_\_

Maternity : \_\_\_\_\_

Medical Surgical : \_\_\_\_\_

Pediatric : \_\_\_\_\_

Psychiatric : \_\_\_\_\_

Other : \_\_\_\_\_

Other-Please specify area : \_\_\_\_\_

2. Indicate the current number of unfilled non-full-time (e.g., part-time and per diem, contracted) faculty positions by non full-time equivalents (FTEs).  
Totals will Automatically Calculate in the Field (gray below.) : \_\_\_\_\_



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State Board of Nursing (eppiccNurse)  
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DEPT OF NURSING & ALLIED HEALTH (PN)**

a. Of those unfilled FTEs, please indicate the speciality area(s) in which these unfilled FTEs occur (the number of specialties indicated should equal the number of unfilled non full-time faculty positions).

Community : \_\_\_\_\_

Critical Care : \_\_\_\_\_

Maternity : \_\_\_\_\_

Medical Surgical : \_\_\_\_\_

Pediatric : \_\_\_\_\_

Psychiatric : \_\_\_\_\_

Other : \_\_\_\_\_

Specify Other Area : \_\_\_\_\_



07/28/2023

Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)

**Clinical Placement Sites**

**Clinical Placement Sites**

**Has the program experienced any difficulty in obtaining clinical sites for student experience?  
Select the appropriate response. : Yes/No**

**Indicate the areas and select them in order of difficulty. Assign a number from 1 to 6 if needed with 1 being the most area of difficulty. If Not Applicable, please assign N/A for that area of difficulty. :**

Pediatrics : \_\_\_\_\_

Obstetrics : \_\_\_\_\_

Psych : \_\_\_\_\_

Critical Care : \_\_\_\_\_

Med-Surg : \_\_\_\_\_

Other (Specify) : \_\_\_\_\_

**Please list factors contributing to difficulty obtaining clinical sites. Assign a number from 1 to 5, with 1 being the most significant contributing factor. If Not Applicable, please assign N/A to that particular factor. :**

Decreased length of stay : \_\_\_\_\_

Decreased census : \_\_\_\_\_

Other nursing programs using facility : \_\_\_\_\_

Distance to facility from school : \_\_\_\_\_

Other - Please Indicate : \_\_\_\_\_



## Enrollment Information

### Section I. Application/Admission

Answer the following questions as they relate to the students admitted into your program between October 1 and September 30 of the current reporting year:

1. Number of Classes admitted into the Full-Time program each year. : \_\_\_\_\_
2. Number of Classes admitted into the Part-Time program each year. : \_\_\_\_\_
3. Total number of applicants. : \_\_\_\_\_
4. Total number of applicants who met all program admission criteria. : \_\_\_\_\_
5. Number of students offered admission. : \_\_\_\_\_
6. If the nursing education program was unable to offer admission to all of its qualified applicants, please indicate why. (Check all that apply)  
Program at maximum physical capacity (capabilities, fixtures, etc)  
Program at maximum faculty capacity (not enough faculty)  
Program at maximum clinical site capacity  
Other (Please specify)  
: \_\_\_\_\_
7. Number of vacant seats. : \_\_\_\_\_

### Section II. Enrollment

Answer the following questions as they relate to the students currently enrolled in your program.

1. Number of students currently enrolled in your Full-Time program. : \_\_\_\_\_
2. Number of students currently enrolled in your Part-Time program. : \_\_\_\_\_
3. Total number of students currently enrolled. : \_\_\_\_\_
4. Number of students expected to graduate 10/01/2023 to September 09/30/2024. : \_\_\_\_\_



Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)

**Attrition**

**Retention/Attrition Data**

Answer the following questions as they relate to the graduating class/es during the period of 10/01/2023 through 09/30/2024.

- 1. Number of students in the original cohort/s (including transfer, advanced standing, returning). : \_\_\_\_\_
- 2. Number of students in the original cohort/s who left without graduating/completing the program. : \_\_\_\_\_

**Attrition Information**

Insert the number of students who left without graduating/completing the program for the following reasons:

- Academic Failure : \_\_\_\_\_
- Financial : \_\_\_\_\_
- Change In Career Goals : \_\_\_\_\_
- Health : \_\_\_\_\_
- Relocation : \_\_\_\_\_
- Other : \_\_\_\_\_
- Other reasons (If 0, enter N/A) : \_\_\_\_\_
- Total : : \_\_\_\_\_

**Were any of these students readmitted to the program?**

: Yes/No

Indicate how many and to which class. :

- Class of 2024 : \_\_\_\_\_
- Class of 2025 : \_\_\_\_\_
- Current Class : \_\_\_\_\_



Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)

07/28/2023

**Affidavit**

**1) I am currently licensed or hold a permit to practice professional nursing in Pennsylvania.**

**2) I have read this report and accept responsibility for its contents.**

**3) I verify this Program complies with all Board regulations (including pass rates) related to prelicensure nursing education programs. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**4) I verify I have reviewed the current CLINICAL AGENCY LIST in the Board's database and it lists all of the clinical agencies used by this program as of this date. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**5) I verify the Program has a current CLINICAL AGENCY AGREEMENT with each of the clinical agencies listed in the Board's database as of this date. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**6) I verify I have reviewed the current FACULTY LIST in the Board's database and it lists all faculty (theory and clinical) employed (full-time, part-time and per diem) by this Program as of this date. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**7) I verify the curriculum is continuously evaluated according to a plan developed by the faculty. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**8) I verify the Program has an active faculty development plan and all faculty members maintain a record of participation. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**9) I verify the Program has a secure record management system, with all required documents for student and faculty records. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_



07/28/2023

**Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Practical Nurse (PN)  
DEPT OF NURSING & ALLIED HEALTH (PN)**





07/28/2023

Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Registered Nurse (RN)  
DEPT OF ALLIED HEALTH & NURSING (RN AD)

**To Nursing Program Administration**

1. Submit the required Annual Report to the Board anytime between the period starting 07/13/2023 and no later than 12/31/2023
2. The Program Information requested is from the period 10/01/2022 through 09/30/2023.
3. Submit a SEPARATE report for EACH type (PN, ADN, BSN etc.) of nursing education program.

**GENERAL NURSING EDUCATION PROGRAM INFORMATION**

**Please check the Type of Nursing Program: :**

Practical Nursing  
RN Diploma  
Associate Degree  
Baccalaurette Degree  
MSN

**Complete any missing information**

**Name Of Nursing Education Program :** \_\_\_\_\_

**College or University Affiliation/Controlling Institution :** \_\_\_\_\_

**Nursing Education Program Administrator Name & Title :** \_\_\_\_\_

**Nursing Education Program Address :** \_\_\_\_\_

**City, State, Zip :** \_\_\_\_\_

**County :** \_\_\_\_\_

**Nursing Education Program Telephone (Number Including area code and extension) :** \_\_\_\_\_

**Email Address For Board Office Use Only :** \_\_\_\_\_

**Email Address For Public Contact :** \_\_\_\_\_

**Nursing Education Program Web Site Address :** \_\_\_\_\_



07/28/2023

**Pennsylvania Department of State**  
**State Board of Nursing (eppiccNurse)**  
**Nursing Program Annual Report - Registered Nurse (RN)**  
**DEPT OF ALLIED HEALTH & NURSING (RN AD)**

**Accreditation Profile For Nursing Education Program**

(Please select all that apply. Include the corresponding Date Initiated and Date Expired)  
 Note: It is not necessary to list PA Board of Nursing.

**Accreditation Commission for Education in Nursing (ACEN) : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Accreditation				
Accreditation with Condition				
Focused Report Required				

**Commission on Collegiate Nursing Education : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Accreditation				
Special Report Required				

**Commission for Nursing Education Accreditation : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Pre Accreditation				
Initial Accreditation				
Continuing Accreditation				

**Accreditation For Controlling Institution : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Joint Commission				
Middle States Association				
Other()				

**Other Accreditation/Licensing : Yes/No**

Type of Accreditation	Date Initiated		Date Expired	
	Month	Year	Month	Year
Faculty Member Type				
Other()				

**CURRICULUM PROGRAMMING**



07/28/2023

**Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Registered Nurse (RN)  
DEPT OF ALLIED HEALTH & NURSING (RN AD)**

**Please Check all options that apply to the program :**

- Full-Time Program With Daytime Scheduling
- Part-Time Program With Daytime Scheduling
- Full-Time Program With Evening/Weekend Scheduling
- Part-Time Program With Evening/Weekend Scheduling
- Program Offered At Additional Site(s) Other Than Main Campus.

Please Indicate the number of sites : \_\_\_\_\_



07/28/2023

Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Registered Nurse (RN)  
DEPT OF ALLIED HEALTH & NURSING (RN AD)

**Nursing Education Program Information**

**NURSING EDUCATION PROGRAM CREDIT/COURSE UNITS (Note: Diploma programs please enter either program hours, or credit hour equivalents.)**

(Please Indicate The Number Of Academic Credits Or Course Units If Applicable)

Nursing Course Credits Or Course Units : \_\_\_\_\_

Non-Nursing Course Credits Or Course Units : \_\_\_\_\_

Total Credits Or Course Units Required For Completion

: \_\_\_\_\_

**Program Administrator**

Please indicate the highest earned **NURSING** degree of the program

Administrator: : PHD,EDD,DNSC,DNP,MSN,BSN,OTHER

: \_\_\_\_\_

Please indicate the highest earned degree of the program

Administrator: :

PHD,EDD,DNSC,DNP,MS/MSN,MASTER\_IN\_OTHER\_FIELD,BSN,BACCALAUREATE\_IN\_OTHER\_FIELD,OTHER

: \_\_\_\_\_

**PROFESSIONAL NURSING FACULTY: Full-time faculty only**

(\* Note: The numbers entered in 2 through 5 should equal the total number of full-time faculty. Totals will Automatically Calculate in the Field (gray) below.)

1.\*Indicate the total number of full-time RN faculty.

In the boxes below please break the total number of full-time RN faculty into the following qualification categories: : \_\_\_\_\_

2.Indicate the number of full-time RN faculty that "hold at least one graduate degree in nursing" : \_\_\_\_\_

3.Indicate the number of full-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program LESS than 5 years. : \_\_\_\_\_

4.Indicate the number of full-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) NOT enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program LESS than 5 years. : \_\_\_\_\_

5.Indicate the number of full-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) NOT enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program MORE than 5 years. : \_\_\_\_\_



07/28/2023

Pennsylvania Department of State  
State Board of Nursing (eppiccNurse)  
Nursing Program Annual Report - Registered Nurse (RN)  
DEPT OF ALLIED HEALTH & NURSING (RN AD)

**PROFESSIONAL NURSING FACULTY: Part-time faculty only**

(\* Note: The numbers entered in 2 through 5 should equal the total number of part-time faculty. Totals will Automatically Calculate in the Field (gray) below.)

1.\*Indicate the total number of part-time RN faculty.

In the boxes below please break the total number of part-time RN faculty into the following qualification categories: : \_\_\_\_\_

2.Indicate the number of part-time RN faculty that "hold at least one graduate degree in nursing." : \_\_\_\_\_

3.Indicate the number of part-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program LESS than 5 years. : \_\_\_\_\_

4.Indicate the number of part-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) NOT enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program LESS than 5 years. : \_\_\_\_\_

5. Indicate the number of part-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) NOT enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program MORE than 5 years. : \_\_\_\_\_

**PROFESSIONAL NURSING FACULTY: contracted or per diem faculty only**

(\* Note: The numbers entered in 2 through 5 should equal the total number of Contracted or per diem. Totals will Automatically Calculate in the Field (gray) below.)

1.Indicate the total number of contracted or per diem RN faculty.

In the boxes below please break the total number of contracted or per diem RN faculty into the following qualification categories: : \_\_\_\_\_

2.Indicate the number of contracted or per diem RN faculty that "hold at least one graduate degree in nursing." : \_\_\_\_\_

3.Indicate the number of contracted or per diem RN Faculty Assistants (BSN faculty without a graduate degree in nursing) enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program LESS than 5 years. : \_\_\_\_\_

4.Indicate the number of contracted or per diem RN Faculty Assistants (BSN faculty without a graduate degree in nursing) NOT enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program LESS than 5 years. : \_\_\_\_\_



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**5. Indicate the number of contracted or per diem RN Faculty Assistants (BSN faculty without a graduate degree in nursing) NOT enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program MORE than 5 years. : \_\_\_\_\_**

**Why does the Professional Nursing education program hire PART-TIME, CONTRACTED and Per Diem faculty? (Check all that apply)**

**Teach didactic lessons**

**Supervise clinical education**

**Other - Enter in Box Provided**

**: \_\_\_\_\_**









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**Faculty**

**CURRENT FACULTY**

Enter number of full-time faculty who have been hired since the last Annual Report: : \_\_\_\_\_

Enter number of part-time faculty who have been hired since the last Annual Report: : \_\_\_\_\_

Enter number of per diem/contract faculty who have been hired since the last Annual Report: : \_\_\_\_\_

Total: : \_\_\_\_\_

**Faculty Who Left Since the Last Annual Report**

Enter number of full-time faculty who left since the last Annual Report: : \_\_\_\_\_

Enter number of part-time faculty who left since the last Annual Report: : \_\_\_\_\_

Enter number of per diem/contract faculty who left since the last Annual Report: : \_\_\_\_\_

Total: : \_\_\_\_\_

**VACANT FACULTY POSITION**

1. Indicate the current number of unfilled full-time faculty positions by full-time equivalents (FTEs).  
Totals will Automatically Calculate in the Field (gray below.) : \_\_\_\_\_

Of these unfilled FTEs, please indicate the specialty area(s) below in which these unfilled FTEs occur (the number of specialties indicated should equal the number of unfilled full-time faculty positions).

Community : \_\_\_\_\_

Critical Care : \_\_\_\_\_

Maternity : \_\_\_\_\_

Medical Surgical : \_\_\_\_\_

Pediatric : \_\_\_\_\_

Psychiatric : \_\_\_\_\_

Other : \_\_\_\_\_

Other-Please specify area : \_\_\_\_\_

2. Indicate the current number of unfilled non-full-time (e.g., part-time and per diem, contracted) faculty positions by non full-time equivalents (FTEs).  
Totals will Automatically Calculate in the Field (gray below.) : \_\_\_\_\_

a. Of those unfilled FTEs, please indicate the spciality area(s) in which these unfilled FTEs occur (the number of specialties indicated should equal the number of unfilled non full-time faculty positions).



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**Community :** \_\_\_\_\_

**Critical Care :** \_\_\_\_\_

**Maternity :** \_\_\_\_\_

**Medical Surgical :** \_\_\_\_\_

**Pediatric :** \_\_\_\_\_

**Psychiatric :** \_\_\_\_\_

**Other :** \_\_\_\_\_

**Specify Other Area :** \_\_\_\_\_



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**Clinical Placement Sites**

**Clinical Placement Sites**

Has the program experienced any difficulty in obtaining clinical sites for student experience?  
Select the appropriate response. : Yes/No

Indicate the areas and select them in order of difficulty. Assign a number from 1 to 6 if needed with 1 being the most area of difficulty. If Not Applicable, please assign N/A for that area of difficulty. :

Pediatrics : \_\_\_\_\_

Obstetrics : \_\_\_\_\_

Psych : \_\_\_\_\_

Critical Care : \_\_\_\_\_

Med-Surg : \_\_\_\_\_

Other (Specify) : \_\_\_\_\_

Please list factors contributing to difficulty obtaining clinical sites. Assign a number from 1 to 5, with 1 being the most significant contributing factor. If Not Applicable, please assign N/A to that particular factor. :

Decreased length of stay : \_\_\_\_\_

Decreased census : \_\_\_\_\_

Other nursing programs using facility : \_\_\_\_\_

Distance to facility from school : \_\_\_\_\_

Other - Please Indicate : \_\_\_\_\_



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**Enrollment Information**

**Section I. Application/Admission**

Answer the following questions as they relate to the students admitted into your program between October 1 and September 30 of the current reporting year:

1. Number of Classes admitted into the Full-Time program each year. : \_\_\_\_\_
2. Number of Classes admitted into the Part-Time program each year. : \_\_\_\_\_
3. Total number of applicants. : \_\_\_\_\_
4. Total number of applicants who met all program admission criteria. : \_\_\_\_\_
5. Number of students offered admission. : \_\_\_\_\_
6. If the nursing education program was unable to offer admission to all of its qualified applicants, please indicate why. (Check all that apply)  
Program at maximum physical capacity (capabilities, fixtures, etc)  
Program at maximum faculty capacity (not enough faculty)  
Program at maximum clinical site capacity  
Other (Please specify)  
: \_\_\_\_\_
7. Number of vacant seats. : \_\_\_\_\_

**Section II. Enrollment**

Answer the following questions as they relate to the students currently enrolled in your program.

1. Number of students currently enrolled in your Full-Time program. : \_\_\_\_\_
2. Number of students currently enrolled in your Part-Time program. : \_\_\_\_\_
3. Total number of students currently enrolled. : \_\_\_\_\_
4. Number of students expected to graduate 10/01/2023 to September 09/30/2024. : \_\_\_\_\_



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**Attrition**

**Retention/Attrition Data**

Answer the following questions as they relate to the graduating class/es during the period of 10/01/2023 through 09/30/2024.

1. Number of students in the original cohort/s (including transfer, advanced standing, returning). : \_\_\_\_\_

2. Number of students in the original cohort/s who left without graduating/completing the program. : \_\_\_\_\_

**Attrition Information**

Insert the number of students who left without graduating/completing the program for the following reasons:

Academic Failure : \_\_\_\_\_

Financial : \_\_\_\_\_

Change In Career Goals : \_\_\_\_\_

Health : \_\_\_\_\_

Relocation : \_\_\_\_\_

Other : \_\_\_\_\_

Other reasons (If 0, enter N/A) : \_\_\_\_\_

Total : : \_\_\_\_\_

**Were any of these students readmitted to the program?**

: Yes/No

Indicate how many and to which class. :

Class of 2024 : \_\_\_\_\_

Class of 2025 : \_\_\_\_\_

Current Class : \_\_\_\_\_



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**Affidavit**

**1) I am currently licensed or hold a permit to practice professional nursing in Pennsylvania.**

**2) I have read this report and accept responsibility for its contents.**

**3) I verify this Program complies with all Board regulations (including pass rates) related to prelicensure nursing education programs. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**4) I verify I have reviewed the current CLINICAL AGENCY LIST in the Board's database and it lists all of the clinical agencies used by this program as of this date. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**5) I verify the Program has a current CLINICAL AGENCY AGREEMENT with each of the clinical agencies listed in the Board's database as of this date. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**6) I verify I have reviewed the current FACULTY LIST in the Board's database and it lists all faculty (theory and clinical) employed (full-time, part-time and per diem) by this Program as of this date. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**7) I verify the curriculum is continuously evaluated according to a plan developed by the faculty. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**8) I verify the Program has an active faculty development plan and all faculty members maintain a record of participation. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**9) I verify the Program has a secure record management system, with all required documents for student and faculty records. : Yes/No**

If NO, then please provide an explanation in the space provided. : \_\_\_\_\_

**STATE BOARD OF NURSING**  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

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## Application for a Certified Registered Nurse Practitioner Education Program

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### GENERAL INSTRUCTIONS

- The requirements for the establishment of a CRNP Program are contained in Section 21.365 of the Board's regulations with additional information contained in Sections 21.361 (general criteria), 21.366 and 21.372 (organization), 21.367-21.368 (faculty), 21.369 (curriculum), 21.370 (evaluation), 21.373 (facilities and resources), 21.374-21.375 (policies) and 21.376-21.377 (records) of the Board's regulations. Applications must be submitted to the Board no later than 12 months prior to the intended admission date of students.
- For purposes of this application, the Provider is the controlling institution that awards the degree.
- For purposes of this application, the Contact Person is the author of the proposal and with whom the Board will communicate on behalf of the CRNP Program. The Contact Person and the Program Director may be the same.
- A separate application must be submitted for each degree type within each population specialty. A Post-Master's option does not necessitate a separate application.
- At the time the application is submitted, the Program must either identify the Program Director and the Nursing Faculty or detail the qualifications required for these positions provided that the regulations do not require that the positions are filled.
- All applications must be reviewed by the Board at a regularly scheduled meeting. Applications will be placed on the agenda once the application is complete and any deficiencies have been corrected.
- If seeking an additional educational site beyond the one(s) approved by the Board, complete a separate application for each additional location. If content (curriculum, policies etc.) requested on the template form(s) is unchanged from the Board approved program indicate that on the form in the section where the related attachment is requested. Do NOT attach a copy of the previously approved materials.

### FEES

- The \$735.00 **non-refundable** application fee must be submitted for each degree type within each population specialty. The fee must accompany the application.
- Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

### FORMAT

- Where citations are required, use established citation format. For example, Author, S. P. (Year of publication). *Title of work: Capital letter also for subtitle*. Location: Publisher.
- Submit the original and three copies of the application and attachments.
- Submit attachments on 8.5x11 size paper, double-spaced and single-sided.
- Number every page consecutively including the page dividing each attachment.

- Do not tab, staple, bind, or clip pages.
- Do not abbreviate or use acronyms.
- Do not shade or highlight.

ATTACHMENTS - - The following documents must be labeled and attached with this application:

- Attachment 1: Provider's Philosophies and Objectives
- Attachment 2: Provider's Organizational Chart depicting the relationship with the CRNP Program
- Attachment 3: Provider's Letter of Commitment to the CRNP Program
- Attachment 4: Pennsylvania Department of Education's Authorization to offer a degree in the planned specialty
- Attachment 5: CRNP Program's Philosophies and Objectives
- Attachment 6: CRNP Program's Organizational Chart
- Attachment 7: CRNP Program's Faculty Policies on:
  - Orientation
  - Faculty Responsibilities
  - Faculty Development
  - Evaluation
  - Faculty Organization Minutes Retention
  - Record Management
  - Maintaining expertise in clinical/functional area(s) of specialization
  - Selection and Retention of Preceptors
- Attachment 8: CRNP Program's Student Policies on:
  - Admission and Selection
  - Advanced Standing
  - Retention
  - Progression
  - Refunds
  - Record Maintenance
- Attachment 9: Curriculum Plan By Semester - Template A
  - Only one degree to be awarded can be submitted with each application. Include a separate curriculum plan by semester for the full-time, part-time or Post-Master's option.
- Attachment 10: Syllabi for each course on the Curriculum Plan to include:
  - Hours of instruction broken down into didactic, clinical, laboratory and simulation hours
  - Faculty member's name
  - Course name and number
  - Course pre- and co-requisites
  - Course credits
  - Course description
  - Course objectives
  - Course content outline per week
  - Required and recommended textbooks/references
  - Technology requirements
  - Methods of course delivery (lecture, discussion boards, online)



- Assessment tools and methods including the grading matrix and clinical evaluation
- Attachment 11: Course Objectives to National Educational Standards Crosswalk
- Attachment 12: Systematic Evaluation Plan  
An organized, continuous analysis of all CRNP program components, such as curriculum, faculty, facilities, policies and outcome measures to include outcomes of graduates at 1 and 3-year intervals, that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.
- Attachment 13: Sample Faculty Evaluations and Student Evaluations for clinical and theory
- Attachment 14: Facility and Resource Plan  
Describe the planned office, instructional and administrative support, clinical laboratories, library facilities, technology and resources, as well as equipment for the CRNP Program.
- Attachment 15: Program Director's CV and transcripts. The CV shall detail the Program Director's experience practicing and teaching, including the courses taught and the number of years teaching, and administering/operating an education program.  
If the Program Director does not possess a doctoral degree also include the plan to obtain the doctoral degree within five years.
- Attachment 16: CV for each Nursing Faculty member
- Attachment 17: Copies of Affiliation Agreements/Letters of Intent from the cooperating agencies identified indicating a positive commitment to the CRNP program and the availability of sufficient resources to meet the educational requirements of the CRNP program.
- Attachment 18: 5-Year Projected Nursing Faculty to Student Complement Per Year and Term - Template B
- Attachment 19: 5-Year Budget Projection of Financial Viability  
An Excel spreadsheet setting forth the details required for the 5-year budget projection is available on the Board's website.

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**Application for a Certified Registered Nurse Practitioner Education Program**

**Provider Information**

Provider's Name: \_\_\_\_\_

Provider's Mailing Address: \_\_\_\_\_

Provider's Physical Address: \_\_\_\_\_

Provider's Telephone Number: \_\_\_\_\_ Provider's Web Address: \_\_\_\_\_

Web Link to the Provider's Catalogue: \_\_\_\_\_

Provider's Accreditor:

\_\_\_\_ Regional Accrediting Agency

\_\_\_\_ Other (Explain) \_\_\_\_\_

**CRNP Program Information**

CRNP Specialty Sought (Select One):

- |  |                                     |
|--|-------------------------------------|
| ____ Adult-Gerontology Acute Care          | ____ Adult-Gerontology Primary Care |
| ____ Family/Individual Across the Lifespan | ____ Neonatal                       |
| ____ Pediatric Acute Care                  | ____ Pediatric Primary Care         |
| ____ Psychiatric-Mental Health             | ____ Women's Health/Gender-Related  |

Other \_\_\_\_\_

CRNP Program's Name: \_\_\_\_\_

CRNP Program's Mailing Address: \_\_\_\_\_

CRNP Program's Physical Address: \_\_\_\_\_

Degree to be awarded for the planned specialty (Select One Degree):

- |                      |                |
|----------------------|----------------|
| ____ Master's Degree | ____ Doctorate |
| ____ Full-time       | ____ Full-time |
| ____ Part-time       | ____ Part-time |

Other \_\_\_\_\_

Do you plan to offer a Post-Master's option? \_\_\_\_\_ Yes \_\_\_\_\_ No

CRNP Program's Intended Admission Date of Students: \_\_\_\_\_

Anticipated Accreditor:

\_\_\_\_\_ ACEN

\_\_\_\_\_ CCNE

\_\_\_\_\_ CNEA

Other \_\_\_\_\_

Anticipated Nurse Practitioner Examination Eligibility: (Select All That Apply)

\_\_\_\_\_ American Academy of Nurse Practitioners (AANP)

\_\_\_\_\_ American Association of Critical Care Nurses (AACN)

\_\_\_\_\_ American Nurses Credentialing Center (ANCC)

\_\_\_\_\_ National Certification Corporation (NCC)

\_\_\_\_\_ Oncology Nursing Certification Corporation (ONCC)

\_\_\_\_\_ Pediatric Nursing Certification Board (PNCB)

Other \_\_\_\_\_

Anticipated Nurse Practitioner Examination Specialty: (Select All That Apply)

\_\_\_\_\_ Adult-Gerontology Acute Care

\_\_\_\_\_ Adult-Gerontology Primary Care

\_\_\_\_\_ Family/Individual Across the Lifespan

\_\_\_\_\_ Neonatal

\_\_\_\_\_ Pediatric Acute Care

\_\_\_\_\_ Pediatric Primary Care

\_\_\_\_\_ Psychiatric-Mental Health

\_\_\_\_\_ Women's Health/Gender-Related

Other \_\_\_\_\_

Policies

Are the faculty and student policies of the CRNP program at least equal to those of the provider's other programs?

\_\_\_\_\_ Yes \_\_\_\_\_ No (Explain) \_\_\_\_\_

Web Link to the CRNP Program's Faculty Handbook: \_\_\_\_\_

Web Link to the Graduate Student Handbook: \_\_\_\_\_

**Contact Person Information**

Contact Person Name: \_\_\_\_\_

Contact Person Physical Address: \_\_\_\_\_

Contact Person Telephone Number: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

**Education Information**

Rationale--*Provide state and local statistical data to support the need for the CRNP program and to assure the availability of an adequate number of interested candidates. Cite all references in APA format.*

\_\_\_\_\_  
\_\_\_\_\_

Using the courses listed on the Curriculum Plan by Semester, identify by course number the following content:

- Research \_\_\_\_\_
- Health Care Policy and Organization \_\_\_\_\_
- Ethics \_\_\_\_\_
- Professional Role Development \_\_\_\_\_
- Theoretical Foundations of Nursing Practice \_\_\_\_\_
- Human Diversity and Social Issues \_\_\_\_\_
- Health Promotion and Disease Prevention \_\_\_\_\_
- Advanced Health/Physical Assessment \_\_\_\_\_
- Advanced Physiology and Pathophysiology \_\_\_\_\_
- Advanced Pharmacology \_\_\_\_\_
- Specialty Content \_\_\_\_\_

\_\_\_\_\_



Identify the specific National Educational Standard(s) used to develop the curriculum-*Examples of curriculum development standards include AACN The Essentials of Master's Education in Nursing or The Essentials of Doctoral Education for Advanced Nursing Practice, National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies or Population-Focused Nurse Practitioner Competencies or the Criteria for Evaluation of Nurse Practitioner Programs.*

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Simulation Program Plan

Cite the specific standard(s) used to develop the simulation program \_\_\_\_\_

---

Describe the resources, including faculty, budgetary, facility and equipment, for the simulation program

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**Faculty Information**

**PROGRAM DIRECTOR**

Have you Identified a Program Director for this program?

Yes – Go directly to Identified Program Director questions.

No – Go directly to Minimum Qualifications for the Program Director questions.

Identified Program Director

Program Director's PA RN License Number: \_\_\_\_\_

Program Director's PA CRNP Certification Number: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Program Director's PA CRNP Specialty: \_\_\_\_\_

Program Director's PA CRNP Certification Expiration Date: \_\_\_\_\_

Program Director's Telephone Number: \_\_\_\_\_

Program Director's Academic Credentials

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Degree and Year Awarded:

\_\_\_\_\_ PhD    \_\_\_\_\_ EdD    \_\_\_\_\_ DNSc    \_\_\_\_\_ DNP/DrNP

\_\_\_\_\_ Other \_\_\_\_\_

Program Director's Nurse Practitioner National Certification Organization: (Select All That Apply)

\_\_\_\_\_ American Academy of Nurse Practitioners (AANP)

\_\_\_\_\_ American Association of Critical Care Nurses (AACN)

\_\_\_\_\_ American Nurses Credentialing Center (ANCC)

\_\_\_\_\_ National Certification Corporation (NCC)

\_\_\_\_\_ Oncology Nursing Certification Corporation (ONCC)

\_\_\_\_\_ Pediatric Nursing Certification Board (PNCB)

\_\_\_\_\_ Other \_\_\_\_\_

Program Director's Nurse Practitioner National Certification with Specialty \_\_\_\_\_

Program Director's Nurse Practitioner National Certification Expiration Date: \_\_\_\_\_

Program Director's Jurisdiction(s) of Licensure: \_\_\_\_\_

Program Director's Appointment Status: \_\_\_\_\_ Interim \_\_\_\_\_ Permanent

Program Director is also teaching

\_\_\_\_\_ Yes - *If the Program Director is also teaching, include the Program Director as a faculty member in the section below.*

\_\_\_\_\_ No

Program Director's Date of Appointment \_\_\_\_\_

Minimum Qualifications for the Program Director

*The Program Director of a CRNP program must have at least one graduate degree in nursing and a doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment and hold a PA RN license and a CRNP Certificate. Detail the Program's minimum qualifications for its Program Director, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.*

Detail the minimum qualifications for the Program Director for this Program

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**FACULTY MEMBERS**

Do you have identified faculty for this program?

- Yes – Go directly to Identified Faculty questions.
- No – Go directly to Minimum Qualifications for Faculty

Identified Faculty

Faculty Member's PA RN License Number: \_\_\_\_\_

If teaching clinical courses, Faculty Member's PA CRNP Certification Number: \_\_\_\_\_

Faculty Member's Name: \_\_\_\_\_

If teaching clinical courses, Faculty Member's PA CRNP Specialty: \_\_\_\_\_

Faculty Member's Teaching Responsibilities: (Select All That Apply)

\_\_\_\_\_ Clinical      \_\_\_\_\_ Theory

Faculty Member's Academic Credentials

Program Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Highest Degree and Year Awarded Related to the Subject Matter:

\_\_\_\_\_ PhD      \_\_\_\_\_ EdD      \_\_\_\_\_ DNSc      \_\_\_\_\_ DNP

\_\_\_\_\_ MSN      \_\_\_\_\_ MS      \_\_\_\_\_ Master's in Nursing Education

\_\_\_\_\_ Post-Master's in Nursing      \_\_\_\_\_ Master's in Other Field

If teaching a clinical course, Faculty Member's Nurse Practitioner National Certification organization: (Select All That Apply)

\_\_\_\_\_ American Academy of Nurse Practitioners (AANP)

\_\_\_\_\_ American Association of Critical Care Nurses (AACN)

\_\_\_\_\_ American Nurses Credentialing Center (ANCC)

\_\_\_\_\_ National Certification Corporation (NCC)

\_\_\_\_\_ Oncology Nursing Certification Corporation (ONCC)

\_\_\_\_\_ Pediatric Nursing Certification Board (PNCB)

\_\_\_\_\_ Other \_\_\_\_\_

If teaching a clinical course, Faculty Member's Nurse Practitioner National Certification with Specialty:

\_\_\_\_\_

If teaching a clinical course, Faculty Member's Nurse Practitioner National Certification Expiration Date:

\_\_\_\_\_

Faculty Member's Employment Status:

\_\_\_\_\_ Part-time

\_\_\_\_\_ Full-time

\_\_\_\_\_ Adjunct

Faculty Member's Date of Appointment \_\_\_\_\_

Faculty Member's Title/Position \_\_\_\_\_

Courses being taught by Faculty Member \_\_\_\_\_

Add a separate attachment for additional Faculty.

Minimum Qualifications for the Faculty

*The CRNP faculty must have expertise in their subject areas and be currently licensed. Clinical faculty must also be currently certified as a CRNP, maintain National Certification, and be engaged in ongoing clinical practice in this Commonwealth.*

Detail the minimum qualifications for the CRNP Faculty teaching theory for this Program

\_\_\_\_\_



Detail the minimum qualifications for the CRNP Clinical Faculty for this Program

Detail the minimum qualifications for the CRNP Non-Nursing Faculty for this Program

**PRECEPTORS**

*Preceptors for CRNP Programs may be physicians, CRNPs and advanced practice nurses each of whom must be currently licensed, and in the case of CRNPs, also currently certified.*

Preceptor's Name: \_\_\_\_\_

Preceptor's License/CRNP Certification Number: \_\_\_\_\_

Preceptor's License Status: \_\_\_\_\_

Preceptor's CRNP Specialty: \_\_\_\_\_

Preceptor's State of Licensure (Only provide the licensure for the state where the precepting is taking place.): \_\_\_\_\_

Add a separate attachment for additional preceptors

*Compile a list of preceptors along with the facilities wherein the students will engage with live patients to obtain clinical experience with a preceptor under the supervision of the faculty member assigned to the clinical course. In addition to providing the name and the city/state of the facility, identify the patient population and the type of facility from the following categories:*

- *Nursing homes*
- *Ambulatory services*
- *Hospitals*
- *Home Health*
- *Physician/Practitioner Office*
- *Other*

Name of Preceptor	Name of Facility	City/State	Patient Population	Description of Facility

**I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I also verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration or the denial/restriction of the approval to be a CRNP program.**

Signature of Program Application Contact Person \_\_\_\_\_ Date \_\_\_\_\_

**Provider Name** \_\_\_\_\_

**Template A  
CURRICULUM PLAN BY SEMESTER**

**Semester I:**

Course and Title	Term	Type and hours of instruction				Total # hours of Instruction		Board Approved Course	
		Didactic	Clinical	Lab	Sim	Clock	Credit	Yes	No
						<b>Total</b>	<b>Total</b>		

**Semester II:**

Course and Title	Term	Type and hours of instruction				Total # hours of instruction		Board Approved Course	
		Didactic	Clinical	Lab	Sim	Clock	Credit	Yes	No
						<b>Total</b>	<b>Total</b>		

**Semester III:**

Course and Title	Term	Type and hours of instruction				Total # hours of instruction		Board Approved Course	
		Didactic	Clinical	Lab	Sim	Clock	Credit	Yes	No
						<b>Total</b>	<b>Total</b>		

**Semester IV:**

Course and Title	Term	Type and hours of instruction				Total # hours of instruction		Board Approved Course	
		Didactic	Clinical	Lab	Sim	Clock	Credit	Yes	No
						<b>Total</b>	<b>Total</b>		

**TOTAL NUMBER OF HOURS**  
 (ALL SEMESTERS)      \_\_\_\_\_  
    Didactic      Clinical      Lab      Sim      Clock hours      Credit

**Provider Name** \_\_\_\_\_

**Template B**  
**5 YEAR PROJECTED FACULTY TO STUDENT COMPLEMENT PER YEAR AND TERM**

	Projected student enrollment		Projected faculty complement		Faculty/Student Ratio For Clinical Courses
	New	Continuing and Returning	Full Time	Part Time	
<b>YEAR 1</b>					
(Fall)					
(Spring)					
(Summer)					
<b>YEAR 2</b>					
(Fall)					
(Spring)					
(Summer)					
<b>YEAR 3</b>					
(Fall)					
(Spring)					
(Summer)					
<b>YEAR 4</b>					
(Fall)					
(Spring)					
(Summer)					
<b>YEAR 5</b>					
(Fall)					
(Spring)					
(Summer)					

# **ATTACHMENT C**

## Curriculum

[The Essentials: Competencies for Professional Nursing Education \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf)

<https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

[BaccEssentials08.pdf \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf)

<https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>

[QSEN Competencies | QSEN](https://www.qsen.org/competencies-pre-licensure-ksas)

<https://www.qsen.org/competencies-pre-licensure-ksas>

[Graduate QSEN Competencies | QSEN](https://www.qsen.org/competencies-graduate-ksas)

<https://www.qsen.org/competencies-graduate-ksas>

[NTF Standards - National Organization of Nurse Practitioner Faculties \(NONPF\)](https://www.nonpf.org/page/NTFStandards)

<https://www.nonpf.org/page/NTFStandards>

[ntfs\\_faq\\_2022\\_.pdf \(ymaws.com\)](https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs_faq_2022_.pdf)

[https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs\\_faq\\_2022\\_.pdf](https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs_faq_2022_.pdf)

[ACEN 2023 Standards and Criteria – Accreditation Commission for Education in Nursing \(acenursing.org\)](https://www.acenursing.org/acen-2023-accreditation-manual/acen-2023-standards-and-criteria/)

<https://www.acenursing.org/acen-2023-accreditation-manual/acen-2023-standards-and-criteria/>

[NONPF NP Role Core Competencies - National Organization of Nurse Practitioner Faculties \(NONPF\)](https://www.nonpf.org/page/NP_Role_Core_Competencies)

[https://www.nonpf.org/page/NP\\_Role\\_Core\\_Competencies](https://www.nonpf.org/page/NP_Role_Core_Competencies)

[CCNE Procedures for Accreditation \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf)

<https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf>

[Summary-Major-Revisions-to-2018-Standards.pdf \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/42/CCNE/PDF/Summary-Major-Revisions-to-2018-Standards.pdf)

<https://www.aacnnursing.org/Portals/42/CCNE/PDF/Summary-Major-Revisions-to-2018-Standards.pdf>

[Standards for Accreditation of Baccalaureate and Graduate Nursing Programs \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf)

<https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf>

[Microsoft Word - DNP Essentials Final 10-06.doc \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf)

<https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf>

[Microsoft Word - Final Member Draft of Master's Essentials 3-4-2011.doc \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf)

<https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf>

[Criteria-Evaluation-NP-2016.pdf \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Criteria-Evaluation-NP-2016.pdf)

<https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Criteria-Evaluation-NP-2016.pdf>

[Education | NCSBN](https://ncsbn.org/nursing-regulation/education.page)

<https://ncsbn.org/nursing-regulation/education.page>

[Nursing Education Programs in Pennsylvania, Data from 2013 Nursing Education Program Annual Reports \(pa.gov\)](https://www.health.pa.gov/topics/Documents/Programs/Workforce%20Reports/2014%20Nursing%20Education%20Report.pdf)

[https://www.health.pa.gov/topics/Documents/Programs/Workforce Reports/2014 Nursing Education Report.pdf](https://www.health.pa.gov/topics/Documents/Programs/Workforce%20Reports/2014%20Nursing%20Education%20Report.pdf)

[Recommendations for Mathematics and Statistics Education for Quality and Safe Nursing Practice | UT Dana Center](https://www.utdanacenter.org/our-work/higher-education/collaborations/math-for-nurses/recommendations-mathematics-and-statistics-education-quality-and-safe-nursing-practice)

<https://www.utdanacenter.org/our-work/higher-education/collaborations/math-for-nurses/recommendations-mathematics-and-statistics-education-quality-and-safe-nursing-practice>

[2023 RN Test Plan English FINAL.pdf \(nclex.com\)](https://www.nclex.com/files/2023_RN_Test_Plan_English_FINAL.pdf)

[https://www.nclex.com/files/2023\\_RN\\_Test Plan\\_English\\_FINAL.pdf](https://www.nclex.com/files/2023_RN_Test_Plan_English_FINAL.pdf)

[2023 PN Test Plan FINAL.pdf \(nclex.com\)](https://www.nclex.com/files/2023_PN_Test_Plan_FINAL.pdf)

[https://www.nclex.com/files/2023\\_PN\\_Test Plan\\_FINAL.pdf](https://www.nclex.com/files/2023_PN_Test_Plan_FINAL.pdf)

[21 NCLEX PN PA.pdf \(ncsbn.org\)](https://ncsbn.org/public-files/21_NCLEX_PN_PA.pdf)

[https://ncsbn.org/public-files/21\\_NCLEX\\_PN\\_PA.pdf](https://ncsbn.org/public-files/21_NCLEX_PN_PA.pdf)

[Draft -revised 2/6/08 \(acenursing.org\)](https://www.acenursing.org/2023-resources/2023-ACEN-Glossary-04_11_2023.pdf)

[https://www.acenursing.org/2023-resources/2023-ACEN-Glossary-04\\_11\\_2023.pdf](https://www.acenursing.org/2023-resources/2023-ACEN-Glossary-04_11_2023.pdf)

[2023 Accreditation Manual - 2023 Accreditation Manual - ACEN Resources \(acenursing.org\)](https://resources.acenursing.org/space/AM/1842642947/2023+Accreditation+Manual)

<https://resources.acenursing.org/space/AM/1842642947/2023+Accreditation+Manual>

[Guidelines for Prelicensure Nursing Program Approval FINAL.pdf \(ncsbn.org\)](https://ncsbn.org/public-files/Guidelines_for_Prelicensure_Nursing_Program_Approval_FINAL.pdf)

[https://ncsbn.org/public-files/Guidelines\\_for\\_Prelicensure\\_Nursing\\_Program\\_Approval\\_FINAL.pdf](https://ncsbn.org/public-files/Guidelines_for_Prelicensure_Nursing_Program_Approval_FINAL.pdf)

## **Prelicensure Curriculum Resources**

[21 Model Rules.pdf \(ncsbn.org\)](https://ncsbn.org/public-files/21_Model_Rules.pdf)

[https://ncsbn.org/public-files/21\\_Model\\_Rules.pdf](https://ncsbn.org/public-files/21_Model_Rules.pdf)

[Infection Control | CDC](https://www.cdc.gov/infectioncontrol/index.html)

<https://www.cdc.gov/infectioncontrol/index.html>

[Principles of Epidemiology | Lesson 1 - Overview \(cdc.gov\)](https://www.cdc.gov/csels/dsepd/ss1978/lesson1/index.html)

<https://www.cdc.gov/csels/dsepd/ss1978/lesson1/index.html>



[nursing-judgment-final.pdf \(nln.org\)](https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/nursing-judgment-final.pdf?sfvrsn=b2c6df0d_0)

[https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/nursing-judgment-final.pdf?sfvrsn=b2c6df0d\\_0](https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/nursing-judgment-final.pdf?sfvrsn=b2c6df0d_0)

[Curriculum \(pa.gov\)](https://www.education.pa.gov/Teachers-Administrators/Curriculum/Pages/default.aspx)

[https://www.education.pa.gov/Teachers - Administrators/Curriculum/Pages/default.aspx](https://www.education.pa.gov/Teachers-Administrators/Curriculum/Pages/default.aspx)

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[INS Learning Center: Fundamentals of Infusion Therapy \(ins1.org\)](https://www.learningcenter.ins1.org/p/FIT)

<https://www.learningcenter.ins1.org/p/FIT>

[About Us | Institute For Safe Medication Practices \(ismp.org\)](https://www.ismp.org/about)

<https://www.ismp.org/about>

[Patient Safety Authority - Safe healthcare for all patients](http://patientsafety.pa.gov/)

<http://patientsafety.pa.gov/>

[Education: Consensus on Nursing Education Regulatory Quality Indicators: A Delphi Study | NCSBN](https://www.ncsbn.org/event-video-view/education-consensus-on-nursing-education-regulatory-quality-indicators-a-delphi-study)

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Keating, S., & DeBoor, S., (2018). *Curriculum development and evaluation in nursing education*. New York: Springer Publishing Company.

McCoy, J., & Anema, M. (2018). *Fast facts for curriculum development in nursing: How to develop and evaluate educational programs*. (2<sup>nd</sup> Ed.) New York: Springer Publishing Company.

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“NCSBN’s Environmental Scan A Portrait of Nursing and Healthcare in 2020 and Beyond.” *Journal of Nursing Regulation*, January 2020. Volume 10. Issue 4.

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<https://www.acenursing.org/2023-standards-and-criteria-resources/>



[Request an Initial or Continuing Accreditation Site Visit – Accreditation Commission for Education in Nursing \(acenursing.org\)](https://www.acenursing.org/for-programs/report-writing-and-site-visit-preparation-resources/resources-information-forms-site-visits/)

<https://www.acenursing.org/for-programs/report-writing-and-site-visit-preparation-resources/resources-information-forms-site-visits/>

[Search ACEN Accredited Nursing Programs \(acenursing.com\)](http://www.acenursing.com/accreditedprograms/programsearch.htm)

<http://www.acenursing.com/accreditedprograms/programsearch.htm>

[ACEN-2023-Program-Guidelines.pdf \(acenursing.org\)](https://www.acenursing.org/2023-resources/ACEN-2023-Program-Guidelines.pdf)

<https://www.acenursing.org/2023-resources/ACEN-2023-Program-Guidelines.pdf>

[Cover Page \(acenursing.org\)](https://www.acenursing.org/2023-resources/ACEN-Manual-General-Information-2023.pdf)

<https://www.acenursing.org/2023-resources/ACEN-Manual-General-Information-2023.pdf>

[ACEN Accreditation Manual – Policies – Accreditation Commission for Education in Nursing \(acenursing.org\)](https://www.acenursing.org/accreditation-manual-policies/)

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[ACEN 2023 Standards and Criteria – Accreditation Commission for Education in Nursing \(acenursing.org\)](https://www.acenursing.org/acen-2023-accreditation-manual/acen-2023-standards-and-criteria/)

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[ACEN Accreditation Manual – Policy 3 – Accreditation Commission for Education in Nursing \(acenursing.org\)](https://www.acenursing.org/acen-accreditation-manual-policy-3/)

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[Commission Actions – Accreditation Commission for Education in Nursing \(acenursing.org\)](https://www.acenursing.org/commission-actions/)

<https://www.acenursing.org/commission-actions/>

[Requests for an ACEN Certificate of Accreditation – Accreditation Commission for Education in Nursing \(acenursing.org\)](https://www.acenursing.org/)

<https://www.acenursing.org/for-programs/general-resources/requests-for-an-acen-certificate-of-accreditation/>

[Evidence-based Nursing Education Program Approval | NCSBN](#)

<https://ncsbn.org/nursing-regulation/education/approval-of-nursing-education-programs/nursing-approval-guidelines.page>

[Board of Nursing Approval of Registered Nurse Education Programs - Journal of Nursing](#)

[https://www.journalofnursingregulation.com/article/S2155-8256\(17\)30178-3/pdf](https://www.journalofnursingregulation.com/article/S2155-8256(17)30178-3/pdf)

[Regulation Accredited Programs | NLN CNEA](#)

<https://cnea.nln.org/accredited-programs>

[APPLY | NLN CNEA](#) (eligibility criteria)

<https://cnea.nln.org/programs#ELIGIBILITYCRITERIA>

[APPLY | NLN CNEA](#) (pre-accreditation candidacy application cycles and deadlines)

<https://cnea.nln.org/programs#Pre-accreditationCandidacyDeadlines>

[Microsoft Word - 2023 NLN CNEA accreditation fees\\_ \(cdn-website.com\)](#)

[https://irp.cdn-website.com/cc12ee87/files/uploaded/2023 NLN CNEA accreditation fees.pdf](https://irp.cdn-website.com/cc12ee87/files/uploaded/2023%20NLN%20CNEA%20accreditation%20fees.pdf)

[NLN CNEA Accreditation Handbook 2023-ba8485f6.pdf \(image-res-platform.s3.amazonaws.com\)](#)

[https://image-res-platform.s3.amazonaws.com/cc12ee87/files/uploaded/NLN CNEA Accreditation Handbook 2023-ba8485f6.pdf](https://image-res-platform.s3.amazonaws.com/cc12ee87/files/uploaded/NLN%20CNEA%20Accreditation%20Handbook%202023-ba8485f6.pdf)

[Standard Comparison Document.pdf \(cdn-website.com\)](#)

[https://irp.cdn-website.com/cc12ee87/files/uploaded/Standard Comparison Document.pdf](https://irp.cdn-website.com/cc12ee87/files/uploaded/Standard%20Comparison%20Document.pdf)

[CNEA+Standards+October+2021.pdf \(cdn-website.com\)](#)

<https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA+Standards+October+2021.pdf>

[CNEA Substantive Change Form 04\\_23.pdf \(cdn-website.com\)](#)

[https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA Substantive Change Form 04\\_23.pdf](https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA%20Substantive%20Change%20Form%2004_23.pdf)

[CCNE Accreditation \(aacnnursing.org\)](#)

<https://www.aacnnursing.org/ccne-accreditation>

[Search ACEN Accredited Nursing Programs \(acenursing.com\)](#)

<http://www.acenursing.com/accreditedprograms/programsearch.htm>

[Baccalaureate & Graduate Nursing Program Application Process \(aacnnursing.org\)](#)

<https://www.aacnnursing.org/ccne-accreditation/what-we-do/bacc-grad-application-process>

[Nurse Practitioner Fellowship/Residency Program Application Process \(aacnnursing.org\)](https://www.aacnnursing.org/ccne-accreditation/what-we-do/np-fellowship-residency-application-process)

<https://www.aacnnursing.org/ccne-accreditation/what-we-do/np-fellowship-residency-application-process>

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<https://www.aacnnursing.org/portals/0/pdfs/ccne/cna-update-standards-revisions-nurse-educator.pdf>

[Entry-to-Practice Nurse Residency Program Application Process \(aacnnursing.org\)](https://www.aacnnursing.org/ccne-accreditation/what-we-do/nrp-application-process)

<https://www.aacnnursing.org/ccne-accreditation/what-we-do/nrp-application-process>

[Nursing Education Pathways \(aacnnursing.org\)](https://www.aacnnursing.org/students/nursing-education-pathways)

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[Commission on Collegiate Nursing Education \(aacnnursing.org\) \(nursing education programs\)](https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Fee-Structure.pdf)

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[Commission on Collegiate Nursing Education \(aacnnursing.org\) \(CRNP\)](https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Fee-Structure-NP-Fellowship-Residency-Programs.pdf)

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## **Simulation**

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December 27, 2024

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State Board of Nursing  
(AGENCY)

BY: *Abdullah Abdullah*

DOCUMENT/FISCAL NOTE NO. 16A-5141

12/19/2024  
DATE OF APPROVAL

DATE OF ADOPTION: \_\_\_\_\_

12/3/2024  
DATE OF APPROVAL

BY: *Linda L. Kmetz*  
Linda L. Kmetz, PhD, RN

(Executive Deputy General Counsel  
Strike inapplicable title)

TITLE: Chairperson  
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

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**PROPOSED RULEMAKING**

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF NURSING**

**49 PA. CODE, CHAPTER 21**

**§§ 21.1, 21.5, 21.11, 21.18, 21.31-21.125, 21.141, 21.143-21.145b, 21.147-21.148, 21.161-21.234, 21.251,  
21.282a-21.283, 21.361-21.377, 21.901-21.991**

**NURSING EDUCATION PROGRAMS; TERMINOLOGY UPDATES**



The State Board of Nursing (Board) proposes to delete current regulations relating to professional (§§ 21.31-21.116, 21.121-21.125), practical (§§ 21.143, 21.145b, 21.161-21.234) and certified registered nurse practitioner nursing education programs (collectively referred to as “Programs”) (§§ 21.361-21.377) and consolidate the provisions into new subchapter I that solely addresses Programs (§§ 21.901-21.991) to read as set forth in Annex A. Additionally, the Board proposes to amend current §§ 21.1, 21.5, 21.18, 21.118, 21.141, 21.145, 21.145a, 21.147, 21.148, 21.251, 21.253, 21.282a, and 21.283 impacted by the new subchapter, also to read as set forth in Annex A.

### *Effective Date*

The amendments will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin* unless noted otherwise. Sections 21.916(a) and (b); 21.933(a)(1)(iii), (b)(1) and (c)(1); and 21.934(a)(2)(i), (3)(i) and (b) will be effective five years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

### *Statutory Authority*

The amendments relating to Programs are proposed under the authority of sections 6.1, 6.2(a) and (b) and 8.1 of the Professional Nursing Law (RN Law) (63 P.S. §§ 216.1, 216.2, and 218.1) and section 9 of the Practical Nurse Law (PN Law) (63 P.S. § 659) which provide the Board with general authority to establish standards for the operation and approval of Programs. Additionally, the amendments relating to the practice of professional nursing, practical nursing and as a certified registered nurse practitioner (CRNP) are proposed under the authority of sections 2.1(k) of the RN Law (63 P.S. § 212.1(k)) and 17.6 of the PN Law (63 P.S. § 667.6).

### *Background and Purpose*

In this rulemaking, the Board intends to (1) consolidate the three types of educational Programs into new subchapter I; (2) codify current Board practice; (3) update requirements to meet national standards and statutory requirements, and (4) amend regulations tangentially impacted by this rulemaking.

As of June 30, 2023, there are 261 Programs in the Commonwealth broken down into 89 registered nurse Programs (RN Programs), 57 practical nurse Programs (PN Programs), and 115 certified registered nurse practitioner Programs (CRNP Programs). Based upon the latest Annual Reports for the 2021-2022 academic year there are 6,913 faculty members and 28,432 students in Pennsylvania RN and PN Programs. Pennsylvania ranks fifth in the number of registered nurse (RN) and licensed practical nurse (LPN) candidates that tested nationally. As of January 1, 2023,

based upon responses from CRNP Programs there were at least 816 faculty members and 6,404 students in CRNP Programs.

The curriculum content and established competencies for nursing education are developed through a combination of nursing education standards as established by the American Association of Colleges of Nursing (AACN), National League of Nursing (NLN), the National Council of State Boards of Nursing's (NCSBN) Model Acts and Rules, and the National Council's Licensure Examination (NCLEX<sup>®</sup>) RN and PN Practice Analyses and Test Plans and Quality and Safety Education for Nurses (QSEN) Competencies.

RN education can be obtained through an entry-level master's in nursing degree, referred to as direct-entry (DE-MSN), a baccalaureate degree in nursing (BSN), an associate degree (AD) or a hospital-based diploma. The general length of the education ranges from 16-48 months. In Pennsylvania, there are two DE-MSN Programs, 45 BSN Programs, 27 AD Programs, and 15 hospital-based diploma Programs. They are housed within 47 colleges and universities, with 13 being approved to offer multiple degree types, 13 community colleges, and 14 hospitals. As documented in the NCSBN's 2023 Environmental Scan, nationally, there is a growing trend among students seeking to become RNs to acquire a BSN.

PN education can be obtained through AD, diploma and certificate programs. In Pennsylvania, there are 20 certificate Programs, 35 diploma Programs, 1 AD in specialized technology Program, and 1 AD in applied science Program. They are housed within 10 community colleges, 33 vocational and technical schools and 13 private licensed schools. The general length of the education ranges from 12-18 months. As the Pennsylvania Association of Practical Nursing Administrators (PAPNA) advised in its presentation on its White Paper entitled, *Practical Nursing Front & Center: The Role, Trends & Future of Practical Nursing in Pennsylvania* (White Paper) presented at the October 27, 2017, Board meeting, between 2003 and 2013, there was 33% growth in practical nursing enrollment due to the need for long term care services. They also reported that 57% of the PN education takes place in career tech centers, 24% in private schools and 19% in community colleges.

In addition to an advanced practice core, CRNP education includes population focused competencies in one of six particular clinical specialty areas: Adult-Gerontology, broken into Acute Care (AGACNP) and Primary Care (AGPCNP), Family/Individual Across the Lifespan (FNP), Neonatal (NNP), Pediatric, also broken into Acute Care (CPNP-AC) and Primary Care (CPNP-PC), Psychiatric-Mental Health Across the Lifespan (PMHNP), and Women's Health/Gender Related (WHNP). CRNP education can be obtained through MSN, bachelors-to-doctorate (BSN-DNP) and post-master's CRNP certificate (PMC) or combined PMC/MSN programs. The general length of the education ranges from 18 months-5 years.

Unlike RN and PN Programs that are approved by the Board per institution that houses the nursing Program, referred to as the controlling institution, CRNP Programs are approved by the Board per degree and particular clinical specialty area meaning that one controlling institution may have multiple CRNP Programs. In Pennsylvania, there are 39 BSN-DNP Programs, 74 PMC/MSN Programs, 1 PMC Program and 1 MSN Program at 31 colleges and universities of which there are 17 AGACNP approved Programs, 20 AGPCNP approved Programs, 39 FNP approved Programs, 8 NNP approved Programs, 4 CPNP-AC approved Programs, 7 CPNP-PC approved Programs, 15 PMHNP approved Programs and 5 WHNP approved Programs.

### Consolidation

Currently the Board's nursing education regulations are divided by licensure type. The Board believes that this division is cumbersome and unwarranted as all of the Programs have similar establishment requirements and require an administrator, faculty, curriculum, records, and policies. In addition, all of the Program types are subject to various approval statuses and undergo the same procedural requirements where a Program is placed on provisional status or the approval status is subject to removal.

### Codification of Current Board Practice

The Board also intends to codify current Board practice. For example, prior to approving any new Program, the Board sets an appointment at a Board meeting for the new Program to make a presentation to the Board about the proposal and answer questions before the Board votes on whether to approve the new Program. This practice was instituted to reduce the instances where an application had to be tabled until further information was supplied. Similarly, because administrators and faculty of a new Program may not be hired or there is not an agreement executed between the Program and the site where clinical experiences will be obtained when the application is submitted, the Board requires Programs to submit this information for Board approval prior to commencement of the Program or use of the clinical site. Concomitantly, because Programs are required to possess authority to operate from the Pennsylvania Department of Education, whenever this authority changes, the Board requires that it be notified in advance. Consistent with current requirements from the Program establishment regulations, the Board is revising its education regulations, many of which were not amended since originally promulgated in 1976 for RN Programs, 1983 for PN Programs and 2006 for CRNP Programs. The Board believes it is appropriate to add these and similar specific provisions to the Board's regulations. Moreover, the Board believes these approvals contribute to the success of both Programs and students, as is discussed further below.

In addition, in administering the nurse education programs, the Board attempts to keep standards for RN BSN, AD, and diploma Programs as well as all PN Programs as consistent as possible. Some Programs have specific regulatory requirements while others are silent on the issue.

Where appropriate, the Board has implemented procedures that follow other Program regulatory requirements. Similarly, the Board requires all Programs to have an administrator even though the CRNP Program regulations do not use this title and instead refer to “a faculty member who directs the program.” The Board is proposing to include these requirements because it believes that these requirements or references should be consistent and there are no statutory or regulatory prohibitions from doing so, as explained where applicable below.

### Update requirements

Beyond consolidating and codifying current requirements and practices, the Board proposes to require Programs to obtain and maintain accreditation for the nursing program itself, referred to as programmatic accreditation, in addition to the currently required accreditation/authorization for the controlling institution. This “dual accreditation” is an indicium of quality of both the Program and the institution and is akin to what is statutorily mandated for many other professions, such as medicine, dentistry and psychology within the Bureau of Professional and Occupational Affairs. Further, programmatic accreditation enables Title IV funding for controlling institutions that may not qualify, leads to higher program pass rates, and enables seamless academic progression, known as articulation, for AD and diploma graduates into BSN Programs, enabling these nurses to achieve higher levels of education and thereby fill clinical and educational roles. Moreover, since 100% of the RN and CRNP Programs and 46% of the PN Programs currently maintain programmatic accreditation, this new requirement will not impose a significant burden on Programs. For those Programs that do not already hold programmatic accreditation, this rulemaking would provide those Programs 5 years from final publication to accomplish this requirement.

This rulemaking also delineates 11 additional standards on Programs relating to accreditation, authorization to operate, systematic evaluation plans, curriculum, written policies, faculty, clinical agencies and notifications. Although the current regulations only enunciate one standard—the failure to meet the minimum pass rate—many of these newly enunciated standards were imbedded in other portions of the current regulations such that compliance with these standards will not impose any hardship on Programs but, at the same time, will provide additional transparency into the requirements. There are two exceptions—the addition of prohibitions on all Programs concerning multiple administrator turnover without Board approval within an academic year and engaging in fraud, deceit or misrepresentation specific to the Program. In particular, the latter is important given the recent Operation Nightengale investigation by the Federal Bureau of Investigation into fraudulent nursing programs.

Further, because Programs on provisional status fail to maintain standards, impacting both students and Programs, this rulemaking would also increase the Board’s oversight on these Programs by requiring them to obtain approval prior to making alterations to the existing program, including adding practice locations, curriculum plans of study, delivery methods, cohorts or program options,

enrollment increases and specialties or degrees. At the same time, the rulemaking would increase the panoply of restrictions on these Programs when deemed appropriate by the Board, including limiting or prohibiting class or cohort size, additional delivery methods, specialty or degree types or program sites, imposing clinical restrictions and requiring programs on provisional status to submit additional reports. Currently, the Board's panoply of restrictions is limited and are not delineated in the regulations.

Concomitantly, this rulemaking would relax pre-approval requirements for existing Programs with full approval status by allowing these Programs to implement certain changes prior to the Board's review and approval. In addition, it would reduce the paperwork requirements on existing Programs that desire to add additional degree tracks or specialties by eliminating the need to provide redundant documentation included in the original application for approval.

Another new proposed provision is to increase the minimum admission requirements for RN and PN Programs and increase the educational requirements for administrators and faculty at all Programs. The increases to the minimum admission requirements ease the burden on Programs because students with this math and science education have a higher success rate on the licensure examination and have an easier time performing medication administration calculations and understanding basic science concepts thereby reducing the likelihood that the Programs fail to meet minimum standards and have to be placed on provisional status. In addition, this requirement should reduce the number of students who have to withdraw or fail out of the Program due to lack of preparation for the rigors of the curriculum. In some instances, Title IV funding is involved. The latter educational increases are consistent with national accreditation standards negating any impact associated with the increase. Additionally, as with the programmatic accreditation standard, in this proposal, administrators and faculty who do not meet the new requirements will have 5 years from final publication to obtain the required education.

Lastly, as is discussed further below, the Board proposes to include a reference to the PA-SUPPORT curriculum, a safe opioid prescription education curriculum approved by the Board under Section 5102 of the act of November 2, 2016 (P.L. 987, No. 126) (Act 124 of 2016), in the CRNP Program curriculum section and also the definitions.

#### Amendments to existing provisions

In addition to adding substantive provisions, the Board proposes to amend existing provisions impacted by these regulations. Specifically, the Board adds definitions for "comprehensive nursing assessment" and "advanced assessment" and concomitantly amends the definition of "focused assessment," to reflect the differences in the assessments conducted by LPNs, RNs and CRNPs, replaces references to "IV" with "infusion" throughout to match current

nomenclature, adds additional standards for LPNs, RNs and CRNPs to include their actions when specifically involved in nursing education, and corrects cross references to the new subchapter.

### *Engagement with stakeholders*

The promulgation of this regulation involved a multi-year process with the Board sending versions of this rulemaking out for pre-draft input to its entire stakeholder list three times, emailing copies to stakeholders who receive the Board agenda, holding stakeholder meetings separate and apart from Board meetings and having numerous committee meetings during Board meetings to discuss the consolidation and substantive revisions. Initially, the Board only planned to amend the RN and PN Program regulations and worked on revisions applicable to pre-licensure programs, however, upon further review, the Board determined that the CRNP Program regulations should also be included within this rulemaking as CRNP Program requirements are fundamentally similar to those of the pre-licensure programs.

With the advent of the Pennsylvania Licensure System (PALS) and the Board's review of its operational processes, information gleaned from the Board's almost quarterly meetings with Programs on provisional status which reflected that additional standards and restrictions for failure to meet standards were needed, and updated information about the NCLEX<sup>®</sup> test plan and changes related to the Next Generation NCLEX<sup>®</sup> for RN and PN nurse applicants, the Board again reevaluated and amended the proposal, solicited additional pre-draft input, received comments on the proposal from the regulated community at Board meetings and made additional revisions.

Owing to the concern of stakeholders about the costs, including Title IV funding, and the availability of post-secondary programs to meet the Board's planned requirement that RN and PN students complete a minimum math and science requirement prior to being admitted into a Program, the Board received presentations from the Department of Labor and Industry's (L&I) Bureau of Workforce Partnership Operations and the Director of L&I's Apprenticeship and Training Office regarding apprenticeship opportunities as a pathway to bring diversity to licensure, its impact on nursing education, and alternative funding sources. As part of both presentations, the Board and stakeholders had an opportunity to ask questions and provide input. Immediately thereafter, stakeholders met with L&I representatives separately to address available options. Additionally, the Board had internal discussions with the Pennsylvania Department of Education (PDE) regarding its approval processes and credit hour determinations. In light of those discussions and in order to reduce potential hardships on students and Programs, the Board extended the timeframe to complete the coursework from pre-admission to pre-commencement providing students additional time to complete the deficient education and allowing them an opportunity to obtain Title IV funding. In addition, the proposed revision enables Programs to separately offer the courses or partner with other educational providers to provide the coursework.

Thereafter, the Deans of the Nursing Programs at the University of Pennsylvania, the University of Pittsburgh and Pennsylvania State University (collectively referred to as “the Deans”) requested and received an additional opportunity to comment on the Amended Annex. Specifically, they recommended that the Board amend some definitions, revise minimum admission requirements, reduce the timeframe when new proposals must be submitted, grant provisional/conditional approval for accredited Programs to admit students and make changes without Board pre-approval, enable notifications about faculty, clinical agencies, and cohort increases to occur in the Annual Report rather than requiring pre-approval, and substitute mandatory curriculum and syllabus requirements with a concept-based approach. The Board discussed the recommendations with stakeholders over several meetings and implemented some of the recommendations and relaxed other requirements. As explained in detail below, the Board revised and adopted an amended Annex amending definitions, reducing timeframes, and relaxing notification and documentation requirements for Programs with full approval status.

The Board made an additional amendment to new § 21.944(b)(5) (relating to general content requirements for CRNP nursing education programs) to reference the PA-SUPPORT curriculum. Most recently, the Board again revised and adopted the Annex to alleviate concerns raised by PAPNA about the co-requirements for programmatic and controlling institution accreditation as it applies to PN Programs.

#### *Description of Deleted Provisions*

The Board proposes to delete the following provisions in favor of a consolidated new Subchapter I explained more fully below.

- § 21.31—§ 21.116     *Surveys; list of approved schools—Students’ rights.*
- § 21.121—§ 21.125     *Program records—Custody of records.*
- § 21.143                 *Surveys; list of approved programs*
- § 21.145b                *IV therapy curriculum requirements*
- § 21.161—§ 21.234     *Objectives—Access and use of records*
- § 21.361—§ 21.377     *General criteria for approval of programs—Custody of Records*

Currently, §§ 21.31-21.125 only applies to RN education, §§ 21.141-21.234 only applies PN programs and §§ 21.361-21.377 only applies to CRNP programs. The Board has determined that many of the requirements within the three subchapters are identical; others which are currently not, in the Board’s view, should be for the reasons explained below. In place of the above provisions, the Board proposes to consolidate nursing education in new subchapter I.

#### *Description of Added Provisions in Subchapter I, Nursing Education Programs*

The Board has retained the structure of the current regulations for Programs, beginning with the definitions in proposed § 21.901, the approval status of Programs in proposed §§ 21.911-21.914, minimum status for Programs in proposed §§ 21.915-21.918, the approval process for Programs in proposed §§ 21.921-21.922, organizational requirements in § 21.923, clinical agencies in § 21.924, changes to Programs in 21.925, administrative and instructional personnel in 21.931-21.936, curriculum in §§ 21.941-21.946, facilities and resources for administration and teaching in proposed §§ 21.951-21.952, policies and procedures in § 21.961, records in proposed §§ 21.971-21.973, program evaluation in § 21.981, and site visits in proposed § 21.991. The Board believes that this structure will allow for an ease of reference for Programs who have worked within this regulatory structure since 1976 for RN Programs, 1983 for PN Programs and 2006 for CRNP Programs.

## GENERAL PROVISIONS

### *§ 21.901—Definitions.*

The Board proposes to define “clinical agencies,” “clinical preceptor,” “cohorts,” “controlling institution,” “CRNP nursing education program,” “delivery method,” “examination year,” “full approval,” “interprofessional faculty,” “initial approval,” “minimum pass rate,” “nursing education program,” “PA-SUPPORT curriculum,” “practical nursing education program,” “professional nursing education program,” “program in transition,” “programmatic accreditation,” “provisional approval,” and “systematic evaluation plan.” These definitions are solely applicable to nursing education and, except for “examination year” and “systematic evaluation plan,” are not currently defined in RN, PN and CRNP regulations. These new definitions dovetail with other proposed provisions and will be discussed further with those applicable provisions.

### Certified registered nurse practitioner (CRNP) nursing education program

In this proposed rulemaking, the Board defines the terms “nursing education programs,” “CRNP nursing education program,” “practical nursing education program,” and “professional nursing education program.” The reference to CRNP nursing education program refers only CRNP Programs. The proposed definition clarifies that both the didactic and clinical components of the CRNP Program must be taught according to evidence-based practice, a standard in the nursing profession. The proposed definition also delineates the culminating documents for CRNP Programs: post-graduate degree or post-master’s certificate.

### Clinical agencies

Clinical agencies, currently referred to as “cooperating agencies,” are settings such as hospitals, senior centers and private offices, within or outside of the Commonwealth, where nursing students obtain their clinical experience in order to assure varied clinical experiences. The proposed



definition clarifies that these settings span the continuum of care and must involve live patients. Aside from the name change, there is no substantive difference in the usage of this term in the current and proposed regulations.

### Clinical preceptor

The Board proposes to include a definition of “clinical preceptor,” which has been a cornerstone of clinical nursing education for decades. Clinical preceptors guide clinical experiences directed by Program faculty at clinical agencies. The Board proposes to define a clinical preceptor as an individual who enhances faculty-directed clinical experiences by guiding selected clinical activities. Within the proposed definition, the Board references the qualifications for the clinical preceptors in new § 21.934(f) (relating to faculty and staff qualifications).

### Cohorts

The Board proposes to define “cohorts” in § 21.901 as groups of students admitted multiple times within a year, whether it be in the fall and spring or fall, winter and summer, utilized by many university and college-based RN and CRNP Programs as well as PN Programs.

### Controlling institutions

The term “controlling agencies” is used in the current PN Program regulation to refer to entities that house nursing education programs. The Board proposes to use the term “controlling institutions” to reflect current terminology in education. These institutions include colleges, universities, private licensed programs, vo-techs and hospitals (for RN and PN Programs).

### Delivery method

The Board proposes to define “delivery method” as the method by which a course is taught including distance learning, online coursework, face-to-face education or a hybrid of methods as referenced in 21.911(d)(3) and 21.912(c)(1)(iii) (relating to approval status; procedure where a nursing education program is placed on provisional status).

### Examination year

The Board proposes moving the definition of “examination year” from §§ 21.1 and 21.141 (relating to definitions) to new § 21.901 since the definition applies solely to the Program regulations. As indicated in the current regulations, the examination year for RN and PN Programs runs from October 1<sup>st</sup> through September 30<sup>th</sup> each year. This period is consistent with the timeframe used by the other states. For CRNP Programs, the Board proposes that the examination year run

from June 1<sup>st</sup> to May 31<sup>st</sup> to be consistent with the academic year.

The Board considered, based upon a comment from a pre-draft stakeholder, reducing the examination year for RN and PN Programs to a cohort of test-takers who tested during the first six months from completion of a Program, similar to the timeframe used by the Ohio State Board of Nursing. The concern for the Board was that a six-month timeframe would only give the Board a snapshot of a Program's performance rather than a cumulative evaluation of all graduates within the Program and would reduce remediation for students not passing the NCLEX<sup>®</sup>.

### Full approval

The Board proposes adding definitions for the three types of approval status for Programs: full, initial and provisional approval. The definition of "full approval" status tracks the language in current §§ 21.33(a)(2), 21.162(a)(2) and 21.363(a) (relating to types of approval; approval process) and is consistent with the NCSBN Model Act and regulations. A Program with full approval status means that the approved Program meets the standards in the regulations. The Board proposes to reiterate the current requirement in the RN, PN and CRNP regulations that Programs remain on full approval status unless they fail to maintain standards.

### Interprofessional faculty

Unlike clinical preceptors who are either physicians or nurses depending upon the Program type, interprofessional faculty, referenced in new § 21.934(d) and described in current § 21.71(c)(3) as allied faculty, are faculty members, such as pharmacists, psychiatrists, epidemiologists, ethicists and geneticists, who have specialized knowledge, skills and abilities in pharmacology, psychiatry, epidemiology, ethics and genetics, who hold at least one graduate degree in the area being taught or are licensed by applicable practice acts.

### Initial approval

Like the definition of "full approval," the proposed definition for "initial approval" in new § 21.901 tracks the current language in §§ 21.33(a)(1) and 21.162(a)(1) and is also consistent with the NCSBN Model Act and regulations. Initial approval would continue to be the status provided to RN and PN Programs commencing when the Programs' proposals (hereinafter referred to as proposals) are approved by the Board and a facility review is conducted confirming the physical components of the proposals. This status would continue until the RN and PN Programs graduate their first class, achieve a minimum pass rate and, once effective, obtain programmatic accreditation, at which point the RN and PN Programs would obtain full approval status. Unlike the pre-licensure Programs, CRNP Programs receive full approval status upon Board approval because in all but one instance in Pennsylvania, all have pre-licensure Programs.

In drafting the definition of “initial approval,” the Board considered when it should conduct the initial facility review before the proposal is brought before the Board for approval or after the Board approves the content of the proposal but before the admission of students into the Program. The Board chose the latter acknowledging that alterations to the physical components may occur following submission of the original proposal thereby enabling the Board to review the facility as it is intended for the admission of students.

### Minimum Pass Rate

The Board proposes adding a definition for “minimum pass rate” consistent with current §§ 21.33b(3) and 21.162b(3) (related to minimum rate for graduates of nursing education programs to pass the National Licensure examination) which requires that RN and PN Programs achieve a minimum pass rate of 80% or more of the Program’s first-time examinees on the National licensure examinations during the examination year.

During the most recent examination year, from October 1, 2021, through September 30, 2022, the NCLEX® pass rate for RN Programs in United States averaged 79.92% while PN Programs in United States averaged 80.09%. Pennsylvania’s NCLEX®-RN pass rate was 84.37% (6,891 of the 8,168 first-time candidates passed) and the NCLEX®-PN pass rate was 81.41% (1,501 of the 1845 first-time candidates passed).

The Board, based upon a request by a stakeholder, considered but rejected reducing the minimum pass rate from 80% of first-time test takers within a given examination year as it is the standard applied by the majority of states. According to responses on a 2022 NCSBN Member Board Profiles Education survey, 39 of the 52 Boards of Nursing calculate their pass rates based upon first-time test takers during an examination year and 70% utilize the same minimum pass rate of 80% to evaluate Programs.

The Board also considered, but rejected, the recommendation of a stakeholder that each Program be permitted to set the level of pass rate akin to the ACEN™ accreditation standard. The Board noted that despite ACEN™ making Programs responsible to set their expected level of achievement, ACEN™ requires the same 80% pass rate of first-time test takers as the Board. Additionally, allowing Programs to set their own pass rate would result in varying standards to be applied by the Programs possibly even within cohorts.

Unlike the established minimum pass rate for RN and PN Programs, current regulations do not set a minimum rate for CRNP Programs in part because there are multiple certifying examinations based exclusively on the particular clinical specialty areas. The AGPCNP and FNP certification examinations are administered by the American Academy of Nurse Practitioners

Certification Board (AANP) and the American Nurses Credentials Center (ANCC). The AGACNP certification examination is administered by the ANCC. The CPNP-AC and CPNP-PC certification examinations are administered by the Pediatric Nursing Certification Board. The PMHNP certification examination is administered by the ANCC. The NNP certification examination and the WHNP certification examinations are administered by the National Certification Corporation.

Nonetheless, the Board has communicated with the CRNP certifying bodies and has been advised that CRNP Programs can either receive certification examination pass rates or review this information on certifying bodies' webpages enabling them to calculate their pass rates for first time test takers. In light of this information and to be consistent with the minimum pass rate requirement for RN and PN Programs, the Board proposes that the Board will calculate the minimum pass rate for CRNP Programs based upon the annual results for each certification examination. Where there are multiple specialty examinations, as for AGPCNP and FNP, the Board will calculate the minimum pass rate based upon the average of the two examinations. For the other specialties that have only one examination, the Board the Board will base the pass rate on that average.

Because §§ 21.33b(1) and (2) and 21.162b(1) and (2) have expired, the Board did not incorporate them within the definition of "minimum pass rate."

#### Nursing education program

The Board proposes to add a definition for "nursing education program" in § 21.901 to refer to RN, PN and CRNP nursing education programs collectively.

#### PA-SUPPORT curriculum

In this proposed rulemaking, the Board defines "PA-SUPPORT curriculum" as the Board-approved safe opioid prescription education that may be used on its own or incorporated into a CRNP Program's advanced pharmacology curriculum cited in § 21.944(b)(5).

#### Practical nursing education program

In this proposed rulemaking, the Board defines "practical nursing education program" as a plan of study composed of 1,500 hours of integrated didactic and clinical components taught at the level of an LPN. PN education programs culminate in a degree, diploma, or certificate.

#### Professional nursing education program

In this proposed rulemaking, the Board defines "professional nursing education program" as an integrated didactic and clinical plan of study taught at the level of an RN. RN education programs

culminate in a degree or diploma.

#### Program in transition

The Board proposes to add a definition for “program in transition,” referenced in new § 21.922 (relating to additional establishment requirements for programs in transition), a term used in current 21.51 (a)(3), (b) and (d). It involves approved RN Programs seeking to change from conferring diplomas to conferring degrees.

#### Programmatic accreditation

The Board proposes to add a definition for “programmatic accreditation.” It involves accreditation of the nursing education program itself. Currently, there are three nursing accrediting bodies: Credentialing Commission for Nurse Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN<sup>TM</sup>), or the NLN’s accreditation body, known as the Commission for Nursing Education Accreditation (CNEA). CCNE, ACEN<sup>TM</sup> and CNEA are USDOE recognized accrediting bodies. CCNE accredits RN and CRNP Programs in the United States at the baccalaureate and graduate degree level. ACEN<sup>TM</sup> accredits post-secondary and higher degree RN and PN Programs at the certificate, hospital-based and degree levels. CNEA accredit RN and PN Programs across the academic spectrum. While Programs cannot apply for ACEN<sup>TM</sup> or CNEA accreditation until after they have graduated their first class, Programs may apply for CCNE candidacy or CNEA’s Pre-Accreditation Eligibility as soon as the Program starts.

#### Provisional approval

Like the definitions of “full approval” and “initial approval,” the proposed definition for “provisional approval” in new § 21.901 tracks the current language in the RN, PN and CRNP regulations and is also consistent with the NCSBN Model Act and regulations. Programs on provisional status fail to maintain standards. In the current regulations, the sole standard for placement on provisional status for RN and PN Programs is maintenance of a minimum pass rate. For CRNP Programs, provisional status occurs when the Program fails to comply with the Board’s regulations. As will be discussed below, in this proposed rulemaking the list of standards would be expanded as set forth in new § 21.915 (related to standards).

#### Systematic Evaluation Plan

Like the definition of “examination year,” the Board proposes to move the definition of “systematic evaluation plan” from § 21.1 to § 21.901 since it solely applies to nursing education programs. It is the process of ongoing assessment of both the end of Program and student learning outcomes as well all resources necessary to support them.

## APPROVAL STATUS OF NURSING EDUCATION PROGRAMS

### *§ 21.911—Approval status.*

The Board proposes in new § 21.911(a) to include the requirement in section 6.2 of the RN Law (63 P.S. § 216.2) and section 9 of the PN Law (63 P.S. § 659) and current §§ 21.31(b) and (c) and 21.362(d) (relating to annual reports and compliance reviews; list of approved programs) that it maintains a list of approved Programs and their status on the Board's website. A list of all approved Programs is readily available on the Board's website and is updated after each examination year. Owing to technological changes and capabilities, in this regulation the Board has chosen not to identify the specific method by which it will make the approved list available.

The Board also proposes in new § 21.911(b) to delineate the various changes in approval status based upon a Program's failure to meet particular minimum standards in new § 21.915. Proposed Paragraph (1) would track the current requirement in §§ 21.33(a)(1) and 21.162(a)(1), contained in proposed § 21.915(a)(1), that RN or PN Programs that fail to meet the minimum pass rate of 80% would be automatically placed on provisional status under the standards set forth in proposed § 21.912(a) (relating to procedure where a nursing education program is placed on provisional status) and would be subject to removal from the Board's approved list under proposed § 21.913 (related to procedure to restrict or remove approval of a nursing education program). As proposed in paragraph (2), a Program that would fail to maintain its accreditation, as required in proposed § 21.915(a)(2), and would be subject to removal from the Board's approved list under proposed § 21.913. As proposed in paragraph (3), a Program that is no longer authorized to provide education in the Commonwealth, as would be required in proposed § 21.915(a)(3), would be administratively placed on provisional status under proposed § 21.912, and subject to removal under the procedures in proposed § 21.913. The Program would only be able to provide nursing education if permitted to do so by the authorizing body, whether it be the USDOE, PDE or the Board. As proposed in Paragraph (4), a Program that fails to meet the standards in proposed § 21.915(a)(4)-(12), would be placed on provisional status under the procedures in § 21.912 and would be subject to removal from the Board's approved list under proposed § 21.913.

The Board also proposes in new § 21.911(c), tracking current §§ 21.33(b) and 21.162(b), that Programs notify their students of any status changes and provide a copy of that notice to the Board. The Board also proposes that at its direction additional notification may be required for applicants and students. The Board is cognizant that providing such notification may be financially disadvantageous to Programs, especially those who only miss the minimum pass rate by a few hundredths of a percentage, however, this information is publically available on the Board's website. Additionally, by providing this notification to students, affected Programs will have an opportunity to explain to their students, and possibly even applicants, the steps that the Programs are taking to

remediate the deficiency.

In new § 21.911(d), the Board proposes to clarify that in order to add practice locations, curriculum plans of study, new delivery methods, cohorts, program options, specialties or degrees or increase enrollment beyond what was initially approved, a Program would have to be on full approval status. The Board believes that these restrictions will encourage Programs on provisional approval to focus on their current deficiencies without adding additional students, locations or curriculum changes. Of course, as was the case during the COVID-19 pandemic, should the Governor issue an Emergency Declaration, the Governor would have the authority to enable Programs on provisional status to amend their curriculum plans, delivery methods or program options to address the restrictions of the emergency. During the Stay-at-Home Order, Programs, including those on provisional status, changed their delivery methods to 100% distance learning and online coursework followed in some instances by a hybrid delivery method or a return to face-to-face education once the Order was lifted. The addition of the phrase “unless provided specific approval by the Board” allows the Board to make a case-by-case determination based on the particular request of the Program. Unless self-explanatory, the Program will likely be required to appear before the Board to provide the rationale and the mechanics for the request.

*§ 21.912—Procedure where a nursing education program is placed on provisional status.*

Under the existing regulations, at the conclusion of each examination year, the Board provides each RN and PN Program with their annual results on the NCLEX®. The Program has 14 days to review the results to ensure that the applicants listed in the results are its graduates after which the results are posted on the Board’s website. When an RN or PN Program’s minimum pass rate of first-time test takers does not reach 80% in a singular examination year, the Board automatically changes the Program’s approval status to provisional. The Program is required to provide a performance improvement plan (PIP) that includes an analysis of the Program’s curriculum compared with the students’ topical performance on the NCLEX®, information about administrator and faculty turnover, curricular changes and student remediation efforts as well as an action plan for correcting the deficiencies. For CRNP Programs, the Board does not disseminate pass rate results. Instead, CRNP Programs may request the results directly from the specialty certifying bodies for the particular certification examinations.

If a Program is already on provisional status, the status continues if the minimum pass rate is not met. Under §§ 21.33a(g) and 21.162a(g) (relating to failure to comply with standards), a Program may remain on provisional status for two years before having to request an extension of provisional status. At that time, pursuant to §§ 21.33a(c) and 21.162a(c), the Program is required to submit a PIP. Incorporating current practice, the Program would also be required to make a presentation to the Board supporting the request for an extension. Under these provisions, the Board is authorized to extend the time period for correction of deficiencies if the program is making demonstrable

progress toward correction of deficiencies. Generally, the Board's extensions range from each quarterly period to the end of the examination year depending upon the annual and quarterly examination results and the number of times that the Program has received an extension of the provisional status.

As the Board reported at its December 11, 2023, Board meeting, for the 2022-2023 examination year of the 146 pre-licensure Programs, 14 Programs are on provisional status—1 RN Program and 13 PN Programs. The number of Programs on provisional status decreased by 40 from the 2021-2022 examination year with 23 RN and 17 PN Programs on provisional status. Nonetheless, both Pennsylvania RN and PN Program average pass rates exceed the United States Program average for the last four years.

The Board proposes in § 21.912(a) incorporating current §§ 21.33a(b) and 21.162a(b) that a Program be advised in writing when it will be placed on provisional status as a result of failing to maintain the standards. The notice would include a list of deficiencies as well as the amount of time in which the Program must correct the deficiency. Unlike current §§ 21.33b and 21.162b, which are limited to maintaining the minimum pass rate, in this proposal, the Board proposes expanding the list of standards delineated in proposed § 21.915. Proposed subsection (b) would reiterate the authority of the Board in current §§ 21.33a(e) and 21.162a(e) to require additional reports and implement current practice of requiring Programs on provisional status to provide a PIP.

New subsection (c) would reiterate the legal procedures allowing a Program to appeal from a staff decision in current §§ 21.33a(j) and 21.162a(j).

In new subsection (d), the Board delineates new restrictions that can be placed on a Program on provisional status including prohibiting the admission of another class, additional cohorts, program options, specialty types or degrees, and additional delivery methods. Additionally, in proposed § 21.912(c)(2)-(4) the Board would be authorized to limit the size of a class or cohort, require the Program to submit quarterly reports detailing a timetable and steps being taken to remediate the deficiency, and/or impose clinical restrictions related to health and safety including preventing students from going to the clinical site until the deficiency is remediated. These clinical restrictions may be related to the failure of a Program to ensure students have proper immunizations or in instances where there is a lack of adequate faculty or qualified faculty related to the clinical specialty. The Board's justification for these restrictions and limitations is based upon the Program's inability to manage its current Program and the Board's reluctance to permit the Program to take on additional responsibilities and students, however, the authority to impose these restrictions is found in current §§ 21.33a(d) and 21.162a(d).

The Board proposes in new § 21.912(e) to address the length of time that a Program may be on provisional status. Current §§ 21.33a(g) and 21.162a(g), set a maximum period of two years



before which Programs must appear before the Board to request extensions of their provisional status. Currently, there is one RN Program and four PN Programs that have received extensions in excess of two years.

In promulgating this regulation, the Board considered, based upon a comment from a pre-draft stakeholder, extending the timeframe within which a Program can be on provisional status to three or more years before an extension must be requested. As the Board explained in its Preamble to current §§ 21.33a(g) and 21.162a(g), the two-year timeframe ensures early intervention with Programs experiencing difficulty and emphasizes the development of a plan to ensure improvement so that the Programs on provisional status can be returned to full approval status. In the Board's experience, requiring Programs to seek an extension of provisional status after two years heightens the attention on the Program by both the controlling institution and the Program. At the same time, the Board is cognizant that there is a correlation between the length of the Program and the time it takes to correct the deficiencies. Accordingly, the Board proposes in new subsection (d) to permit a Program to remain on provisional status for the length of the full-time Program before having to seek an extension. Under this provision, a BSN-DNP Program would be permitted to remain on provisional status about three to four years before seeking an extension, a MSN Program would be permitted to remain on provisional status about one to two years before seeking an extension, a BSN Program would be permitted to remain on provisional status for about four years before seeking an extension, an AD Program would be permitted to remain on provisional status for about two-three years before seeking an extension, and a diploma Program would be permitted to remain on provisional status for about 24-36 months before seeking an extension.

The Board proposes in subsections (f)-(g), parroting the requirements of §§ 21.33a and 21.162a subsections (f) and (h)-(k), to authorize announced and unannounced visits of Programs on provisional status and set out procedures for reinstating a Program to full approval or initiating removal procedures. Due to the addition of accreditation, the Board proposes in subsection (g) to require that if accreditation is not yet obtained, a Program being removed from provisional status would be reinstated to initial approval status rather than full approval status.

*§ 21.913—Procedure to remove approval of a nursing education program.*

The Board proposes in new § 21.913(a) to delineate the specific conditions which cause a Program to be removed from the approved list: failing to meet standards in § 21.915, a current condition under §§ 21.34(a) and 21.166(a)(relating to removal from approved list), failing to correct the Board-advised deficiencies, failing to provide Board requested information or reports, refusing or limiting a site visit necessitated by the deficiencies, or failing to adhere to the restrictions imposed by the Board. The addition of the latter conditions stems from the specific requirements in § 21.912(a), (b), (d) and (f).

In new subsection (b), the Board proposes reiterating current §§ 21.34(a)(1)-(7) and 21.166(a)(1)-(7) which also provides the due process procedures where the Board determines that a Program's approval should be removed.

New § 21.913(c) would consolidate current §§ 21.34(b)-(c) and 21.166(b)-(c) involving requirements on the controlling institutions where Programs would be removed from the approved list.

*§ 21.914—Discontinuance of a nursing education program; interruption of a nursing education program.*

In new § 21.914, the Board proposes incorporating similar provisions in current §§ 21.34(d), 21.41, 21.166(c), and 21.173 where a Program would be discontinued either because the Program's approval has been removed by the Board under § 21.913(b) or because the Program decided to close. Historically, Programs have closed due to a lack students, faculty, clinical agency placements or financial resources. Proposed § 21.914(a)(1), tracking the notification requirement in §§ 21.41(a) and 21.173(a) (relating to notification; completion of program; records; discontinuance or interruption of a program of practical nursing), would require that when a Program intends to close or its approval has been removed, it submits a Program completion plan at least three months from the notification of approval removal or six months in advance of closure. In addition, subsection (a)(2), tracking §§ 21.41(c), 21.166(b), and 21.173(c), would require a closing or removed Program to provide for student completion of the Program. As this subsection explains, Programs are not required to continue until the enrolled class is completed if the students in the Program can be placed in an approved program at the same level. The rationale for permitting this transfer of students, for example, where a Program has lost its programmatic accreditation, is to enable the students to graduate from an accredited nursing program as discussed in new § 21.916 below. Similarly, if a Program is not financially viable, it may be more prudent to facilitate the transfer to another approved Program that is viable. In new subsection (a)(3), the Board proposes that the Program also notify students of the completion plan. This notification will enable students and their families to make the decision whether to seek assistance with a transfer or pursue continuance of the Program until completion.

Within 90 days of actual closure, proposed subsection (b)(1) would require a closing or removed Program to submit a Program Closing Summary Report. While not currently required by current regulations, closing Programs have traditionally provided this report to the Board as the historical record of the Program. In addition to submitting the Summary Report, proposed subsection (b)(2), tracking the notification requirement in the current regulations at §§ 21.34(c) and 21.166(c), would require the discontinued Program to provide for the permanent retention of student and graduate records in conformity with proposed §§ 21.971 and 21.973 (relating to record maintenance and retention; custody of records).

Proposed § 21.914(c) tracks the requirement in §§ 21.41(b) and 21.173(b) that the Board be notified if a Program does not admit a class in a given year and receive approval to resume continuation. Some Programs may not admit a class due to poor enrollment or due to a planned reorganization.

### MINIMUM STANDARDS FOR NURSING EDUCATION PROGRAMS

#### *§ 21.915—Standards.*

The Board proposes in new § 21.915(a) to delineate twelve standards which Programs would be required to meet in order to be in compliance with the Board standards and obtain full approval status. The proposed standards are based upon various requirements in subchapter I and align with NCSBN Model Rules. Proposed subsection (a)(1) would parrot the sole standard enunciated in §§ 21.33b and 21.162b that RN and PN Programs maintain the minimum pass rate of 80% or more of its first-time examinees during an examination year. The Board explained the rationale for this pass rate in the description of “minimum pass rate” in proposed § 21.901. Dovetailing with this standard, proposed subsection (a)(10) would require that Programs monitor their pass rates with the additional requirement that RN and PN Programs do so quarterly. This timing matches the reporting of quarterly pass rates by NCSBN. Proposed subsection (a)(2), regarding obtaining and maintaining programmatic accreditation, would dovetail with the proposed accreditation requirement in new § 21.916 and proposed subsections (a)(3)-(4) would dovetail with the proposed establishment requirements in new § 21.921. Proposed paragraph (5) would dovetail with the proposed curricular requirement in new §§ 21.941-21.944. Proposed paragraph (6) would dovetail with the proposed policy requirement in new § 21.961 (relating to policies and procedures). Proposed paragraph (7) would dovetail with the expertise requirement for proposed faculty in new §§ 21.934(a)(1)(iii), (2)(iii)-(3)(iii) and (d) and 21.936(b) (relating to additional faculty responsibilities). Proposed paragraph (8) would dovetail with the proposed sufficiency of staff, facilities and clinical experience requirements in new §§ 21.932, 21.945(b), and 21.951 (relating to minimum administrator, faculty and staff requirements; supervised clinical experience requirements; facility requirements). Proposed paragraph (9) would dovetail with the proposed varied clinical learning experience requirement in new § 21.924(e) and 21.941(a)(4) (relating to clinical agencies; curriculum development requirements). Proposed paragraph (11) would dovetail with the proposed notification of changes requirement in new § 21.925(a) and (b) (relating to changes to nursing education programs following approval). The Board proposes paragraph (12) as a catchall for remaining provisions of Subchapter I.

The Board discussed the inclusion of a minimum retention standard in Proposed § 21.915 but decided not to include one. Proponents suggested that such a requirement would end the Programs’ admission of unqualified students who Programs anticipate, even upon acceptance, would not be

able to meet the rigors of Programs or pass the licensure examinations. However, others suggested that a minimum retention standard would reduce a Program’s student diversity pool. Stakeholders also advised that retention is not always attributed to academic failures but may be due to family obligations or health conditions.

Like the prohibitions for individual RNs and PNs stemming from their patient care in 21.18(b) and 21.148(b) (relating to standards of nursing conduct), subsection (b) delineates three prohibitions applicable to nursing educators and/or Programs. The Board proposes paragraph (1), which is currently contained in §§ 21.112(a) and 21.222(d) (relating to student employment; student services), against students being utilized to meet staffing needs in health care facilities. Proposed Paragraph (2) would prohibit Programs from having more than two administrators within an academic year unless due to an emergency. Results from a National Delphi Study, published in the July 2020 *Journal of Nursing Regulation* in an article entitled “NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs,” concluded that one quality indicator for nursing education performance is consistent administrative leadership in a Program. Anecdotally, the Board has also found, based upon a review of Programs on provisional status, that there is a correlation between administrator turnover, poor leadership in the Program and student performance on the NCLEX<sup>®</sup>. Programs who desire to hire a third administrator within an academic year would be required to present the Board with evidence of an emergency prior to the administrator being approved.

In new paragraph (3), the Board proposes to prohibit Programs from engaging in fraud, deceit or misrepresentation in advertising, promoting and implementing the Program. Examples include an administrator’s providing the Board with a transcript or verification of education that was not actually completed or a Program’s failing to advise their students and prospective students of the Program’s approval status where the Program has been placed on provisional status as required in new § 21.911(c), thereby misleading the prospective students about the quality of the Program.

*§ 21.916—Programmatic accreditation.*

In addition to the controlling institution maintaining accreditation/approval as currently required and reinserted in proposed § 21.917, in new § 21.916, the Board would add the requirement that the nursing education program itself also obtain and maintain programmatic accreditation from a Board-recognized nursing accreditation agency within five years of publication of the regulation in final form. Programmatic accreditation provides an indication of quality as it requires Programs to meet standards set by an independent peer-review board dedicated to nursing education. Section 6.1.2 of the NCSBN Model Rules includes a requirement that all Programs obtain programmatic accreditation by January 1, 2020. According to the 2022 NCSBN Board Member Profiles, 35 or 61% of Boards of Nursing require programmatic accreditation. As PAPNA stated in its White Paper, the programmatic accreditation process assists schools “to continuously improve the quality of their

program, meet common core educational and, in the case of nursing programs, nurse practice standards, and invest the commensurate resources to achieve results.” It indicated that programmatic accreditation “allows schools to market themselves as meeting a ‘gold standard’ among their peers strengthening their position to recruit and attract both students and faculty.”

Of the 89 RN Programs, 100% of diploma, AD, BSN, and DE-MSN Programs, except those on initial board approval, are accredited. For PN Programs, again excluding those on initial Board approval, 46% (26 of 57) hold ACEN<sup>TM</sup> or CNEA accreditation as opposed to the 10.6% of PN Programs nationally with programmatic accreditation according to the NCSBN’s 2020 Survey. The remaining 54% of Pennsylvania PN programs only possess accreditation for the controlling institution or a non-nursing accreditation such as the Council on Occupational Education or the Accrediting Council of Continuing Education and Training thereby not possessing the newly required programmatic accreditation.

During a Board meeting when programmatic accreditation was discussed, the Hospital and HealthSystem Association of Pennsylvania advised the Board that one benefit of programmatic accreditation for diploma Programs is that it enables them to obtain Title IV funding for their students as their controlling institutions may not be accredited. ACEN<sup>TM</sup>, for example is the pathway used by many private licensed and diploma Programs as it is approved by the USDOE to act as a Title IV “gatekeeper.”

In addition to the benefits for Programs, as explained at Board meetings by other stakeholders from RN AD and PN Programs, programmatic accreditation facilitates articulation for AD and diploma graduates into BSN Programs. Although the Robert Wood Johnson Foundation’s Initiative on the Future of Nursing: Leading Change, Advancing Health (FON) recommended in 2011 that 80% of nurses obtain a BSN by 2020, nationally, it is anticipated that only 66% of RNs will have a BSN by 2025. In 2018, nationally, 35% of AD and diploma educated nurses were obtaining a BSN, as reported by the FON. Seamless academic progression enables nurses to achieve higher levels of education allowing these nurses to fill clinical and educational roles. While the Board’s current regulations do not mandate articulation agreements between AD and BSN Programs, there are individual agreements between Programs that permit credit transfer. In this rulemaking, new 21.921(b)(16) would require that new Programs conferring less than a BSN have a plan to enter into at least one articulation agreement with a degree granting Program whose standards are similar when the Program is established.

A final benefit of programmatic accreditation, as articulated by another stakeholder, is higher Program NCLEX<sup>®</sup> pass rates. Research conducted by Joanne Farley Serembus, Ed.D., R.N., CNE, of Drexel University, published in the January, 2018, *Journal of Nursing Regulation*, found that students who graduate from Programs with programmatic accreditation have a higher pass rate. ACEN<sup>TM</sup>-accredited RN and PN Program pass rates for 2017, the last year of comparison,

outstripped the NCLEX<sup>®</sup> Statistics average pass rates for the same period, for each Program type: RN ACEN<sup>™</sup> accredited BSN Programs achieved a 90% pass rate vs. an NCLEX<sup>®</sup> Statistics average pass rate of 88%, ACEN<sup>™</sup> accredited AD Programs achieved a 88% pass rate vs. an NCLEX<sup>®</sup> Statistics average pass rate of 84%, ACEN<sup>™</sup> diploma Programs achieved a 91% pass rate vs. an NCLEX<sup>®</sup> Statistics average pass rate of 90%, and PN ACEN<sup>™</sup> accredited Programs achieved a pass rate of just over 90% vs. an NCLEX<sup>®</sup> Statistics average pass rate of 84%.

Regarding the proposed amendments for programmatic accreditation, subsection (a) would apply to existing Programs and would require them to obtain and maintain programmatic accreditation within five years of publication of the final regulation, the effective date of this provision. Subsection (b) would apply to Programs approved on or after the effective date. Those Programs are required to obtain and maintain programmatic accreditation in the time commensurate with the length of the Program. Subsection (b) dovetails with the requirement in new § 21.921(15) that new Programs provide documentation evidencing submission of a candidacy application for programmatic accreditation and a timeline for achievement of accreditation. Subsection (c) would require Programs to submit a copy of the official notice of accreditation and the accreditor's site visit report to the Board within 30 days. Under new subsection (d), Programs who fail to obtain, maintain or lose their programmatic accreditation would be placed on provisional status under § 21.911(b)(2) while Programs that are denied programmatic accreditation would be subject to removal of the Board's approval under § 21.913, both for violating the minimum standard delineated in § 21.915(a)(2).

*§ 21.917—Controlling institution accreditation.*

The criteria for controlling institutions is currently enunciated in §§ 21.51(a), 21.172(a) and § 21.365(a) (relating to establishment). Section 21.51(a)(1) requires that degree granting RN Programs possess regional accreditation, and unless state chartered, PDE authorization to grant an academic degree. In defining controlling institutions for RN Programs, the Board considered eliminating the requirement for regional accreditation and PDE authorization based upon comments from a pre-draft stakeholder that regional accreditation for the controlling institution is unnecessary since the Board is also requiring programmatic accreditation under new § 21.916. Also, requiring controlling institutions to possess academic degree granting authority restricts the types of Programs that private licensed schools may offer.

As a general principle, in the Board's view, accreditation for degree granting institutions assures the public of educational quality. Nonetheless, in 2020, the U.S. Department of Education (USDOE) amended its regulations at 34 CFR § 602.3 to remove the distinction between regional and national accreditation on the grounds that USDOE holds all accrediting agencies to the same standards. In light of the USDOE's justification in subsection (a)(1), the Board chose to accept accreditation bodies recognized by the USDOE for the controlling institution for RN Programs.

Additionally, the Board chose to incorporate the requirement for PDE academic degree granting authority as it assures more seamless articulation in that it allows graduates of AD and diploma Programs to progress to BSN and advanced academic degree Programs. Without the combined accreditation and PDE academic degree granting authorization, the Board is concerned that graduates of RN Programs could potentially hold a terminal non-academic degree and would not be able to continue their nursing education without obtaining an academic degree from another controlling institution. To eliminate that concern, proposed subsection (a) clarifies that the controlling institution for RN Programs must be accredited by bodies recognized by the USDOE, approved by the Board and authorized by PDE to grant academic degrees in professional nursing.

While the Board would have preferred to similarly require that PN Programs' controlling institutions be accredited by a USDOE accrediting agency, stakeholders have advised that many of the private licensed schools as well as some career-technical schools are only authorized to operate by PDE. Therefore, the Board distinguishes between the requirements for RN and PN Programs' controlling institutions in subsections (a)(1) and (b)(1) and simply requires that PN Programs be currently authorized by PDE to award at a minimum a diploma or certificate in practical nursing via a community college, university and public school district and vocational education programs. Nonetheless, the Board believes that programmatic accreditation, effective 5 years from publication of this regulation in final form, as provided in § 21.916(a) and (b), will eliminate any gap resulting from the lack of USDOE accreditation as this requirement is incorporated within programmatic accreditation.

In addition to controlling institutions being colleges, universities or PDE-approved educational institutions, in the current regulations, §§ 21.51(a)(2) and 21.172(a) authorize hospitals approved by the Joint Commission on Accreditation of Hospitals to operate RN Programs and hospitals, without any named accreditation, to operate PN Programs. Since the promulgation of the nursing education program regulations, the Higher Education Eligibility Act (Higher Education Act) (24 P.S. §§ 7603(3) and (5)) was amended to recognize educational institutions authorized by the Board under section 3(3) and (5) of that Act. As such, the Board incorporates the amendments to the Higher Education Act under section 3(3) for RN Programs in subsection (a)(2) and under section 3(5) for PN Programs in subsection (b)(2). Further, the Board proposes to expand the list of health care entities that can be controlling institutions in these subsections beyond merely hospitals to include health care facilities as defined in section 103 of the Health Care Facilities Act (35 P.S. 488.103). Since all Programs must meet the requirements of proposed subchapter I regardless of their structure, the Board believes that expanding the health care entities to include, for example, long term facilities and specialty hospitals, will enhance the quality of education since the patient populations in these facilities will bolster student experiences.

New subsection (c) defines a controlling institution for a CRNP Program as a CRNP nursing education program that is currently accredited by a body recognized by the United States

Department of Education and authorized by the Pennsylvania Department of Education to grant a graduate degree or post-master's certificate in nursing. Similar to the Board's current regulations at § 21.365(a), this subsection would require CRNP Programs be developed under the authority of an accredited university or college and have current accreditation by CCNE, ACEN<sup>TM</sup>, or the NLN's CNEA, USDOE-recognized accrediting bodies. Similar to the removal of the regional accreditation requirement for RN Programs' controlling institutions, applying the same logic, in this proposal, the Board requires accreditation by an accrediting body recognized by the USDOE in place of regional accreditation. Also, because the Board believes that both the controlling institution and the RN Program should be accredited, subsection (c) also requires both for CRNP Programs.

*§ 21.918—Minimum student program qualification requirements.*

The Board proposes, in new § 21.918, to establish minimum qualifications for students entering Programs. Subsection (a) would require that the Program's minimum admission requirements meet the requirements for the controlling institution. Stakeholders requested that the Board remove this requirement on the grounds that requiring Programs to be consistent with the controlling institution would require burdensome checking on the part of Programs and stymie Programs' creativity in designing educational pathways. The Board chose not to remove this requirement since the academic degree is conferred by the controlling institution, not the Program.

In addition to meeting the controlling institution's admission requirements, new subsection (a)(1) would delineate minimum admission requirements for RN and PN Programs patterned after the requirement for RN Programs in current § 21.101(b) and (c) (relating to selection and admission standards). As proposed, prior to commencing an RN or PN Program, a student would be required to hold a minimum of a high school diploma or its equivalent and have completed two courses in mathematics, with one being in Algebra, and two courses of physical science with a related lab or the equivalent. The Board is adding this new requirement for PN Programs because there is a correlation between math and science preparedness and the ability to successfully complete a Program and pass the NCLEX<sup>®</sup>. In her research published in the 2018 *Journal of Nursing Regulation*, Dr. Serembus noted that numerous studies on ways to improve NCLEX<sup>®</sup> first time pass rates have concluded that science grade point average is the most consistent predictor of Program and NCLEX-RN<sup>®</sup> success. In addition, mathematics proficiency is key for medication calculations. Anecdotally, Programs on provisional status have repeatedly reported to the Board, when they appeared to discuss an extension of their provisional status, that one factor causing their low pass rates is the lack of student competence in math and science. Owing to the concerns of a stakeholder about non-traditional education, the Board has enlarged the laboratory requirement to include its equivalent.

Initially, the Board proposed requiring completion of the math and science courses in order for students to be admitted for a prelicensure Program due to this correlation. The Board was advised by stakeholders, however, that such a requirement would result in a significant decrease in PN



Program applicants, as this is not the current standard, impacting nursing shortages, because a significant number of students have not had this education, especially students who did not complete an academic track, students whose education did not include a laboratory requirement and older learners who are returning to school. Additionally, since the prerequisite courses would not be included in the 1500-hour content requirement for PN Programs, the length of a PN Program would increase. The Board was also advised that additional prerequisites may impact accreditation.

In order to avoid these outcomes but still assure that students begin their nursing education with the necessary prerequisites, the Board, after numerous discussions with stakeholders, agreed that students may be admitted into a Program before meeting the requirements but cannot commence the Program until the requirements are met. The Board learned from L&I's Bureau of Workforce Partnership Operations that there are services, including education, provided by the Workforce Investment and Opportunity Act through Career Link and other programs to retrain persons with deficient education so that they could qualify for other career pathways. In addition, Individual Training Accounts could tailor training programs to meet an individual's needs. Further, RN and PN Programs may be eligible to provide the coursework and obtain reimbursement.

As part of the math and science commencement pre-requisite, the Board also discussed a stakeholder's suggestion that the Board permit admission or aptitude testing, like the Kaplan Nursing Admission Assessment, the Health Education Systems Incorporated, the Assessment Technology Institute or the PSB Aptitude Test to determine candidate suitability for admission. The Board chose not to implement this suggestion because, while these instruments may assess some level of foundational knowledge, and that differs based upon the instrument, in the Board's view they cannot replace broad spectrum primary instruction in PDE-established math and science courses.

For CRNP Programs, in subsection (a)(2), the Board reiterates the minimum admission requirement from current § 21.374(b)-(d) (relating to selection and admission standards). Proposed subsection (b) would enable Programs to determine class size and cohort admissions tracking the requirements of §§ 21.101(a), 21.221(a), and 21.374 (relating to selection and admission).

#### APPROVAL PROCESS FOR NURSING EDUCATION PROGRAMS

##### *§ 21.921—Establishment.*

The Board proposes in new § 21.921(a) incorporating the requirements of §§ 21.71(b), 21.192(a) (relating to faculty qualifications) and 21.365(b), that a Program be developed by an individual who meets the requirements for an administrator in new § 21.933 (relating to administrator qualifications). By not requiring that the Program be established by the person who will be appointed the administrator, subsection (a) enables new Programs to employ a consultant or the future administrator to develop the Program.

In the entirety of new § 21.921(b), the Board proposes incorporating requirements in current RN, PN and CRNP regulations regarding the timing and documentation that must be submitted to the Board to establish a new Program. In subsection (b), the Board proposes that the documentation be received at least 12 months prior to the first advertisement of the Program in order to provide the Board and the Program adequate time to prepare. Initially, the Board considered a 15-month timeframe from the intended admission of students, however, based upon a suggestion from stakeholders, the Board reduced the submission date to 12 months and replaced the intended admission of students with the first advertisement of the Program. While this timeframe is earlier than the 8 months currently required for RN Programs in § 21.51(c)(4) and the 6 months currently required for PN Programs in § 21.172(b)(1), in the Board's experience, Program proposals involve lengthy staff review and often require revisions before they are voted upon by the Board at regularly scheduled meetings. After the Board vote, Programs may advertise and recruit new students and following a facility review may admit students into the Program. Additionally, the 12-month timeframe is consistent with the one required for CRNP Programs in § 21.365(c)(1). Further, while the Board proposes lengthening the time timeframe when a Program must submit a proposal to the Board, it proposes shortening the minimum timeframe in which the administrator must be employed by the Program in subsection (c).

Although proposed subsection (b)(1), would reiterate the requirements in §§ 21.51(c)(1)(i), 21.172(b)(4)(i) and 21.365(c)(1)(i) that applicants for approval of a Program submit statistical data on potential applicants, employers and faculty to support the need for the Program, in this proposal the Board eliminated the requirement that the data be limited to the geographical area based upon comments from stakeholders who noted that Programs attract students throughout the county. Additionally, based upon a stakeholder suggestion, the Board added the requirement for data about the availability of clinical agencies and, as applicable, preceptors.

New subsection (b)(2) would track the requirements in §§ 21.51(b), 21.61(f), 21.63(b)(3), 21.172(b)(4)(iii) and 21.365(c) that the applicants for Program approval submit letters of commitment from the controlling institution indicating academic, fiscal, physical, human and learning resources for the Program. Initially the Board desired that Programs also include formal contracts with clinical agencies in their proposals so that the Board could evaluate whether the clinical agency could accommodate the number of planned students and whether the planned clinical experience matched the area being taught. Stakeholders advised the Board that having the contracts in advance of Board approval would be a hardship for both the Program and the clinical agencies given the minimum 15-month lag time between submission of the proposal and student obtaining their clinical experiences. They recommended that the Board accept agreements, even in letter form, as is commonly done for CRNP Programs, from the clinical agencies granting access to the Program's students and identifying the maximum number of clinical spaces, the average daily census of the agency and the anticipated teacher-to-staff ratio. The Board believes that this information is

critical for Programs as they develop student clinical experiences, especially in specialty areas like pediatrics, obstetrics, psychiatry, and geriatrics. Rather than incorporate this requirement in (b)(2), the Board chose to add paragraph (12).

For paragraphs (3)-(11) and (13), the Board proposes to incorporate many of the current requirements of §§ 21.51(c) and (e); 21.172(b)(3)-(5) and (c), 21.181(d) and (e); 21.183; 21.365(c) and (d); and 21.366, regarding the type of Program proposed, the resources committed to the Program, the projected number of students and faculty-to-student ratio, qualifications for the administrator and faculty, organization and structure of the controlling institution and the Program, planned curriculum, clinical agencies, budget, facilities, and admission policies. Because the Program is not required to employ the administrator or the faculty when the application is submitted, for their ease, new paragraph (4) requires only job descriptions so that the Board can assure that their credentials are compliant with proposed § 21.932. Similarly, to clarify the requirement in §§21.51(e)(1) and (2) and 21.172(c)(1) and (10) that the Program address the organizational and administrative structure of the controlling institution and the Program, consistent with current Board practice, proposed subsection (5) would require submission of an organizational chart identifying where the Program is situated within the controlling institution.

Relating to the new requirements delineated in §§ 21.916 and 21.917, proposed subsection (b)(14) and (15) would require documentation to be submitted evidencing the controlling institution's authority to operate or accreditation, depending upon the type of program, and the status of its programmatic accreditation. Proposed subsection (b)(16) would require Programs to develop a plan to enter into at least one articulation agreement with a degree granting institution with at least equivalent standards if it confers less than a bachelor's degree. Such agreement would document what credits the degree granting institution would accept in transfer. Stakeholders recommended that the Board remove the equivalence standard because they consider it burdensome. The Board has chosen not to remove this clause from subsection (b)(16) because, despite the articulation agreement, applicants must still meet the statutory educational requirements for licensure in this Commonwealth. Failure to assure that the standards of the Programs are equivalent could give the applicant the false belief that the Board will also automatically accept that education.

The Board also proposes in new subsection (c) that the administrator of RN and PN Programs be employed at least six months prior to the first intended admission of students and faculty be employed at one term prior to commencement of classes. Current § 21.51(c)(3) and (5) require that that RN Programs employ an administrator at least one year before the admission of students and faculty at least one term prior to the commencement of classes. Current § 21.172(b)(1) and (2) requires that PN Programs employ an administrator 6 months prior to the intended admission date of students and faculty members at least 1 month prior to the initiation of their teaching responsibilities. Current CRNP Program regulations do not prescribe minimum hiring dates. The Board believes that a combination of these provisions is appropriate. Given the extra time required for submission of a

proposal to the Board in new § 21.921(b), assuring that the Program will be fully developed, coupled with the fact that many administrators are not involved in Program development, but at the same time taking into consideration the costs of employing an administrator and faculty, the Board believes that six months is an acceptable minimum timeframe for the hiring of an administrator. Similarly, the Board believes that the proposed timeframe of at least one term prior to commencement of classes for faculty hiring provides faculty members with sufficient time to onboard with the controlling institution and the Program as well as prepare for their upcoming teaching assignments. In those instances where the administrator and/or faculty are not hired when the application for a new program is submitted, the Board will review and approve those hirings at the time of employment as required by § 21.925(b)(2) and (3).

New subsection (d) would incorporate current Board practice of requiring Programs to make a presentation about the planned Program before the Board deliberates whether to approve it. The Board has found that these discussions enable Programs to highlight various aspects of the proposals, especially regarding the sufficiency of clinical agencies, curricular design and faculty qualifications as well as the use of simulation. In new subsection (e), the Board proposes following current §§ 21.51(h) and 21.172(d) regarding the requirement of a facility review. These facility reviews can be accomplished virtually or in person as determined by the Nursing Advisor who conducts the review and the RN and PN Programs. The Board has chosen not to incorporate this requirement for CRNP Programs, enunciated in § 21.365(e) in this rulemaking because their controlling institutions underwent a facility review for their existing prelicensure Programs. Unlike the former prohibition in § 21.51(h) that precluded new Programs from recruiting students until after the facility review, new subsection (e) permits Programs to advertise and recruit students before the facility review but not admit students until after that review, dovetailing with the establishment timeframe in § 21.921(e). Tracking § 21.365(e), the Board proposes, in subsection (f), that once approved, new CRNP Programs would receive full approval status and be added to the Board's list of approved Programs on the Board's website.

*§ 21.922—Additional establishment requirements for programs in transition.*

The Board proposes to insert current requirements regarding RN programs transitioning from diploma Programs to degree granting Programs in new § 21.922(a). In order to do so, the RN diploma Program would have to have maintained full approval status for at least three years prior to the intended admission of students, currently required in § 21.51(f). The transitioning Program would continue, under proposed § 21.922(b), on initial approval status until the controlling institution obtains accreditation and PDE authorization to grant an academic degree set forth in 21.917(a)(1), tracking the requirements of § 21.51(g)(1) and (3). The remaining documentation requirements in 21.51(f) and (g) are proposed to be included within § 21.921.

## ORGANIZATIONAL REQUIREMENTS

*§ 21.923—Organizational requirements for nursing education programs.*

New § 21.923 would address the organizational interplay between controlling institutions and Programs. The Board believes that these requirements, currently found in §§ 21.61, 21.62 and 21.366 (relating to baccalaureate and associate degree programs; organizational requirements; diploma programs; organizational requirements), are equally applicable to PN Programs even though they are not included in the current regulations. The Board proposes in new subsection (a), tracking §§ 21.61(a), 21.62(a) and (c) and 21.366(a), that the Programs, like other disciplines within the controlling institution, such as Biology, Archeology and History, be established as distinct educational units within the controlling institution. In subsection (b), tracking §§ 21.61(b) and 21.366(b), the Board also proposes requiring that the Programs have relationships with central administrative officers, interrelationships among other disciplines and faculty organizations that are consistent with other faculty organizations within the controlling institution. The Board believes that this provision will ensure that the Programs are treated the same as the other disciplines within the controlling institution.

The Board proposes in new subsection (c), tracking §§ 21.61(c)-(f); 21.62(b)-(d); 21.172(b)(4)(ii)-(iii); 21.181(d); 21.365(c)(1)(ii); and 21.366(c) and (e), that the controlling institutions be required to provide adequate academic, fiscal, physical, human and learning resources to support the Program. Additionally, in subsection (d) the Board proposes requiring that controlling institutions assure that Programs have sufficient faculty and support personnel to meet the objectives of the Programs.

In new subsection (e) the Board proposes prohibiting controlling institutions from conferring degrees until all Program requirements are met. Those requirements, like meeting financial obligations, completing graduation requirements, such as achieving the required benchmark on an examination predicting success on the NCLEX<sup>®</sup> or receiving the “green light” following content remediation, are proposed to be set forth in the Student Handbook in new § 21.961(c)(2) (relating to policies and procedures) so that students are apprised of the requirements prior to and throughout the Program.

The Board proposes in new Subsection (f) to incorporate the requirements of §§ 21.51(b); 21.61(g); 21.62(f); 21.63; 21.181; 21.184; and 21.365(d)(9) regarding the obligation of Programs and controlling institutions to enter into clinical agency agreements as more fully described in § 21.924. New subsection (g) would incorporate the requirements of §§ 21.61(h), 21.62(e), 21.73(d), and 21.194(d) regarding the establishment and responsibilities of faculty organizations. The Board believes that faculty organizations play such a critical role in evaluating Programs that it is one element in the calculation of whether curriculum changes must be preapproved by the Board in proposed § 21.946(b)(3) (relating to curriculum changes requiring Board approval) discussed below.

In addition, the Board appreciates faculty organizations' role in developing, reviewing and revising policies and reviewing and recommending curriculum changes. Although current CRNP regulations do not address faculty organizations, inclusion of CRNP Programs in subsection (g) will not be a hardship as colleges and universities regularly establish faculty organizations within departments.

Because the faculty have such intimate knowledge of the curriculum, the Board and stakeholders discussed whether to include curriculum review, identification of gaps in curriculum and recommendations for curriculum changes to faculty organization responsibilities. Stakeholders were concerned that this responsibility may not be completed by faculty organizations for all controlling institutions. Nonetheless, the Board decided, and therefore proposes in new subsection (g)(4), that faculty organizations' responsibilities should include reviewing the curriculum, developing a process to identify and measure gaps in the curriculum and recommend changes. Even in controlling institutions where these tasks are performed by other committees, the Board believes that it is critical for the evaluation and changes to be originally driven by faculty members who understand the curriculum, the RN and PN NCLEX<sup>®</sup> and associated Test Plan and Practice-Analyses and reports generated from RN and PN NCLEX<sup>®</sup> data. In addition, these responsibilities are consistent with Standards of the National Task Force (NFT) on Quality Nurse Practitioner Education (6<sup>th</sup> Edition, 2022) which requires that the faculty to design, review, revise and evaluate the curriculum to maintain current relevancy and meet national standards.

### CLINICAL AGENCIES

#### *§ 21.924—Clinical agencies.*

New § 21.924 would address the interrelationship between and responsibilities of Programs, controlling institutions and clinical agencies, as defined in § 21.901, as well as the requirements of clinical agency agreements, contained in current §§ 21.63(a), 21.181(f) and 21.184 (related to diploma programs utilizing cooperating agencies; administrative authority; cooperating agencies). New subsection (a) would contain the general rule that either controlling institutions or the Programs enter into clinical agency agreements. The Board proposes in new subsection (b), that when a clinical agency is not within the structural control of the controlling institution, the Program initiate the clinical agency agreement. Under new subsection (c), the Board proposes, reiterating the requirements in §§ 21.61(g)(3) and 21.63(a)(1) and (d)(3), that the agreements be jointly developed and reviewed. In addition, as described in new subsections (d) and (e), encompassing the requirements in §§ 21.61(g)(4) and (5) and 21.63(d)(4) and current practice, the Board proposes that the Program faculty have full control of student education while the clinical agencies retain ultimate responsibility for patient care and services and provide the quality and variety of resources necessary to meet the outcomes of the Programs.

In new subsection (f) the Board proposes identifying the criteria to be used to determine the

number of students who can obtain clinical experience within the same cohort at the clinical agency: patient safety, the size of the clinical agency, the course objectives and the faculty's teaching experience. This criterion is currently used by the Board in reviewing and approving clinical agencies. The Board chose not to prescribe a ratio or maximum number as they can vary depending upon the listed factors. In new subsection (g) the Board proposes to reiterate, consistent with §§ 21.61(g)(6); 21.62(f); 21.63(a)(2) and (b)(3); 21.181(f); and 21.184(b) and (c); that all clinical agencies for RN and PN Programs be approved by the Board. Since clinical agencies identified in the initial proposal are approved as part of the Program approval, as is the current procedure, new clinical agencies would be submitted to the Board via the Board's data base 90 days prior to the beginning usage pursuant to new § 21.925(b)(6) (relating to changes to nursing education programs following approval). There would be no separate fee for the addition of clinical agencies as the fee is bundled into the Annual Report fee contained in §§ 21.5(c), 21.147(c), and 21.253(c). Because clinical agencies include settings in Pennsylvania, as well as outside of the Commonwealth, the Board has not established separate criteria like in § 21.63(b) depending upon the location.

Tangentially related to the Board's approval of out-of-state clinical agencies is the request from stakeholders that the Board require out-of-state controlling institutions, whose students seek clinical placement in Pennsylvania, to become approved Programs in the Commonwealth. The Board has chosen not to incorporate this request as it lacks statutory authority over out-of-state controlling institutions who do not provide any nursing education in the Commonwealth.

### CHANGES TO NURSING EDUCATION PROGRAMS

#### *§ 21.925—Changes to nursing education programs following approval.*

In new § 21.925, the Board proposes incorporating current provisions, codifying current practice and establishing new requirements when changes to existing Programs must be relayed to the Board, the timeframes for the notification and whether Board pre-approval is required to implement the changes. Currently, §§ 21.61(g)(6), 21.62(f), 21.63(a)(2), (b)(3) and (c); 21.71(b) and 21.83(a); 21.181(f); and 21.184(b) and (c), require Board pre-approval for administrator changes, major curriculum changes, changes to course content or instruction and changes to clinical agencies while §§ 21.41, 21.173 and 21.364 require notification of discontinuance. Similarly, current Board practice, based essentially upon the establishment requirements in §§ 21.51, 21.172 and 21.365, requires Programs to obtain pre-approval for initial and subsequent changes to administrative structure, controlling institution accreditation and authorization, and faculty appointments.

Stakeholders recommended that Programs with full approval status be permitted to report all changes to existing Programs, including administrative structure, faculty, clinical agencies, and the addition of cohorts on their Annual Reports. The Board agreed that some of this information could be included in the Annual Report, but others would require either Board notification or Board

approval as outlined below.

Under new subsection (a), the Board proposes that the administrator notify it within 30 days of receipt of notification of any of the following changes to the Program: name, accrediting body, the controlling institution's authority to operate, discontinuance and faculty turnover. While the addition of a notification timeframe is new, the requirements in proposed subsection (a)(1) and (3) are encompassed in current regulations at §§ 21.51, 21.172 and 21.365. Proposed subsection (a)(4) is contained in §§ 21.41 and 21.173. Proposed (a)(2) and (5) requiring notification of changes in the accreditation body and faculty turnover of more than 25% in an academic year, stem from the Delphi study's findings that both factors are indicators of a program in decline. In addition, proposed paragraph (2) dovetails with the new requirement in § 21.916 that Programs obtain and maintain programmatic accreditation. The Board believes that these changes are important for the Board to be notified about, however, they do not require Board pre-approval. The Board contemplated requiring 30 days notification regardless of when the nursing education program received notification of the change but decided that the factors in § 21.925(a)(2)-(3) and (5) may not be within the administrator's control, as when a nursing education Program changes or loses its accreditation, when there are immediate changes to the status of the nursing education program's authority to operate, or when a small nursing education program loses two faculty members resulting in a 25% turnover.

The Board proposes in new subsection (b)(1)-(9) that the Program notify the Board 90 days before the planned changes and receive pre-approval for program relocation; any of the curriculum changes in new § 21.946 (relating to curriculum changes requiring Board approval); administrator changes; the addition or deletion of program options; alteration to an approved degree type or addition of degree types; utilization of a new clinical agency by an RN or PN Program; or faculty or accreditation changes, incorporating current regulations or Board practice mentioned above.

Stakeholders recommended that instead of notification and preapproval, Programs with full approval status provide information about faculty changes, student enrollment increases by more than 15%, and the addition of cohorts in the annual report required to be submitted in § 21.972 (relating to records to be filed with the Board). The Board chose not to implement the suggestion about faculty in paragraph (2) since the turnaround time to approve faculty is very quick and the Board tracks where faculty members work in order to monitor whether the faculty member meets the education requirements. Nonetheless, as recommended by stakeholders, Programs with full approval status can report enrollment increases and cohort additions in their annual reports as evidenced by their lack of inclusion in subsection (c) discussed below. Whether changes to course content or instruction in paragraph (7) requires merely notification or pre-approval depends upon the criteria in new § 21.946(a) and (b).

In addition to the notifications and approvals required in subsections (a) and (b), proposed



subsection (c) requires that Programs on initial or provisional status also obtain additional approval to increase student capacity by more than 15% annually or to add cohorts. This additional approval dovetails with the restrictions in §§ 21.911(d) and 21.912(d). The Board believes that Programs on initial or provisional status require additional scrutiny over Programs with full approval status because of their newness or failure to meet minimum standards.

New subsection (d) would provide the Board with the authority to request additional information or impose restrictions listed in new § 21.912(d) depending upon the reported changes pursuant to the procedures delineated in new § 21.912(a).

In response to routine inquiries about whether a specific change requires the submission of a new proposal, and following discussion with the stakeholders, new subsections (e) and (f) would clarify that when Programs intend to add a new scope of practice, degree type or certification specialty beyond that approved in the original proposal, a new proposal must be submitted for the Board's approval. For a change in scope of practice, like a PN Program adding an RN Program or an RN Program adding a CRNP Program, new subsection (e) would require that a new proposal, including all of the information listed in new § 21.921, and fee contained in §§ 21.5(c), 21.147(c), and 21.253(c) be submitted. Conversely, for the addition of degree types or certifications, like adding a PN AD Program where the controlling institution already offers an existing PN certificate Program, an RN BSN Program where the controlling institution already offers an existing RN AD Program, an DE-MSN Program where the controlling institution already offers an existing RN BSN Program, a CRNP DNP Program where the controlling institution already offers an existing CRNP MSN Program within the same specialty or adding another specialty, like a psychiatric mental health Program, where the controlling institution already offers an existing adult health across the lifespan Program, new subsection (f)(1) would require the filing of a new proposal, but at the stakeholders' request, less documentation would have to be submitted. The Board agreed that in these instances, it would not be necessary to provide a sample job description for the administrator and the faculty, copies of policies and procedures, the systematic evaluation plan or a process to evaluate the resources, as specified in subsection (f)(1)(iv). Rather than providing a statement about the Program's congruence with the controlling institution's mission, goals and learning outcomes, as specified in subsection (f)(1)(iii), it would be sufficient to provide a statement regarding the congruence with the new Program's learning outcomes. Similarly, instead of providing clinical agency agreements and a description of facilities and resources, the Program would only need to provide a statement that the new Program can accommodate the additional students, as specified in subsection (f)(1)(iv). Lastly, instead of providing the whole curriculum, proposed subsection (f)(1)(v) would only require Programs to provide an amended curriculum plan, amended syllabi and a statement about changes to the nursing courses. Subsection (f)(2) and (3) would clarify that an additional facility review is not required for a new scope of practice, degree type or certification specialty and that upon the Board's vote to approve, the additional Program is added to the Board's approved list posted on the Board's website.

The Board proposes including subsection (g) to juxtapose it with subsections (e) and (f). Where there are no changes to the curriculum, degree types or certification specialties, and there is just a change to a new location necessitating new faculty and clinical agencies, the Board proposes in new subsection (g) that the Program submit an application for approval along with the fee and an attestation.

### ADMINISTRATIVE AND INSTRUCTIVE PERSONNEL

#### *§ 21.931—Administrative authority.*

The Board proposes in new § 21.931 which track the current requirements in §§ 21.51(a) and 21.181(b) that the administration of the Program rests with the administrator. Subsection (b) would track the current requirements in §§ 21.73(b), 21.181(e) and 21.194(b) (relating to internal nursing faculty organizations; administrative authority; faculty organizations) that the faculty formulate policies related to the operation of the Program.

#### *§ 21.932—Minimum administrator, faculty and staff requirements.*

The Board proposes adding new § 21.932 to incorporate the minimum administrator, faculty and staff requirements in current §§ 21.71, 21.191, 21.192, 21.365(b), and 21.367. In this proposal, at a minimum, all Programs must have a full-time administrator, full-time and/or part-time faculty members in the area of practice encompassed within the curriculum, interprofessional faculty and Program support staff.

New subsection (a) would clarify that if the full-time administrator provides instruction, the administrator must meet the qualification requirements of both the administrator in new § 21.933 and the faculty in new § 21.934. In new subsection (b)(1) and (2), the Board proposes to delineate the factors to be applied in determining the student-teacher ratio in clinical courses for the three types of Programs. Currently the student-teacher ratio for clinical courses in PN Programs is 15-to-1, as set forth in § 21.191(2). There is no ratio delineated in current regulations for RN Programs. The Board believes that rather than set specific ratios for RN and PN Programs by regulation in proposed subsection (b)(1), the Programs should determine the ratios based upon a consideration of patient safety, the resources of the clinical agency, faculty members' experience and course objectives. Clinical agency resources include the number of beds in the facility, patient census and staffing availability.

For CRNP Programs, the Board proposes in subsection (b)(2)(ii) and (iii) to incorporate the ratio requirements of current § 21.373(c)(3)(ii) related to faculty serving as preceptors and faculty managing their own caseload. For subsection (b)(2)(i), the Board increases the ratio from 1:6 in

current § 21.373(c)(3)(ii) to match the recommended ratio of 1:8 for faculty supervisors recommended in NTF’s Clinical Resources Criterion II(c). The ratios in new § 21.932(b)(2)(i)-(iii) were recommended by the NTF comprised of representatives from specialty organizations including the National Organization of Nurse Practitioner Faculties, the American Academy of Nurse Practitioners Certification Program, ANCC, the American Psychiatric Nurses Association, CCNE, the National Association of Nurse Practitioners in Women’s Health, CNEA and NCSBN.

In addition to requiring full-time faculty, the Board proposes in subsections (c) and (d) to enable Programs to also utilize non-full-time and interprofessional faculty, respectively.

During pre-draft input, a stakeholder recommended that the Board specifically add a financial aid advisor and a secretary to the required complement of Program staff. To accomplish that objective, the Board proposes adding subsection (e) which would require that the Program to have support staff including administrative, library, admissions, financial aid, academic counseling, student services, technological and dedicated clerical support. Other staff not delineated in subsection (e), like a financial aid advisor, can be shared with other non-nursing discipline within the controlling institution.

#### § 21.933—*Administrator qualifications*

In this rulemaking, as is common vernacular, the Board has chosen to refer to the person in charge of the Program as the administrator. Current regulations refer to this person as a “nurse administrator,” “nurse director” and “nurse coordinator” interchangeably. Board approval is required for Program administrators per §§ 21.51(c)(3), 21.172(b)(1), and 21.365(b).

The Board proposes to eliminate the case-by-case determination of an administrator’s qualification based upon a combination of education and experience found in current § 21.71(b)(1) and (2). Due to the complexities of RN education and practice, coupled with the heightened educational degrees that nurses are obtaining, the Board believes that administrators of RN BSN, AD and diploma Programs must meet minimum educational requirements.

The Board initially considered requiring the same minimum qualifications for RN and PN Programs since the administrator’s responsibilities are the same, however, stakeholders suggested that the qualifications should be based upon the degree and completion document being awarded. Owing to the concerns of the stakeholders that such a requirement could lead to a shortage of faculty for PN Programs, the Board determined that the educational requirements for administrators of RN Programs, for the first five years from promulgation of the regulation, should track current requirements in 21.71(b)(1) and (2) and proposed, in new § 21.933(a)(1)(i), that the administrators of RN BSN Programs have at least one graduate degree in nursing and an earned doctoral degree. The Board also proposes in new § 21.933(a)(1)(ii) that the administrator of RN AD or diploma Programs

have at least one graduate degree in nursing. After five years from publication, the Board proposes in § 21.933(a)(1)(iii) that the administrator of all RN Programs hold at least one graduate degree in nursing and an earned doctoral degree or have obtained a doctoral degree within five years of appointment. The Board chose not to require that the doctoral degree also be in nursing, as a degree in education, research or public health would be as valuable to an administrator as would a doctoral degree in nursing.

In new § 21.933(b)(1) the Board proposes to incorporate the requirement in § 21.192(a)(3) that administrators of PN Programs hold an earned baccalaureate degree, preferably in nursing, with experience in nursing, nursing education, nursing research and educational administration. After five years from publication, the Board proposes that administrators of PN Programs must hold at least one graduate degree in nursing.

For CRNP Programs, the Board proposes in subsection (c) that the administrator possess a graduate degree in nursing and a doctoral degree, or a plan for completion of a doctoral degree, as is collectively required by §§ 21.271(a)(2), 21.361(a) and 21.365(b). As with the proposed requirements for RN administrators, the Board again chose not to limit the doctoral degree to one in nursing. Subsection (c) would also contain paragraph (1), similar to that proposed in subsection (a)(1)(iii), that grants the existing CRNP administrators time from publication to obtain at least one graduate degree in nursing and an earned doctoral degree.

To ease the burden on Programs, the Board proposes to give current administrators five years from the date of publication to meet the new educational requirements. The Board believes that this timeframe adequately balances the Board's desire to enhance educational requirements to meet national standards with the cost and time associated with obtaining the additional education.

In addition to the educational requirement, the Board proposes that administrators of all Programs be authorized to practice in the Commonwealth via a current temporary practice permit, or a current license or privilege to practice as an RN; and in the case of CRNP Programs, that authorization would also include current certification as a CRNP in the Commonwealth and current national certification as a nurse practitioner—plus have experience in nursing practice, nursing education nursing research and administration as set forth in new §§ 21.933(a)(2)-(3), (b)(2)-(3) and (c)(2)-(4). The Board inserted the requirement that the administrator have experience in nursing research in subsection (a)(3), (b)(3) and (c)(4) at the behest of stakeholders. Although CRNP Program administrators are currently not required to hold national certification, the Board believes that since CRNP Program faculty are currently required to hold national certification, the standard should not be lower for CRNP Program administrators.

Based upon requests from stakeholders, the Board also proposes expanding the length of time that an interim administrator may serve in that capacity. In subsection (d), the Board proposes

retaining the initial one-year timeframe contained in §§ 21.71(b)(3) and 21.365(b); but permitting Programs to seek and receive an extension of that timeframe following a demonstration by the Program, that it has exhausted all efforts at hiring an administrator who meets the requirements of this section.

In all Programs where administrators are completing the degrees required in 21.933(a)(1), (b)(1) or (c)(1), the Board proposes in subsection (e) that administrators update the Board on the administrators' progress toward degree completion and efforts to recruit qualified administrators in their annual reports required in new § 21.972(a). The Board believes that this reporting requirement will not only keep the Board informed of the administrators' progress but will also be an annual reminder to the administrators and their Programs about the administrators' duties to complete the required degrees or recruit a replacement. In the past, the Board has received several requests for extensions or waivers of administrator or faculty qualifications because the Programs did not have a plan for continuance in place when the educational qualifications were not met. Given the importance of the administrator to the quality of the Program, the Board believes that this approach will assure that the required qualifications are met on time.

#### 21.934—Faculty qualifications.

The Board proposes in new § 21.934 to incorporate the faculty and staff qualifications in current §§ 21.71, 21.191, 21.192 and 21.367. Specifically, in § 21.934(a)(1) and (2), the Board proposes to track the education, experience and licensure requirements for RN and PN Program faculty in current §§ 21.71(c)(1) and 21.192(b)(1)-(5). In this proposal, RN Program faculty would be required to possess at least one graduate degree in nursing or obtain a graduate degree in nursing within five years of appointment. PN Program faculty would be required to possess at least a bachelor's degree, preferably in nursing, or obtain one within five years of appointment. According to the 2017 Bureau of Health Planning, Division of Plan Development, Report on Nursing Education Programs in Pennsylvania, 99.9% of the 4,342 RN faculty members and 773 PN faculty members met current faculty requirements or were working toward completing those requirements within five years. On the 2021-2022 Annual Report, RN Programs reported that 86% of Program faculty have graduate degrees, 13% are working on graduate degrees and 1% have not enrolled in graduate studies. For PN Programs, on the 2021-2022 Annual Report, 95% have BSNs or higher, 3% are working on BSNs or graduate degrees and 2% are not enrolled in further education. Results from the National Delphi Study concluded that another quality indicator for nursing education performance is the qualifications of faculty, including administrators.

In proposing subsection (a)(1) and (2), the Board considered requiring both RN and PN Program faculty to hold a minimum of a master's degree as the necessary education and faculty responsibilities should be the same regardless of the program type. However, the Board was persuaded by stakeholders from PN Programs who explained that a significant number, in some

cases more than half, of the PN faculty hold BSNs, rather than a master's degrees, and use the time teaching in a PN Program as an opportunity to "test the waters" before obtaining a master's degree. They also advised that many of the PN Program faculty also maintain a clinical practice in addition to their teaching responsibilities. Owing to the concern that a master's degree requirement for PN Program faculty would result in a PN Program faculty shortage, the Board proposes that faculty educational requirements be tied to the type of program reiterating the current standard, that RN Program faculty earn a minimum of a graduate degree and PN Program faculty earn a minimum of a bachelor's degree.

The Board also proposes in § 21.934(a)(3)(i) that, within five years of publication of this regulation in final form, CRNP Program faculty hold or obtain a DNP within five years of appointment. Although § 21.367, promulgated in 2006, does not require doctoral preparation for CRNP faculty, the proposed requirement is consistent with the faculty qualification requirements in NCSBN's Model Act and Regulations and is being proposed by the NTF for implementation in three to five years. In addition, requiring the DNP is consistent with the Board's position for RN and PN Programs that the faculty members' degrees exceed the degree being conferred by the Program types.

Regardless of the program type, the Board proposes in § 21.934(a)(1)(ii)-(iii), (2)(ii)-(iii) and (3)(ii)-(iii) that all faculty members possess current authority to practice in the Commonwealth—through a license, privilege to practice or temporary practice permit—and expertise in the area of instruction, as is required in current §§ 21.71(c)(1), 21.192(b)(2), (4)-(5) and 21.367(b)(1) and (2). In the Board's view, these provisions would be applicable to out-of-state Programs whose students are completing their direct care experience in the Commonwealth as well as in-state Programs.

For Programs who do not have faculty members with the education required in subsection (a)(1)(i), (2)(i) and (3)(i), the Board proposes in § 21.934(b), to continue its current practice of allowing these faculty members to continue teaching for the short term once the Programs demonstrate to the Board's satisfaction that the Programs have exhausted all efforts, by way of, for example, advertisements and interviews for the position, at hiring faculty members who meet the requirements of subsection (a)(1)(i), (2)(i) and (3)(i). Nonetheless, the Board has chosen not to apply the designations "faculty assistants" used in § 21.71(c)(2) or "less qualified instructors" used in the § 21.192(c) to these faculty members as it believes that these designations have negative connotations. The Board also proposes that five years from publication, all faculty appointed prior to, or at the time of, publication meet the requirements in subsection (a)(1)(i), (2)(i) and (3)(i).

Like the notification requirement in proposed § 21.933(e) regarding administrators' progress in obtaining their required degrees, in order to keep the administrators and the Board updated on faculty members' progress on obtaining the requisite degrees, the Board proposed in new § 21.934(b)(1) to requires similar faculty progression information and efforts to recruit qualified

faculty be included in the annual report required in proposed § 21.972.

In new § 21.934(b)(2), the Board proposes replacing the convoluted language in § 21.71(c)(2) that permits a faculty member who has not obtained the requisite degree to teach for a “maximum cumulative period of 5 years.” This provision has been the subject of confusion as some administrators and faculty members have argued that the term “cumulative” excluded summers, vacations and gaps in teaching while others have argued that the five-year period begins anew with each teaching experience. On several occasions, instructors who had not obtained their degrees within five years have approached the Board about extending the timeframe as, in their opinions, it eliminates good instructors. Conversely, stakeholders have requested the Board to remove any exception to the educational requirements as the exception dilutes the qualification requirements. While the Board does not desire to eliminate or extend the five-year timeframe generally, the Board appreciates that, in extraordinary circumstances, there may be instances and/or circumstances that warrant an extension. Owing to those extraordinary circumstances, the Board proposes adding new § 21.934(b)(2) which clarifies that the deficient education would have to be completed within five years unless the Board grants a limited extension.

The Board also proposes that faculty who teach clinical courses in CRNP Programs also hold national certification, where such certification is available, and maintain a clinical practice throughout the period of instruction under § 21.943(c) matching current requirements in § 21.367(b)(1) and (3). This concurrent practice will assure that CRNP clinical faculty are up to date in current practice, another quality indicator found in the National Delphi Study.

New § 21.934(d) would incorporate the restrictions in §§ 21.71(c)(3) and 21.191 that interprofessional faculty only teach basic sciences or specialized areas of health care practice. Stakeholders questioned whether these faculty members can teach public health. The Board determined that this faculty should teach nonclinical courses within their area(s) of expertise like cardiology, pulmonary and pharmacology. New § 21.934(e) would reiterate the restriction in § 21.71(c)(4) that only licensed dietitian-nutritionists teach discrete dietetics-nutrition courses. New subsection (f) would track clinical preceptor licensure and certification requirements in §§ 21.71(c)(5) and 21.373(c)(3)(ii)-(iii). New subsection (g) would track the support personnel provision in § 21.71(d). Although proposed subsections (e)-(g) are currently only included in the RN Program regulations, the Board believes that these requirements are equally applicable for all Programs.

*21.935—Faculty relationship with the controlling institution.*

The Board proposes tracking current requirements in §§ 21.72 and 21.193 regarding faculty relationship with the controlling institution in new § 21.935. Proposed subsection (a), tracking §§ 21.72(a) and 21.193(a), would require that the Programs’ faculty be employed by and responsible to

the controlling institution. Essentially, new subsections (b) and (e) would clarify that as members of the controlling institution's faculty, members of the Program's faculty must be treated like other faculty members tracking current §§ 21.72(b) and (d) and 21.193(c). New subsection (b) would also clarify that Program faculty may not be responsible for student health services, such as performing health screenings of students, or first aid as the faculty members are serving in an educational capacity and not as providers of health care reiterating the prohibition in § 21.193(f). Although this is not currently a regulatory requirement for CRNP Programs, the Board believes that these requirements are equally applicable for all Programs.

New subsection (c) would delineate that faculty selection, appointment, orientation, supervision, promotion and evaluation policies must be in writing tracking current §§ 21.72(c) and 21.193(d) and (e). In addition, the provision would newly require Programs to develop and enunciate faculty policies regarding technological access, usage, and proficiency. As demonstrated during the COVID-19 pandemic, the use of an online platform and technology became preeminent. The requirement for a technology policy would also be incorporated into new § 21.961(a)(4).

In new subsection (f), the Board proposes to add the following criteria for determining faculty teaching load: the number and scope and depth of courses being taught, number and size of weekly classes and any additional faculty responsibilities in current § 21.193(h) (relating to faculty policies). The Board believes that this criterion is as applicable to RN and CRNP Programs as it is to PN Programs. While not currently a regulatory requirement for RN and CRNP Programs, this criteria is regularly applied to determine faculty teaching load in colleges and universities.

In new subsection (g), the Board proposes that both the administrator and the nursing faculty be afforded time and opportunity to engage in professional activities reiterating the requirements of 21.72(e) and (f) and 21.193. The Board believes that engaging in professional activities enhances both the administrator's and faculty member's ability to perform their responsibilities. Similarly, the Board understands the importance of an active faculty development program and proposes to imbed that requirement in current §§ 21.72(f) and 21.193(j) in § 21.935(h).

*§ 21.936—Additional faculty responsibilities.*

The Board proposes combining the current requirements of §§ 21.71(c)(5), 21.72(g) and (f) and 21.192(b)(5) in new § 21.936. As with proposed § 21.935, the Board believes that these requirements are equally applicable to all Programs. New subsection (a) would incorporate a requirement, similar to that in § 21.72(g), that faculty members who have yet to obtain the degree required in § 21.934(a) or (b) maintain a record of their progress towards completion of the applicable degree. Available on the Board's website is a faculty completion form which details the date the faculty member was appointed, the name of the college or university, along with the matriculation date, degree to be awarded and area of specialization, a list of required courses for the



degree, projected enrollment date for each course and the date the course was completed. This requirement would be in addition to the notification required by the administrator in the annual report in § 21.934(b)(1) regarding faculty and their qualifications.

The Board also proposes combining the requirements of §§ 21.72(f) and 21.192(b)(5) that all faculty maintain current competence in the area(s) that they teach and maintain a record of the competence in new subsection (b). This competence can be obtained through additional education or practice. New subsection (c) would further require faculty members to keep a record of the education and activities used to maintain their expertise.

In new subsection (d), the Board proposes to track the requirements of 21.71(c)(5)(i)-(iii) regarding faculty responsibilities related to student clinical experiences. The Board proposes that faculty members have input into the clinical preceptors, who provide the clinical experience at the clinical agencies, be responsible for planning and evaluating students' clinical experiences and be immediately available by some means of electronic communication when the faculty member is not physically present in the area where the student is engaged in clinical activity with a preceptor. These responsibilities ensure that clinical experiences match the didactic instruction that is being taught and assure that the clinical experience is progressing in a logical sequence from simple to complex. Moreover, these responsibilities are consistent with the supervision requirement for students administering drugs in § 21.14 (relating to administration of drugs).

## CURRICULUM

### *§ 21.941—Curriculum development requirements.*

Stakeholders requested that the provisions relating to curriculum and program content in new §§ 21.941 and 21.942 be condensed into broad categories that reflect the dynamic changes necessary to prepare nurses for licensure. The Board has chosen not to implement this recommendation because regulations are not broad evolving categories, rather, they are prescriptive and alert licensees and students to what is required of them.

In new § 21.941(a), the Board proposes to delineate the five components of a curriculum currently required of all Programs: mission, student-centered outcomes, a curriculum plan, didactic content and supervised clinical experience and course syllabi. Proposed paragraphs (a)(2) and (3) would reiterate the requirement in §§ 21.81(b) and (e), 21.87(i), 21.202(h) and 21.369(b) and (c), that the curriculum throughout the Program would have a linear progression teaching concepts from simple to complex along with appropriate level clinical experiences. One common flaw in the design of Programs is that the curriculum is not logically sequential. Students must have didactic instruction in a specific content area before beginning a clinical experience. For example, RN and PN students cannot assist with passing medications until they have completed pharmacology. They cannot learn

the fundamentals in long term care without having learned gerontology. Similarly, RN and PN students cannot begin clinical experience in specialty areas such as obstetrics, mental health or pediatrics in the first term when they have not completed fundamental nursing courses, mental health or maternal/child instruction. Similarly, CRNP students cannot enter into a clinical course without completing advanced pathophysiology, advanced pharmacology and advanced physical assessment.

In addition to the sequence of the coursework, the Board proposes in new paragraph (a)(4) to reiterate the principle in §§ 21.85(r), 21.87(m), 21.202(g) and (i), 21.203(b) and 21.369(b) (relating to general curriculum requirements), that the content be appropriate for the specific scope of practice for which the student is being educated. A PN Program, for example, should not be providing instruction that teaches LPN students to practice independently or initiate the administration of blood which is prohibited by § 21.145a. Similarly, RN Programs should not provide clinical experience in prescribing drugs or formulating or rendering a medical diagnosis.

Additionally, in subsection (a)(4), the Board proposes that the coursework also address patients from diverse cultural, ethnic, social and economic backgrounds, so that upon graduation, students are prepared to address the needs of patients from varied backgrounds and increasing patient safety consistent with AACN's The Essentials: Core Competencies for Professional Nursing Education (2021) (The Essentials); and the National Organization of Nurse Practitioner Faculties (NONPF) Statement on Diversity, Equity and Inclusion in Nurse Practitioner Education (August 23, 2023). According to 2020 Census Bureau estimates, by 2044, less than half of the United States population will belong to a group identifying as White alone. The Hispanic or Latino population grew 23% while the non-Hispanic or Latino population grew 4.3% since 2010. As AACN's Position Statement on Diversity, Equity & Inclusion in Academic Nursing noted, "[h]ealth inequities, including diminished life expectancy and poor health outcomes, vary based on race, ethnicity, culture, sexual orientation, gender identity, age and socioeconomic status." This knowledge, as first addressed in Madeline M. Leininger's Theory of Cultural Care Diversity and Universality, is important to reduce nurses' stress due to barriers in communication and the inability to relay critical information. Awareness of cultural rules, religious beliefs and norms, as well as the patients' socioeconomic situations, also assist nurses<sup>2</sup> to understand how the treatment will be received as studies have found that medication use, and choice are often impacted by ethnicity or cultural beliefs. This knowledge is also important in care planning and the nurse's determination as to whether to bring in additional disciplines such as social workers, translators and hospital chaplains to assist in relaying information or finding additional resources. Ethnicity also plays a role in disease detection.

In paragraph (a)(5), the Board proposes to list the items that must be included on a course syllabus. In the Board's view, the detail provides students with information about what will be taught, the course requirements and the expectations for course completion and provides the faculty teaching the course a thorough roadmap. Additionally, completed syllabi, which must be included in

a Program proposal in new § 21.921(b)(8), also assist to flesh out necessary coursework in the development of a Program. Stakeholders requested that the originally proposed list, that included instructors, course schedule, attendance requirements, make-up work and weekly outlines, be shortened so as to provide Programs with more flexibility. The Board concurred and removed those items from mandatory inclusion on the syllabus. Both attendance requirements and make-up work can be included in the Student Handbook.

New subsection (b) would track the requirements in §§ 21.81(a) and 21.203(a) that the faculty develop, implement and evaluate the curriculum. The Board also proposes that the curriculum be based upon current nursing education and practice standards, consistent with §§ 21.84(c), 21.203(d)(7), and 21.370(a)(2)(ii) (relating to evaluation), and mesh with the Program and controlling institution's mission and outcomes, consistent with §§ 21.84(a), 21.85(a), 21.86(a), 21.201(a), and 21.369(d).

*§ 21.942— General content requirements for professional and practical nursing education programs.*

The Board proposes in new § 21.942(a) to track the requirement in § 21.81(b) and 21.203(b) that the curriculum address the knowledge, attitudes, skills and abilities to practice as an RN or PN. The RN scope is listed in §§ 21.1 and 21.11-21.18. The PN scope of practice is listed in §§ 21.141, 21.145-21.145a and 21.148.

In new subsection (b), the Board proposes identifying the eight required topical components and subcategories of the RN and PN curriculum: Bio-Physical Sciences, Social and Behavioral Sciences, Pre-licensure Nursing Core Principles, Assessment, Health and Environmental Hazards, Informatics, Management of Nursing Care Across the Lifespan, and Nursing Responsibilities and Standards of Conduct. The content is similar to that required in §§ 21.81(c)-(f) and 21.203(d), modeled after current RN and PN Program curricula based upon the QSEN Pre-licensure Competencies and consistent with the AACN's Essentials of Baccalaureate Education for Professional and Practical Nursing Practice. Additionally, the content matches the topical areas on the NCLEX-RN<sup>®</sup> and NCLEX-PN<sup>®</sup> test plans and the 2021 LPN/VN Practice Analysis: Linking the NCLEX-PN<sup>®</sup> Examination to Practice.

The curriculum is also aligned with the ACEN<sup>™</sup> 2017 and 2023 Accreditation Manuals and the NLN CNEA's Accreditation Standards for Nursing Education Programs (Approved: October 2021) simplifying the process for Programs to obtain programmatic accreditation. In that the RN and PN curriculum regulations were last amended in 1983 and 2012, respectively, the new proposed regulations update current requirements.

Proposed subsection (b)(3)(ii) refers to “infusion” therapies rather than “IV” therapies to

reflect current nomenclature that was not in place when the IV therapy regulations were promulgated in 2012. The insertion of this new nomenclature is also proposed to be incorporated in §§ 21.141, 21.145(f) and (g) and 21.943 (relating to definitions; functions of the LPN; infusion therapy education requirements).

Proposed subsections (c) and (d) would permit the sciences delineated in subsection (b)(1), (2) and (8) to be integrated, combined or presented as separate courses. As proposed, the coursework in new subsection (b)(1) must include a laboratory experience matching the requirement in 21.81(c).

*§ 21.943—Infusion therapy education requirements.*

Currently, only the PN regulations include curricular provisions for IV-therapy which, as the Board explained above, would be replaced with the commonly used term, infusion therapy. The Board believes that infusion therapy education is equally as applicable for RNs and proposes adding new § 21.943. The Board proposes that the components in subsection (a) be identical to those in § 21.203(d)(8), required by § 21.145b(a), with the exceptions of paragraphs (xi) and (xiv), pertaining to the administration, maintenance and monitoring of peripheral IV therapy and the administration, maintenance and monitoring of central and peripheral IV therapy, which the Board proposes being consolidated into paragraph (14) and the addition of paragraph (11), pertaining to compatibility of drugs and solutions. This additional component was added because it is best practice for infusion and medication administration as determined by the Institute for Safe Medication Practices.

In new subsection (b), the Board proposes that faculty who teach the infusion therapy course meet the general faculty requirements in new §§ 21.934(a) and 21.936.

In new subsection (c) the Board also proposes delineating the approval process and requirements for stand-alone infusion therapy courses which are offered apart from a Program. Like other courses, the Board proposes that the stand-alone infusion therapy courses be pre-approved by the Board based upon the submission of an application and the payment of the fee added to §§ 21.5(e) and 21.147(e). Similar to the establishment requirements in new § 21.921, the Board proposes, in paragraphs (1)-(4), that the application for approval include a course outline consisting of the components in subsection (a), a description of the instruction method, learning experiences, and evaluation tools and a list of faculty members that meet the requirements of subsection (b).

New subsection (d) would require that all infusion therapy courses comply with the standards for infusion therapy from a Board-recognized professional association. Because these are consistent acceptable standards of care, this new requirement would not impose any hardship on Programs. As with the lists of Board-approved English language proficiency examinations referenced in §§ 21.23(a), 21.28(e), 21.151(d), and 21.155(e), Program approval status referenced in new § 21.911(a),

and Board-recognized simulation standards referenced in new § 21.945(e), the Board proposes posting a list of Board-recognized professional associations on its website. Included on the list of Board-recognized professional associations pertaining to infusion therapy standards are the Infusion Nurses Society and the Association of Vascular Access.

Because the Board refers to “infusion therapy” in new §§ 21.942(b)(3)(ii) and 21.943(c), the Board proposes to replace the outdated references to “IV therapy” with “infusion therapy” in current §§ 21.5, 21.141, 21.145(f) and (g) and 21.147.

*§ 21.944—General content requirements for CRNP nursing education programs.*

Proposed § 21.944 tracks the content requirements for CRNP Programs in § 21.369. Subsection (a) reiterates the requirements of § 21.369(b) that the curriculum address the knowledge, attitude, skills and abilities for practice as a CRNP.

Similar to the content requirements for the RN and PN Program curriculum, the proposed CRNP content requirements contained in subsection (b) are based upon national standards such as the QSEN Graduate Level Competencies, NFT Standards, the NONPF 2022 Nurse Practitioner Core Competencies Content, and The Essentials. These are also consistent with the accreditation standards for CRNP Programs. In this rulemaking, the Board proposes tracking or updating the content in § 21.369(c).

The Board proposes adding new subsection (b)(1)(iv) and (ix) – (xiii) to the graduate nursing core for: standards of conduct, quality improvement, safety, infection control, models of care and health care informatics. These content areas are consistent with QSEN or NONPF competencies.

The Board also proposes incorporating the advanced pharmacology content in current § 21.369(c)(4) into new subsection (b)(2)(iii). The Board also proposes adding a reference to the advanced pharmacology course to § 21.283(b)(1). This would also apply to stand-alone advanced practice pharmacy courses.

In this rulemaking, the Board proposes replacing references to the nurse-client relationship in § 21.369(c)(5)(ii) with patient centered care in new Paragraph (4)(vii). The Board also proposes expanding the professional content role to include new subsection (b)(4)(vi) and (viii) involving interprofessional collaboration partnership and critical thinking and clinical judgment.

The Board also proposes adding content in pain management including the identification of addiction and the practices of prescribing or dispensing opioids to the curriculum in accordance with Section 9.1(b) of the act of November 2, 2016 (P.L. 980, No. 124), required under 35 Pa.C.S. Chapter 51 (relating to safe opioid prescription), and specifically under section 5102 (relating to safe

opioid prescription education), in new subsection (b)(5). On June 10, 2022, the Board adopted the PA-SUPPORT curriculum as that education. It can be incorporated within an existing advanced pharmacology course or taken as part of a stand-alone course. The PA-SUPPORT curriculum, entitled “Source for Understanding Pain, Prescribing Opioids, and Recovery Treatment” is posted on the Lewis Katz School of Medicine at Temple University’s website.

Lastly, new subsection (c) would track the requirement in § 21.369(c)(4)(i) that the pharmacology content be integrated into other content areas, rather than only as a separate course.

The requirement that the curriculum be based upon the philosophy and objectives of the controlling institution in § 21.369(a) is contained in new § 21.941(b).

*§ 21.945—Supervised clinical experience requirements.*

The Board proposes to incorporate the clinical experience provisions in §§ 21.81(e), 21.203(d)(4) and 21.369(c) in new § 21.945. This provision would dovetail with the clinical agency requirements in proposed § 21.924.

The Board also proposes adding a new provision in subsection (e) that would clarify that Programs may use face-to-face simulation as part of the clinical experience. Simulation in nursing education is a teaching strategy to replicate patient care situations in an interactive manner that replaces and/or enhances clinical education. NCSBN’s National Simulation Study as well as studies by Smiley (2018), Berndt (2014), Fisher & King (2013), Foronda, Liu & Bauman (2013), Sportsman, Schumacker & Hamilton (2011) and Lapkin, Levett-Jones, Bellchambers (2010) found that simulation, conducted under evidence-based standards with simulation-trained faculty, increases clinical thinking, reasoning and judgment such that it enables students to obtain their clinical experience.

Initially, the Board considered capping the amount of clinical experience that can be achieved via simulation due to its belief that in-person direct clinical experience is necessary in order to properly prepare nursing students for practice and the costs associated with setting up a simulation experience. However, the Board was concerned that such a cap would result in an arbitrary determination and would not properly consider the availability of varied clinical experiences. Despite the Board’s value of in-person “live” experience, the Board understands that at times clinical placements, for example, in maternity and psychiatry, are difficult, if not impossible, to secure. In addition, simulation enables students to study complications that may not be seen as part of a clinical experience. Because, as found in NCSBN’s National Simulation Study, which reviewed prelicensure student outcomes where simulation was substituted for up to 50% of the clinical experience, there is no discernable difference in pre-licensure knowledge and clinical performance between students using 10% or less, 25% or 50% of simulation experience, and the Board has not capped the amount

of face-to-face simulation a Program can utilize. Similarly, as reiterated in NCSBN’s Environmental Scan COVID-19 and Its Impact on Nursing and Regulation, there is “strong evidence supporting the use of up to 50% simulation for clinical experiences....”

Nonetheless, as the NCSBN’s research on quality indicators and that conducted by Alexander et. al. (July 2020) reflects, simulation instruction must adhere to accepted guidelines. Currently, the International Nursing Association for Clinical Simulation and Learning (INACSL), the Society for Simulation in Healthcare (SSIH), and NLN’s Simulation Innovation Resource Center (NLN-SIRC) are three professional associations that have developed simulation standards acceptable to the Board. Their standards, which are incorporated into NCSBN’s Simulation Guidelines for Prelicensure Nursing Education Programs, address simulation design, implementation, debriefing, evaluation and research. INACSL standards are being used in simulation training programs offered by Drexel University’s College of Nursing and Health Professions and George Washington School of Nursing’s Best Practices for Simulation Teaching and Learning Pedagogy. SSIH standards are being used in simulation training programs at Duke University and the Society for Technology in Anesthesia. NLN-SIRC standards are being used in simulation training programs in Pennsylvania at DeSales University, Geisinger Education and Medical Simulation Center, Global Institute for Simulation Training, Penn State Hershey Medical Center, Conemaugh Memorial Medical Center, Alvernia University, Pennsylvania College of Health Sciences, Experiential Learning Commons, Robert Morris University, University of Pittsburgh, Thomas Jefferson University, University of Pennsylvania, Philadelphia College of Osteopathic Medicine, Wiser, Drexel University College of Medicine, Temple University School of Medicine, University of Pennsylvania School of Nursing, Children’s Hospital of Philadelphia, Allegheny Health Network, The Commonwealth Medical College, College of Nursing at Villanova University, York College of PA, and Wellspan Inc., York Hospital. While the Board recognizes INACSL, SSIH and NLN-SIRC as meeting the requirements of new § 21.945(e), in this proposal, it has not named these associations as it desires to have flexibility, without amending the regulation, and to add additional Board-recognized professional associations. Like the Board’s posting of approved English Language Proficiency Examinations and approved Programs, it intends to post the list of Board-recognized professional associations that developed simulation standards on its web page. Despite requiring that Programs apply recognized simulation standards, the Board does not propose requiring simulation accreditation at this time, in light of the cost associated with programmatic accreditation. When the Board reviews the effectiveness of this regulation, it may choose to amend this provision to require simulation accreditation.

In this rulemaking, the Board also proposes to incorporate NTF Clinical Resources Criterion III(h) into subsection (f) by requiring a minimum of 750 hours of supervised clinical experience for CRNP students. Although this is a 250 hour increase over that required in § 21.369(c)(3), the Board does not believe that this increase will be a hardship for CRNP Programs as the accreditors are also incorporating this increase into their standards.

*§ 21.946-Curriculum changes requiring Board approval.*

Except as outlined in § 21.946(b), in § 21.925(b), the Board proposes requiring that the curriculum changes in new § 21.946(a) be submitted to the Board for approval 90 days before the proposed changes are planned to be implemented. This provision would track current §§ 21.83, 21.204, and 21.371 (relating to curriculum changes requiring Board approval; changes in curriculum). These changes address alteration in purpose or outcomes, didactic or clinical hours or simulation, credits or units, teaching methodology, course placement and addition or deletion of courses. Subsection (a)(4) clarifies, except as outlined in subsection (b), that pre-approval is only required where the change affects the integration of material into the total curriculum; minor changes do not require pre-approval.

At the request of stakeholders, the Board proposes in subsection (b) to permit Programs that meet specified requirements to implement curriculum changes prior to Board approval, provided that the Board is notified of the changes 90 days prior to planned implementation. The five requirements are: the Program has full approval status, holds programmatic accreditation, has an active faculty committee and an institutional review committee that reviews curriculum recommendations and actively engages in a review of the systematic evaluation plan. The Board concurs with the stakeholders that permitting these changes to be implemented prior to Board-approval would enable Programs to make desired changes quicker. At the same time, the Board believes that the institutional protections contained in subsection (b) assure that the changes are accurate and appropriate.

Subsection (c) delineates the information that must be included in the subsection (b) notification. The Board proposes requiring Programs to submit an evidence-based rationale for the change, a timeline for implementation, and current and proposed syllabi, mission and outcome, curriculum plans, clinical agencies and evaluation methods. Should the Board determine upon reviewing the proposed changes that revisions are necessary, subsection (d) clarifies that they must be made prior to the next academic year. Both stakeholders and the Board wanted to ensure that changes would not have to be implemented during the middle of an academic year.

FACILITIES AND RESOURCES FOR ADMINISTRATION AND TEACHING

*§ 21.951—Facility requirements.*

The Board proposes incorporating the facility requirements of current §§ 21.91(b), 21.211 and 21.373 (relating to facility and resource requirements) in new § 21.951(a). Instead of referring to the physical equipment of the library and reference titles and periodicals, the Board proposes in new paragraph (8) to add a reference to a comprehensive, current and relevant collection of



educational materials and learning resources.

*§ 21.952—Academic support requirements.*

The most reported reason for attrition from Programs and NCLEX<sup>®</sup> failure is academic failure. To minimize this factor, the Board proposes a two-step approach: require a minimum amount of math and science education before commencing a Program; and academic support during the Program. The Board addresses the former in new § 21.918(a)(1) and the latter in new § 21.952(a). Specifically, the Board proposes addressing the second prong by requiring Programs to provide academic support in at least the following areas: nursing-specific courses, general education courses and technological issues.

In new § 21.952(b), the Board proposes to require Programs to implement procedures to identify academically at-risk students and monitor their progress and skills remediation. The combination of identifying and monitoring student performance coupled with academic support should reduce attrition, failures on the NCLEX<sup>®</sup> and the likelihood of Program placement on provisional status for failing to meet minimum pass rates under new § 21.915(a).

POLICIES AND PROCEDURES

*§ 21.961—Policies and Procedures.*

New § 21.961 would encompass the student provisions of §§ 21.111-21.116, 21.221(a)(1) and (c)-21.223, and 21.374-21.375 and would dovetail with the requirement in new § 21.915(a)(6) that Programs enforce written policies. Under these provisions, the Board proposes that Programs be responsible for developing and enforcing policies regarding faculty, clinical agencies and students.

Proposed subsection (a)(1) requiring Programs to have a policy for ongoing verification of administrator and faculty licensure and maintenance of current competence would dovetail with the faculty and staff qualifications in new § 21.934; and the requirement in new § 21.936(a)-(c) that faculty who have not met these requirements maintain records regarding completion of education and competence. Paragraph (2) would dovetail with new § 21.924 in that the Board proposes requiring an ongoing review of clinical agency agreements stemming from the proposed requirement to maintain clinical agency agreements in new § 21.923(f), ensure that they are sufficient and varied in new § 21.915(a)(9), and that the Board receives timely notifications of changes and provides pre-approval in new § 21.925(b)(6).

New § 21.961(a)(3) would involve student policies. In paragraph (i), the Board proposes to incorporate the requirement for selection, admission, progression, evaluation, dismissal, completion

and graduation policies in §§ 21.101, 21.221(a) and 21.374. In paragraph (ii), the Board proposes to incorporate the requirement for academic advanced standing policies in §§ 21.103, 21.221(c) and 21.375 (related to transfer of students or advanced standing; advanced standing). In paragraphs (iii) and (iv), the Board proposes to incorporate the requirement for policies on student health requirements of pre-entrance and periodic health examinations, provisions for necessary immediate health care, an immunization schedule and student absences in current §§ 21.111(b) (relating to health program) and 21.222(a) and (b). In paragraph (v), the Board proposes to incorporate the student rights, responsibilities and grievance policies in §§ 21.116 and 21.223 (relating to student rights; student services.) In paragraph (vi), the Board proposes to add a requirement for safety policies. In paragraph (vii), the Board proposes to incorporate academic counseling and support service policies in §§ 21.114 (relating to counseling and guidance) and 21.222(f). Finally, in paragraph (viii), the Board proposes incorporating the financial aid and refund policies related to fees and tuition in §§ 21.115 (relating to financial aid) and 21.222(g).

New § 21.961(a)(4) would require Programs to enunciate technology and support policies. As noted in § 21.935(c), the COVID-19 pandemic highlighted the importance of technology when in-person learning became unavailable. The Program's policies not only need to advise faculty and students of the technology that will be required, but also whether the Program intends to provide IT support.

In subsection (b), the Board proposes that changes in policies and procedures be communicated in writing to all students, prospective students and the public. Prospective students are those who have sought information about the Program. In subsection (c), the Board proposes that students be provided with syllabi for the coursework that meet the requirements of new § 21.941(a)(5); and a student bulletin, commonly known as a Handbook, that outlines the Program, including the coursework, requirements and costs incorporating the requirements of § 21.122(4) (relating to record maintenance).

## RECORDS

### *§ 21.971—Record maintenance and retention.*

In new 21.971, the Board proposes incorporating the requirement for maintenance and retention of student, faculty and administrative records, as well as Handbooks in §§ 21.121, 21.122, 21.231, and 21.376. Initially, the Board contemplated that these records be maintained for ten years and then stay consistent with the controlling institution's retention schedule, however, due to concerns expressed by Program directors, the Board reduced the retention requirement to at least the following: during the student's enrollment for health records, during the faculty's employment for faculty records, for the length of the clinical agency agreements, ten years for minutes, eight years for annual reports and periodic evaluations, three years for budgets, Program policies for ten years,

and Handbooks for ten years, and then consistent with the controlling institution's retention schedule. The reason for this dual requirement is to assure that records are kept for the Board's minimum period, but not less than the controlling institution's minimum period.

*§21.972—Records to be filed with the Board.*

Except for the addition of the reference to the annual report fee, new § 21.972 would track the requirements in §§ 21.124, 21.232 (relating to relating to records to be filed with Board; records required to be filed in the Board office) and 21.362(a) that the report be filed annually. At the request of stakeholders, the Board proposes the categories listed in subsection (a)(1)-(9). Faculty progression dovetails with new § 21.934(b)(1). Additionally, the Board proposes in subsection (b) that Program administrators verify student completion. Completion differs from graduation in that additional Program requirements, including payment of fees, must be satisfied before Programs are completed. In new § 21.961(c)(2), the Board proposes that Program completion requirements be listed in Student Handbooks.

*§ 21.973—Custody of records.*

In new § 21.973 the Board proposes that the controlling institution be responsible for the permanent safekeeping and records of the Program incorporating the requirements in §§ 21.125, 21.233 and 21.377 (relating to custody of records). If the controlling institution closes, the Board proposes that the Programs' records be considered part of the controlling institution's records.

### PROGRAM EVALUATION

*§ 21.981—Evaluation.*

The Board proposes incorporating the evaluation requirements in §§ 21.82, 21.203(h) and 21.370 (relating to curriculum evaluation; specific curriculum requirements for practical nursing programs; evaluation) in new § 21.981. Subsection (a) would delineate aspects of the Program that the administrator is required to evaluate: the organization and administration of the Program, and faculty and staff performance. Although this requirement to evaluate the programs is not new, in this proposal, as the person responsible for the Program and its faculty, it is only logical that the administrator be responsible for this evaluation. Subsection (b) would reiterate from the current regulations those aspects of the Program that the administrator and the faculty evaluate.

### SITE VISITS

*§ 21.991—Site visits.*

In new § 21.991 the Board proposes adding authority to conduct announced and unannounced site visits tracking §§ 21.33a(a) and 21.162a (relating to failure to comply with standards). This provision would enable the Board to visit Programs to conduct a facility review in connection with an application for approval pursuant to new § 21.921(e) and make site visits to assure compliance with the remaining provisions of Subchapter I as delineated in new § 21.912(e). In the current regulations, these visits are referred to as “survey visits.” Refusing or limiting a site visit is a violation of Program standards in 21.915(a)(12).

*Description of Amendments to Current Regulations*

§ 21.1—Definitions.

§ 21.141—Definitions.

§ 21.251—Definitions.

Comprehensive nursing assessment

Focused nursing assessment

Advanced assessment

§ 21.145—Functions of the LPN.

§ 21.282a—CRNP Practice.

In developing the general content requirements for the various types of Programs, the Board noted that the term “assessment” was routinely used without definition. To provide clarity about the types of assessments that nurses may perform and the education required to perform the assessments and incorporate these definitions contained in NCSBN’s Model Act, the Board proposes to add definitions for “comprehensive nursing assessments,” performed by RNs, and “advanced assessments,” performed by CRNPs, to the definition in §§ 21.1 and 21.251, respectively, and revise the definition of “focused nursing assessments,” performed by PNs, to the definition in § 21.141. Unlike comprehensive and focused assessments that are modified by the term nursing, as proposed, “advanced assessment” is not being modified by the term nursing because an assessment by a CRNP extends beyond nursing assessments to making differential diagnoses and determining treatment. At the suggestion of stakeholders, the Board incorporated “physiological, psychosocial, demographic, developmental, and historical data” to the definitions of “comprehensive assessment” and “advanced assessments.” The Board also proposes to include references to the various types of assessments in §§ 21.11(a), 21.145(a) and (f)(3), and 21.282a(b)(1) (relating to general functions, functions of the LPN and CRNP practice), and new §§ 21.942(b)(4) (relating to general content requirements for professional and practical nursing education program), and 21.944(b)(2)(i). As suggested by the Deans, the Board proposes identifying the types of data that is considered as part of a comprehensive nursing assessment.

§ 21.5—*Fees.*

§ 21.147—*Fees.*

Current §§21.5(c) and 21.147(d) list the fee for the Board’s evaluation of continuing competency courses. In this regulation, the Board proposes adding a fee for the evaluation of stand-alone infusion therapy courses outlined in proposed § 21.943(c) (infusion therapy course requirements). The Board proposes to amend §§21.5(c) and 21.147(d) to include a reference for the evaluation of stand-alone infusion therapy courses. Because infusion therapy courses are taught as preparation for initial licensure for RNs and LPNs, § 21.253(b)(1), which applies solely to CRNPs, is not being amended.

§ 21.18—*Standards of nursing conduct.*

§ 21.118—*Post-Basic Nursing Education Programs.*

Section 21.118(a) and (b) refers to training programs. In that they fall within the definition of nursing education programs, for clarity, the Board proposes to replace “training” with “nursing education.”

§ 21.141—*Definitions.*

Central venous catheter

IV access device

IV therapy

PICC—Peripherally inserted central catheter

Titration of IV medications

As mentioned above, for clarity and consistency purposes the Board proposes to replace all references to “IV” with “infusion” to match current nomenclature in the titles of “IV access device”, “IV therapy”, and “titration of IV medications”, as well as the definitions of “central venous catheter” and “PICC—Peripherally inserted central catheter.”

§ 21.145—*Functions of the LPN.*

§ 21.145a—*Prohibited acts.*

Similar to the revision to the definitions in § 21.141, the Board proposes to replace the references to “IV therapy” with “infusion therapy” in § 21.145(f) and (g) and 21.145a(6), (8) and (10). Additionally, because the infusion training requirements are being moved from § 21.145b(b) to new §§ 21.942(b)(3)(ii) and 21.943 (relating to general content requirements; infusion therapy course requirements), the Board proposes to correct the citation reference related to infusion therapy education in § 21.145(g).

*§ 21.148—Standards of nursing conduct.*

Sections 21.18(a)(2) and 21.148(a)(2) require RNs and PNs, respectively, to respect and consider an individual’s right to freedom from psychological and physical abuse while providing nursing care, but not while serving in a nursing education capacity. The Board proposes to amend both subsections to add standards for RNs and PNs when serving as administrators, faculty members, clinical supervisors, preceptors or mentors.

*§ 21.283—Authority and qualifications for prescribing, dispensing and ordering drugs*

In that the Board proposes to move the curriculum content for CRNP Programs to § 21.944 (relating to general content requirements for CRNP nursing education programs), the Board proposes to add a reference to § 21.944 in § 21.283(b).

*Description of Amendments to Current and New Regulations*

*§ 21.141—Definitions.*

*§ 21.918(a)(2)—Minimum student program qualification requirements.*

*§ 21.933(a)(2), (b)(2)—Administrator qualifications.*

*§ 21.934(a)(1)(i), (a)(2)(ii), (a)(3)(ii), (f)(1)—Faculty and staff qualifications.*

The Board has added the clause “or holds a privilege to practice in this Commonwealth” after “licensed” in §§ 21.141 (in the definition of “focused nursing assessment”); 21.918(a)(2); 21.933(a)(2) and (b)(2); and 21.934(a)(1)(ii), (a)(2)(ii), (a)(3)(ii) and (f)(1), so as to include nurses, beyond those licensed under the RN and PN Laws or by endorsement under 63 Pa.C.S. § 3111, who hold multistate licenses under the Nurse Licensure Compact (NLC) Act (35 P.S. § 10292). Although not fully implemented, as of September 4, 2023, it has been partially implemented enabling out-of-state RN and PN multistate license holders to practice in the Commonwealth under a privilege to practice. The Board has not made this change to provisions that are not impacted by this regulation as that is not the scope of this regulation. It was addressed generally in the Joint Statement of Policy with the Department of Health, the Department of Human Services and the Board on January 13, 2024, at 54 *Pa. B.* 148-149, and will be addressed in a subsequent regulation when the NLC is fully implemented.

*Fiscal Impact and Paperwork Requirements*

The most significant fiscal impact of this proposal is the cost of obtaining programmatic accreditation as the fees for Program and course approval, other than the stand-alone infusion therapy course, were promulgated by the Board at 49 *Pa.B.* 3891 on July 27, 2019. The costs for

programmatic accreditation for one program in 2023 ranges from \$7,750.00 to \$14,500.00, depending upon the accreditor selected regardless of the program type. This cost does not kick in for at least five years as § 21.916(a) and (b) does not become effective until five years from publication. Then, the Programs have five additional years to obtain the accreditation.

ACEN™ charges an initial candidacy fee of \$2,500.00, an initial accreditation fee of \$1,250.00, a site visit fee of \$7,875.00 (consisting of \$875.00 for 3 peer evaluators for 3 days), a first accreditation fee of \$2,875.00, totaling \$14,500.00. Thereafter, the Program pays a one-time accreditation fee of \$1,250.00 and a site visit fee of \$7,875.00 (consisting of \$875.00 for 3 peer evaluators for 3 days). CCNE charges an evaluation fee of \$5,250 (consisting of \$1,750 for three evaluators) and a new applicant fee of at least \$2,500, depending upon the number of programs being accredited, totaling \$7,750.00. Thereafter, the Program pays an annual fee of \$2,500.00. CNEA charges a pre-accreditation candidacy applicant fee of \$3,345.00, depending upon the number of programs being accredited, and an accreditation fee of \$7,300.00, totaling \$10,645.00. Thereafter, the Program pays an annual fee of \$2,920.00. As noted in the description for new § 21.916, the Board believes that the benefits outweigh the costs of accreditation.

For RN and PN students who did not complete the required math and science courses, which could be up to seven credits, they can be completed through a GED at approximately \$30 per subtest, as part of a retraining program through Careerlink, at no cost, as part of an Individual Training Account or from a private or public educational institution ranging from \$200-\$1,000 per credit.

For faculty members, including administrators, who meet the education requirements, this regulation may not impose additional costs. For those who do not meet the educational requirements, the costs may be borne by the faculty member or the nursing education program and would be based upon each particular faculty member/administrator's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. Additionally, there are scholarship opportunities available, including through the Foundation for Academic Nursing. The costs for each credit depends upon whether the institution is public or private and ranges between \$200-\$1,000 per credit. Master's degrees vary in credits but generally consist of a minimum of 30 credits, while graduate degrees are often between 60-72 credits.

There are no significant paperwork requirements associated with this rulemaking. New Programs currently apply for approval and provide almost identical information to that which is required in new § 21.921. Therefore, while this proposed regulation has paperwork requirements, these requirements are already incorporated in current procedures. As such, there would not be an increase in paperwork requirements. Programs continue to file Annual Reports and provide almost identical information to that which is required in new § 21.972. Proposals and Annual reports are submitted through PALS.

### *Sunset Date*

The Board continuously monitors the effectiveness of its regulations on an ongoing basis. Therefore, no sunset date has been assigned.

### *Regulatory Review*

Under section 5(f) of the Regulatory Review Act (71 P.S. § 745.5(f)), on December 27, 2024, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC). A copy of this material is available to the public upon request. On the same date, the Board submitted the proposed rulemaking to the Legislative Reference Bureau for publication in the *Pennsylvania Bulletin*. The Board will deliver a copy of this proposed rulemaking and required material to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee no later than the second Monday after the date by which both committee designations have been published in the *Pennsylvania Bulletin*.

Under section 5(g) of the Regulatory Review Act, IRRC may convey comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria in section 5.2 of the Regulatory Review Act (71 P.S. § 745.5b) which has not been met. The Regulatory Review Act specifies detailed procedures for review prior to final publication of the rulemaking by the Board, the General Assembly and the Governor.

### *Public Comment*

Interested persons are invited to submit written comments, recommendations or objections regarding the proposed amendments to Judith Pachter Schulder, Counsel, State Board of Nursing, P.O. Box 69523, Harrisburg, PA 17106-9523, RA-STRegulatoryCounsel@pa.gov within 30 days of publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference 16A-5141 (Nursing Education Programs) when submitting comments.

Colby Hunsberger, DNP, RN, CNEcl  
Chair



ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

SUBCHAPTER A. REGISTERED NURSES

GENERAL PROVISIONS

§ 21.1. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*Board*—The State Board of Nursing in the Commonwealth.

*Comprehensive nursing assessment*—The collection, analysis and synthesis of physiological, psychosocial, demographic, developmental, and historical data performed by a registered nurse used to establish a health status baseline, plan nursing care and address changes in a patient's condition.

*Continuing education*—An activity approved by the Board as a condition for renewal of licensure or certification for which proof of completion can be provided to the Board.

\* \* \* \* \*

[*Examination year*—The period beginning on October 1<sup>st</sup> of a year through September 30<sup>th</sup> of the following year.]

\* \* \* \* \*

[*Systematic evaluation plan*—An organized, continuous analysis of all nursing education program components, such as curriculum, faculty, facilities, policies and outcome measures, that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.]

\* \* \* \* \*

**§ 21.5. Fees.**

\* \* \* \* \*

(e) The following fee is charged for evaluations of programs requiring Board approval under § 21.30a(a)(2) (relating to continued competency) and § 21.943(c) (relating to infusion therapy).....\$285

\* \* \* \* \*

**RESPONSIBILITIES OF THE REGISTERED NURSE**

**§ 21.11. General functions.**

(a) The registered nurse [assesses human responses] performs a comprehensive nursing assessment and plans, implements and evaluates nursing care for individuals or families for whom the nurse is responsible. In carrying out this responsibility, the nurse performs all of the following functions:

\* \* \* \* \*

**§ 21.18. Standards of nursing conduct.**

(a) A registered nurse shall:

\* \* \* \* \*

(2) Respect and consider [, while providing nursing care] the individual’s right to freedom from psychological and physical abuse while doing one of the following:

(i) Providing nursing care.

(ii) Serving as an administrator.

(iii) Serving as a faculty member or clinical supervisor, preceptor, or mentor as part of a nursing education program.

\* \* \* \* \*

### [APPROVAL OF SCHOOLS OF NURSING]

#### § 21.31. [Surveys; list of approved schools] [Reserved].

[(a) Survey visits are made of basic nursing programs conducted in hospitals, colleges or universities of exchange visitor programs and of cooperating agencies. In this section, “cooperating agency” means an educational institution or health care delivery system which cooperates with the controlling institution. The survey report is presented to the Board and a written report of recommendations or requirements, or both, is sent to the school, college or university.

(b) Classified lists of approved schools of nursing and of exchange visitor programs are compiled and published annually and are made available for distribution.

(c) A list of approved cooperating agencies that provide educational programs for schools of nursing is compiled and published annually and is made available for distribution.

(d) For purposes of activities relating to the approval and status of nursing education programs, the term “Board” used in this subchapter may mean the Board’s educational advisors appointed

under section 2.1(i) of the act (63 P.S. 212.2(i)). Only the Board may, by a majority vote, confer initial approval status on a proposed nursing education program, extend the maximum 2-year period for correction of deficiencies or remove a program from the approved list.]

**§ 21.32. [Objectives] [Reserved].**

[Nursing schools in this Commonwealth are approved to effectuate the following:

- (1) Safeguard the preparation quality of nurses and assure safe standards of nursing practice in this Commonwealth.
- (2) Stimulate and maintain continued growth and improvement of nursing education in this Commonwealth.
- (3) Guide prospective students in the selection of approved schools which offer adequate resources for sound basic nursing education.
- (4) Assure the graduates of nursing programs of eligibility for admission to examination for licensure.
- (5) Assist graduates of schools of nursing in this Commonwealth to qualify for licensure by endorsement in other jurisdictions.]

**§ 21.33. [Types of approval] [Reserved].**

[(a) The Board grants the following types of approval to nursing education programs:

- (1) *Initial*. The Board may grant initial approval to a new nursing education program, with evidence that the standards of this subchapter are being met, for a period of time necessary to evaluate the results of the licensing examination by the first cohort of graduates. A program will not be placed on full approval status until it has graduated its first class and the class has achieved an acceptable rate of passing the National licensure

examination, as set forth in § 21.33b (relating to minimum rate for graduates of nursing education programs to pass the National licensure examination). A program on initial approval status that fails to achieve an acceptable rate of passing the National licensure examination upon graduation of its first class will be placed on provisional approval status.

(2) *Full.* The Board will place on full approval a nursing education program which attains and maintains the standards of this subchapter.

(3) *Provisional.* The Board may place on provisional approval a nursing education program not meeting the standards of this subchapter. A nursing education program on full approval status will be placed on provisional approval status if the program fails to meet the provisions of § 21.33b.

(b) A nursing education program shall notify applicants for admission of the program's approval status and, within 30 days of a change of status, shall notify applicants and students by electronic mail or first class mail that the program's approval status has changed. The program shall provide the Board a copy of the notice sent to applicants and students. A program shall provide additional notice to applicants and students at the direction of the Board.]

**§ 21.33a. [Failure to comply with standards] [Reserved].**

[(a) If the Board receives information suggesting that a nursing education program has not maintained the standards of this subchapter, the Board will validate the information and will notify the program, in writing, of the alleged deficiency. The Board may request information from the program or conduct an announced or unannounced site visit before notifying the program of the alleged deficiency. The Board may informally resolve any deficiency.]

- (b) The Board will notify a program, in writing, that the program will be placed on provisional approval status.
- (c) The Board will notify a program on provisional approval status, in writing, of the deficiencies and the amount of time that will be allowed for correction of the deficiencies that resulted in the program's placement on provisional approval status. The Board may extend the time period for correction of deficiencies at its discretion if the program is making demonstrable progress toward the correction of deficiencies. If additional deficiencies are identified, the existing provisional period may be extended at the discretion of the Board.
- (d) The Board may place restrictions on a nursing education program on provisional approval status as deemed necessary by the Board to bring the program into compliance with this subchapter and will notify the program, in writing, of the restrictions.
- (e) The Board may require that a nursing education program on provisional approval status prepare and submit additional reports and will notify the program, in writing, of the reports required.
- (f) The Board may make announced or unannounced site visits to a nursing education program on provisional approval status.
- (g) A period of 2 years will be the maximum time period allowed for the correction of deficiencies that returns the program to compliance with the Board's regulations. A program may petition the Board for extension of the maximum period and the Board may, by majority vote, extend the period for good cause demonstrated by the program.

- (h) If the standards of this subchapter are met within the designated time, the nursing education program will be removed from provisional approval status. The Board will notify the program in writing of this action.
- (i) If the standards of this subchapter are not met within the designated time, the nursing education program will be removed from the approved list as provided in § 21.34 (relating to removal from approved list).
- (j) Within 10 days of service of a request under subsection (a) or (e) or notice of the imposition of a restriction under subsection (d), a nursing education program may appeal the action of the staff as provided in 1 Pa. Code § 35.20 (relating to appeals from actions of the staff).
- (k) The failure of a program to cooperate with the Board by failing to provide requested information or reports, by refusing or limiting a site visit, or by refusing to adhere to restrictions mandated by the Board will be considered a violation of the standards for nursing education programs and may result in immediate referral of the program to the prosecution division to consider formal action to remove the program from the approved list as provided in § 21.34.]

**§ 21.33b. [Minimum rate for graduates of nursing education programs to pass the National licensure examination] [Reserved].**

[A nursing education program shall prepare its graduates to pass the National licensure examination at a rate at least equal to the minimum rate set by the Board. The minimum rate for graduates to pass the National licensure examination are as follows:

- (1) A nursing education program shall achieve and maintain a minimum pass rate of 60% or more of its first-time examinees during an examination year.

- (2) Beginning on October 1, 2009, a nursing education program shall achieve and maintain a minimum pass rate of 70% or more of its first-time examinees during an examination year.
- (3) Beginning on October 1, 2010, a nursing education program shall achieve and maintain a minimum pass rate of 80% or more of its first-time examinees during an examination year.]

**§ 21.34. [Removal from approved list] [Reserved].**

[(a) The Board may remove a nursing education program from the approved list in accordance with the following procedures if the program fails to meet and maintain minimum standards, including the minimum passing rates on the National licensure examination, as established by this subchapter.

- (1) The Board will give a nursing education program notice of its intent to remove the program from the approved list.
- (2) The notice of intent to remove a program from the approved list will set forth the alleged violations of the standards for nursing education programs.
- (3) A program served with notice of intent to remove will be given 45 days in which to file a written answer to the notice.
- (4) The nursing education program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be withdrawn.
- (5) The nursing education program and the Commonwealth will be provided an opportunity to file posthearing briefs.



- (6) The Board will issue a written decision which will set forth findings of fact and conclusions of law.
- (7) The Board's written decision will be a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).
- (b) If a nursing education program is removed from the approved list, the controlling institution shall provide for the completion of the program for students currently enrolled by placing the students in an approved program.
- (c) If a nursing education program is removed from the approved list, the controlling institution shall make provision for permanent retention of student and graduate records in conformity with §§ 21.123 and 21.125 (relating to access and use of records; and custody of records).
- (d) If a nursing education program is removed from the approved list, the program shall give students notice of the protection granted under section 6.2(a) of the act (63 P.S. § 216.2(a))]

**[DISCONTINUANCE OF A SCHOOL OF NURSING]**

**§ 21.41. [Notification; completion of program; records] [Reserved].**

- [(a) Written notification of intent to discontinue a program of nursing shall be submitted to the Board within a reasonable time, but not less than 6 months prior to discontinuance.
- (b) When a class is not admitted in a given year, the nursing program shall close unless approval has been granted by the Board based on the justification for continuation submitted to the Board.
- (c) If a program is discontinued, it is the responsibility of the controlling institution to provide for the completion of the program for students currently enrolled, either by placing the students in an approved program or continuing the enrolled classes until completion. If the program is continued

until completion, approved and qualified instruction shall be assured. A controlling institution is a university, college or hospital which conducts programs of education in nursing.

(d) The controlling institution has the legal responsibility to make provision for permanent retention of student and graduate records in conformity of § 21.125 (relating to custody of records).]

### **[APPROVED PROGRAMS OF NURSING]**

#### **§ 21.51. [Establishment] [Reserved].**

[(a) A nursing education program shall be developed under the leadership of a registered nurse, as follows:

(1) A nursing education program may be developed under the authority of a regionally accredited university or college and will be known as a degree-granting nursing education program.

(2) A nursing education program may be developed under the authority of a hospital approved by the Joint Commission on Accreditation of Hospitals and will be known as a diploma nursing education program.

(3) A Board-approved diploma nursing education program may transition to a degree granting nursing education program under the authority of a university or college pursuing regional accreditation and will be known as a program in transition.

(b) A nursing education program may be developed only if there is an adequate faculty and adequate clinical facilities and the philosophy of the parent institution encompasses dual programs of education.

- (c) Prior to establishment or transition, a nursing education program shall:
- (1) Complete a feasibility study which includes:
    - (i) Sufficient statistical data to support the need for a program within the community and to assure availability of an adequate supply and flow of interested candidates.
    - (ii) Identification of available clinical recourses for program implementation based on the projected enrollment and faculty. In viewing the clinical resources, the study must speak to other nursing education programs that share the teaching facilities identified in the study.
    - (iii) Letters of intent from the cooperating agencies indicating positive commitment to the nursing education program and the availability of sufficient clinical resources to meet the educational requirements of the program.
    - (iv) Actual cost of the program including faculty needed, clinical teaching resources, education supplies, office supplies, and the like, and sufficient evidence of stable financial support.
  - (2) Submit 18 copies of the feasibility study to the Board for approval.
  - (3) Employ the nurse administrator of the educational unit at least 12 months prior to the intended admission date of students. Board approval of the nurse administrator's credentials shall be obtained prior to the appointment. For a program in transition, the nurse administrator may serve as administrator of both the degree-granting and diploma nursing education program during the transition period.

- (4) Submit 18 copies of the tentative planned education program to the Board. For degree granting and diploma nursing education programs, the submission shall be made at least 8 months prior to the intended admission date of students. For a program in transition, the submission shall be made at least 3 months prior to the intended admission date of students.
- (4) Employ the teaching faculty at least 1 semester before the initiation of their teaching responsibilities.
- (d) Change of ownership shall be processed as the establishment of a new program.
- (e) The planned educational program must include:
  - (1) Organization and administrative policies of the controlling institution.
  - (2) Administrative structure and functions of the nursing school.
  - (3) Educational preparation and nursing experience of faculty members employed.
  - (4) Statement of the philosophy, purposes and objectives of the program.
  - (5) Proposed curriculum design based on sound educational concepts and including detailed course descriptions and identification of clinical practice.
  - (6) Admission policies.
  - (7) Educational standards.
  - (8) Copy of proposed budget projected for a minimum of 5 years.
  - (9) Copies of written agreements with cooperating agencies and facilities to be used in the program.
- (f) A program in transition shall submit the following to the Board with the program's feasibility study:
  - (1) A copy of the certificate of authority to operate.

- (2) Documentation of the university or college's pursuit of regional accreditation.
  - (3) Documentation that the diploma program has maintained full approval status under § 21.33 (relating to types of approval) for at least 3 years prior to the intended date for admission of students.
- (g) A program in transition shall:
- (1) Submit an annual report detailing the progress of the transition to the Board. If requested by the Board's educational advisor, a program in transition shall appear before the Board to respond to questions or concerns that arise from the annual progress report.
  - (2) Be subject to a site review by the Board's education advisor after the first class has been awarded degrees and the results of the licensing examination taken by the first class are available.
  - (3) Continue on initial approval under § 21.33(a) until the university or college has obtained full regional accreditation.
- (h) Following the review of the program and before final Board action is taken to grant permission to recruit students, an initial faculty and nursing education program survey will be made by a nursing educational advisor of the Board.]

**[ORGANIZATION AND ADMINISTRATION OF NURSING  
PROGRAMS]**

**§ 21.61. [Baccalaureate and associate degree programs: Organizational requirements]**

**[Reserved].**

- [(a) The educational unit in nursing shall be established as a department, division, school or college of the controlling institution in accordance with the structural plan of the institution.
- (b) Relationships with central administrative officers, interrelationships among other disciplines and services of the institution and representation on institutional councils and committees for faculty of the educational unit in nursing shall be consistent with the interaction and responsibilities accorded to other faculty members of the institution.
- (c) Adequate funds shall be allocated and properly budgeted for the sound and effective operation of the program.
- (d) Policies in effect for faculty members of the educational unit in nursing shall be those in effect for faculty members throughout the controlling institution, except where specified otherwise in this chapter.
- (e) The educational unit in nursing shall have administrative authority and responsibility consonant with the general policies of the controlling institution.
- (f) The resources, facilities and services of the controlling institution shall be available to and used by the educational unit in nursing and shall be adequate to meet the needs of the faculty and the students.
- (g) Cooperating agencies shall be subject to the following provisions:
- (1) Agreements to utilize field agencies outside the structural control of the controlling institution shall be initiated by the educational unit in nursing.
  - (2) Cooperating agencies or services selected by the school shall be approved by the appropriate State and National bodies, if such exist.

- (3) The agreement between the educational unit in nursing and the cooperating agency shall be developed jointly, recorded in writing, reviewed periodically by both parties, revised as occasion requires and consistently adhered to by those responsible for implementing the provisions.
- (4) The agreement shall insure full control of student education by the faculty of the program; faculty shall have the freedom to teach and guide students and to select appropriate learning experiences in consultation with designated members of the agency staff.
- (5) The field agencies selected for use shall have the quality and variety of resources for planned learning experiences needed for the program of the educational unit in nursing.
- (6) Approval by the Board shall be obtained before the educational unit in nursing may utilize a new field agency for learning experiences. An Agency Data form, provided by the Board, shall be submitted for each new field agency used for the first time.
- (h) The faculty of the educational unit in nursing shall conduct planned periodic evaluation of its organization and administration.]

**§ 21.62. [Diploma programs; organizational requirements] [Reserved].**

- [(a) The nursing school shall be established as an educational unit of the governing body. (b) Adequate funds shall be allocated and properly budgeted for sound and effective operation of the school.
- (b) Adequate funds shall be allocated and properly budgeted for sound and effective option of the school.

- (c) The organizational plan for the school of nursing shall provide for relationships with the governing body, individuals and cooperating agencies responsible for and participating in the school operation.
- (d) The authority and the administrative responsibility for the school shall be delegated by the governing body to the director of the school.
- (e) The faculty shall formulate policies that relate to the operation of the school.
- (f) Approval by the Board shall be obtained before the educational unit in nursing may utilize a cooperating agency or a new field agency for learning experiences. An Agency Data form, provided by the Board, shall be submitted for each new cooperating agency and field agency.]

**§ 21.63. [Diploma programs utilizing cooperating agencies] [Reserved].**

[(a) Cooperating agencies within this Commonwealth shall be subject to the following:

(1) The agreement between the educational unit in nursing and the cooperating agency shall be developed jointly, recorded in writing, reviewed periodically by both parties, revised as occasion requires and consistently adhered to by those responsible for implementing the provisions.

(2) Cooperating agencies on the approved list shall submit changes on curriculum content to the Board for approval before schools are notified of the changes.

(b) Cooperating agencies outside of this Commonwealth shall be subject to the following:

(1) The state board of nursing of the state in which the cooperating agency is located shall be contacted to determine the approval status of that agency in that state. Only fully approved programs may be considered.



- (2) The school wishing to establish agreements with a cooperating agency shall initiate meetings with the proposed cooperating agency to determine:
- (i) Compatibility of the educational philosophy and objectives of the cooperating agency with those of the parent school.
  - (ii) Effectiveness with which the planned program of the cooperating agency can be utilized as a part of the total educational program of the school.
  - (iii) Quality of the faculty of the cooperating agency.
  - (iv) Ability of the cooperating agency to absorb an additional affiliating school.
- (3) Following the exploratory meetings, the school shall submit written notification of intent to establish an affiliation with the cooperating agency for Board approval. The following shall accompany the letter of intent:
- (i) A copy of the master curriculum plan of the school indicating the placement of the proposed program.
  - (ii) A copy of the course syllabus offered by the cooperating agency.
  - (iii) Faculty biographical forms on all faculty in the cooperating agency.
  - (iv) One copy of the annual report form required by the Board, completed by the cooperating agency.
  - (v) A copy of the agreement or contract between the cooperating agency and the affiliating school.
  - (vi) A list of affiliating schools utilizing the cooperating agency.

(c) A cooperating agency providing faculty and instruction for clinical nursing courses shall be responsible for submitting 15 copies of proposed curriculum changes to the Board prior to the announcement of change to the affiliating school.

(d) Diploma schools of nursing utilizing their own faculties shall be subject to the following provisions:

(1) Agreements to utilize field agencies outside the structural control of the controlling institution shall be initiated by the school of nursing.

(2) Cooperating agencies or services selected by the school shall be approved by the appropriate State and National bodies, if such exist.

(3) The agreement between the school of nursing and the cooperating agency shall be developed jointly, recorded in writing, reviewed periodically by both parties, revised as occasion requires and consistently adhered to by those responsible for implementing the provisions.

(4) The agreement shall insure full control of student education by the faculty of the program. The faculty shall have the freedom to teach and guide students and to select appropriate learning experiences in consultation with designated members of the agency staff.

(5) The field agencies selected for use shall have the quality and variety of resources for planned learning experiences needed for the purpose of the program of the school of nursing.]

**[ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL]**

**§ 21.71. [Nurse administrator, faculty and staff requirements] [Reserved].**

[(a) A nursing education program shall employ a sufficient number of qualified faculty, faculty assistants, allied faculty and staff to accomplish the objectives of the curriculum and the systematic evaluation plan. The minimum faculty and staff requirements are as follows:

- (1) Full-time nurse administrator.
- (2) Full-time faculty members in the areas of practice encompassed within the curriculum.
- (3) Additional faculty members as needed.
- (4) Allied faculty members as needed.
- (5) Adequate personnel to provide program support services, including administrative, clerical, library, admissions, financial aid and student services).

(b) The nurse administrator's credentials shall be submitted to the Board for approval. The nurse administrator's qualifications are as follows:

- (1) The nurse administrator of a baccalaureate degree nursing education program shall hold at least one graduate degree in nursing. The nurse administrator shall hold an earned doctoral degree or have a specific plan for completing doctoral preparation within 5 years of appointment. The nurse administrator shall have experience in nursing practice, nursing education and administration. A professional nurse who does not hold at least one graduate degree in nursing, but who has experience in nursing practice, nursing education and administration may be considered on an individual basis.
- (2) The nurse administrator of an associate degree or diploma program shall hold at least one graduate degree in nursing. The nurse administrator shall have experience in

nursing practice, nursing education and administration. A professional nurse who does not hold at least one graduate degree in nursing, but who has experience in nursing practice, nursing education and administration may be considered on an individual basis.

(3) The length of appointment of an interim or acting nurse administrator of a nursing education program may not exceed 1 year.

(4) The nurse administrator shall hold either a temporary practice permit to practice professional nursing or be currently licensed as a professional nurse in this Commonwealth.

(c) Faculty qualifications are as follows:

(1) Faculty members teaching required nursing education courses shall hold at least one graduate degree in nursing, shall be currently licensed as professional nurses in this Commonwealth, and shall have expertise in their areas of instruction.

(2) Faculty members without a graduate degree in nursing shall be designated faculty assistants. Faculty assistants shall be currently licensed as professional nurses in this Commonwealth. Faculty assistants may teach required nursing education courses only when fully qualified faculty are not available and shall teach under the direct guidance of a faculty member qualified as set forth in paragraph (1). Faculty assistants shall have a baccalaureate degree in nursing and shall give evidence of a plan for obtaining a graduate degree in nursing. A person may teach as a faculty assistant in a nursing education program in this Commonwealth for a maximum cumulative period of 5 years.

(3) Faculty members without a degree in nursing, but who hold at least one graduate degree in a subject area pertinent to their area of teaching, shall be designated as allied

faculty members. Allied faculty members may teach basic sciences or specialized areas of health care practice.

(4) Faculty employed to teach dietetics-nutrition shall be currently licensed to practice dietetics-nutrition in this Commonwealth.

(5) An individual who enhances faculty-directed clinical learning experiences by guiding selected clinical activities shall be designated as a clinical preceptor. A clinical preceptor shall hold a current license to practice professional nursing in the state of the clinical experience.

(i) Faculty shall have input into the selection of preceptors.

(ii) Faculty shall retain responsibility for planning and evaluating student learning experiences when students are engaged in clinical activities with a preceptor.

(iii) If a faculty member is not physically present in the area in which students are practicing, a faculty member shall be immediately available by telephone or other means of telecommunication when students are engaged in clinical activities with a preceptor.

(d) Program support personnel shall be qualified by education and experience to serve in the capacity in which they are employed.]

**§ 21.72. [Faculty policies; additional responsibilities of faculty and faculty assistants]**

**[Reserved].**

[(a) The faculty shall be employed by and responsible to the controlling institution.

- (b) Policies, including personnel policies in effect for nursing faculty, must be those in effect for faculty members throughout the controlling institution except where specified otherwise in this chapter.
- (c) Functions and responsibilities of each faculty member must be defined in writing.
- (d) Teaching hours and additional duties of nurse faculty must be consistent with the policies of the controlling institution.
- (e) The nurse administrator and nursing faculty shall be afforded the time and opportunity to engage in leadership activities within their profession commensurate with their responsibilities.
- (f) There shall be a planned and active faculty development program designed to meet the needs of the faculty. Faculty members shall maintain a record of participation in continuing education, professional self-development and other activities that promote the maintenance of expertise in their respective areas of teaching.
- (g) Faculty assistants shall maintain a record of their activities leading to the completion of a graduate degree in nursing which shall be submitted to the Board upon request.]

**§ 21.73. [Internal nursing faculty organizations] [Reserved].**

- [(a) There shall be a nursing faculty organization appropriate to its size and in harmony with other educational units within the controlling institution.
- (b) Policies and rules of procedure governing the faculty organization shall be in written form and periodically reviewed by the faculty.
- (c) Members of the faculty shall participate in the activities of the faculty organization in ways consistent with their rank and responsibilities.

- (d) Committees shall be established as needed to implement the functions of the faculty effectively, and the purposes and membership of each shall be clearly defined.
- (e) Committee reports and faculty actions shall be recorded, filed systematically and kept available for reference.]

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**§ 21.76. [Faculty organizations] [Reserved].**

- [(a) Rules and regulations of the faculty organization shall be in writing and shall be revised by the faculty periodically.
- (b) The committee structure shall be consistent with the size and needs of the faculty.
- (c) Committee reports and faculty actions shall be recorded, filed systematically and kept available for reference.]

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**[CURRICULUM FOR BACCALAUREATE, ASSOCIATE DEGREE AND DIPLOMA  
PROGRAMS]**

**§ 21.81. [General curriculum requirements] [Reserved].**

- [(a) The curriculum shall be developed, implemented and evaluated by the faculty and shall implement the philosophy and objectives of the school.
- (b) The curriculum shall be organized and developed to include the knowledge, attitudes, skills and abilities necessary for the specific levels of student achievement.
- (c) Physical and biological sciences shall include content from the areas of anatomy and physiology, chemistry, microbiology, physics and nutrition, which may be integrated, combined or presented as separate courses; the scientific facts and principles drawn from these areas serve

as a basis for planning and implementing nursing care. When the basic sciences are presented as distinct academic courses—that is, chemistry, anatomy and physiology and microbiology—there shall be related laboratory experience. A related laboratory experience is defined as an assigned period of time during which students participate in the testing of scientific principles.

(d) Selected courses shall be included in the humanities and social and behavioral sciences that support the philosophy, purposes, educational concepts and terminal objectives of the program.

(e) The curriculum shall provide concurrent theory and clinical experience in the care of men, women and children in age groups and with the health problems characteristic of each group. Experiences shall be provided which include preventive aspects of nursing care during acute and chronic illness and rehabilitative care. Opportunities shall be provided for the student to participate in case findings, health teaching and health counseling for patients and their families. Evening and night assignments are considered part of the curriculum only in terms of the objectives to be achieved and if faculty supervision is provided.

(f) Content related to history, trends and professional responsibilities of nursing may be integrated, combined or taught as separate courses.

(g) The Board encourages curriculum experimentation designed to replicate or validate educational theories or to promote open-ended career development.]

**§ 21.82. [Curriculum evaluation] [Reserved].**

[The curriculum shall be evaluated according to a plan developed by the faculty and shall include the following:

- (1) Careful review of aspects of the educational program based on the stated



philosophy and objectives.

- (2) Continuous evaluation of instructional procedures, learning experiences and student progress.
- (3) Opportunities for students to participate in self-evaluation of their own learning experiences.
- (4) Performance of graduates on the licensing examination.
- (5) Opinions of graduates regarding the adequacy of their nursing program.
- (6) Evaluation of graduates by their employers.
- (7) Record system in operation which will assist in the evaluation of the educational program.]

**§ 21.83. [Curriculum changes requiring Board approval] [Reserved].**

- (a) Major curriculum changes that require Board approval include:
  - (1) Alteration of the program philosophy, purposes and objectives which influences or affects the integration of material into the total curriculum, such as changes in course content or instruction, shifting content, changing course placement, adding or deleting courses, changing the length of a course or the program and changing the allotment.
  - (2) Reorganization of the entire curriculum.
  - (3) Changes in clinical facilities involving contractual agreements.
- (b) When a program change is contemplated, a plan shall be presented to the Board showing:
  - (1) Rationale for the change.

- (2) Present program.
  - (3) Proposed changed program.
  - (4) Philosophy and objectives of the proposed program.
  - (5) Old and new master rotation or organizational curriculum plans.
  - (6) The school bulletin and other pertinent information.
- (c) Fifteen copies of the materials listed in subsection (b) shall be submitted to the Board at least 3 weeks prior to the Board meetings at which the matters are considered.]

**§ 21.84. [Baccalaureate curriculum philosophy; purposes and objectives] [Reserved].**

[(a) A clear statement of philosophy and purposes of the baccalaureate nursing program, consistent with the philosophy and purposes of the controlling institution, shall be formulated and adopted.

(b) The philosophy, purposes and objectives of the educational unit in nursing shall be developed and clearly stated by the faculty and shall be reviewed and revised at stated time intervals by this group.

(c) The philosophy and purposes of the educational unit in nursing shall be consistent with currently accepted social, educational and nursing standards.

(d) The objectives of the nursing program shall be consistent with the purposes of the educational unit.

(e) The terminal objectives of the program shall identify behavioral changes that are expected to occur in the student.]

**§ 21.85. [Baccalaureate general educational criteria] [Reserved].**

- [(a) The educational policies of the educational unit in nursing shall be consistent with those of the controlling institution.
- (b) The curriculum shall reflect the philosophy and purposes of the educational unit in nursing and shall implement the objectives of the program.
- (c) There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing courses.
- (d) The rationale for the allocation of credit for nursing courses shall be consistent with the practice of the institution.
- (e) The courses shall be planned on the academic term basis common to the institution.
- (f) The learning experiences and methods of instruction shall provide opportunity for fulfilling the purposes of the educational unit in nursing and the objectives of the program.
- (g) Learning experiences and methods that promote critical thinking and synthesis of learning shall be utilized in the teaching - learning process.
- (h) Consideration shall be given to individual differences among students.
- (i) The program shall build its professional education on a general education basis.
- (j) Courses in general education shall be shared with students in other disciplines of the controlling institution.
- (k) Provision shall be made for students to take electives in upper divisional general education courses.
- (l) Nursing courses shall be organized to use and reinforce relevant learnings from preceding and concurrent nursing courses.
- (m) Education in the nursing major shall be offered largely at the upper divisional level.

- (n) Nursing courses and curriculum shall be organized to continue the development of values, understandings, knowledge and skills needed in all aspects of professional nursing.
- (o) Preparation insuring professional nursing competencies shall be provided through selected and supervised learning experiences.
- (p) The ratio of credits in nursing, that is, the major field of study, general education and elective credits shall be consistent with the nature, purposes and requirements of the parent institution.
- (q) The ratio of students to faculty shall assure optimal learning opportunities in clinical laboratory sessions and shall be consistent with the objectives of the clinical nursing courses.
- (r) The curriculum for baccalaureate nursing programs shall give evidence of providing learning experiences which will prepare graduates for professional nursing practice. The standards of practice are defined and delineated by the nursing profession.
- (s) Course syllabi that identify all aspects of each course shall be developed and readily available.]

**§ 21.86. [Associate degree curriculum philosophy; purposes and objectives] [Reserved].**

- [(a) A clear statement of philosophy and purposes of the associate degree program in nursing, consistent with the philosophy and purposes of associate degree education and with the controlling institution, shall be formulated and adopted.
- (b) The philosophy, purposes and objectives of the educational unit in nursing shall be developed and clearly stated by the faculty and shall be reviewed and revised at stated time intervals by this group.

- (c) The philosophy and purposes of the educational unit in nursing shall be consistent with currently accepted social, associate degree education and nursing standards.
- (d) The objective of the nursing program shall be consistent with the purposes of the educational unit.
- (e) The terminal objectives of the program shall identify behavioral changes that are expected to occur in the student.]

**§ 21.87. [Associate degree general educational criteria] [Reserved].**

- [(a) The educational policies of the educational unit in nursing shall be consistent with those of the controlling institution.
- (b) The curriculum shall reflect the philosophy and purposes of the educational unit in nursing and shall implement the objectives of the program.
- (c) There shall be an education rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing courses.
- (d) The rationale for the allocation of credit for nursing courses shall be consistent with the practice of the institution.
- (e) The courses shall be planned on the academic term basis common to the institution.
- (f) The learning experiences and methods of instruction shall provide opportunity for fulfilling the purposes of the educational unit in nursing and the objectives of the program.
- (g) The nursing curriculum shall demonstrate the accepted pattern of development for associate degree education and be consistent with college policy.
- (h) Courses in general education shall be shared with students in other programs of the

controlling institution.

- (i) Nursing courses shall be organized to use and reinforce relevant learnings from preceding and concurrent courses.
- (j) Preparation insuring associate degree nursing competencies shall be provided through selected and supervised learning experiences.
- (k) The ratio of credits in nursing to general education and elective credits shall be consistent with other associate degree programs in the college.
- (l) The ratio of students to faculty shall assure optional learning opportunities in clinical laboratory sessions and shall be consistent with the objectives of the clinical nursing courses.
- (m) The curriculum for associate degree nursing programs shall give evidence of providing learning experiences which will prepare graduates for associate degree nursing practice as defined and delineated by the nursing profession.
- (n) Course syllabi that identify all aspects of each course shall be developed and readily available.]

**§ 21.88. [Diploma curriculum philosophy; purposes, and objectives] [Reserved].**

- [(a) A clear statement of philosophy, purposes and objectives consistent with the philosophy and objectives of the governing body shall be formulated and adopted.
- (b) The philosophy, purposes and objectives of the school shall be developed by the faculty and reviewed at stated intervals.
- (c) The philosophy of the school shall express beliefs about education, nursing and the responsibility of the school to the student.

(d) The terminal objectives of the school shall identify behavioral changes that are expected to occur in the student.]

**§ 21.89. [Diploma general education criteria] [Reserved].**

[(a) The selection of learning experiences and methods of instruction shall provide opportunities for fulfilling the stated objectives of the program of studies or of the curriculum.

(b) Each school year shall be divided into specific time periods.

(c) The curriculum shall be planned in a sequence so that each course utilizes and strengthens the preceding and concurrent courses.

(d) Theory and practice shall be offered concurrently and be so planned that demands on the student within each time period are comparable.

(e) Course outlines that identify all aspects of each course shall be developed and readily available.

(f) The ratio of students to faculty shall assure optional learning opportunities in the clinical sessions and shall be consistent with the objectives of the clinical nursing course.]

**[FACILITIES FOR ADMINISTRATION AND TEACHING]**

**§ 21.91. [Facility and resource requirements] [Reserved].**

[(a) The physical structures that serve the purpose of the nursing program and are available for student or faculty use, or both, include those that are provided in the immediate environment and those that are off the school premises.

(b) Facilities and resources of the school shall include the following:

- (1) Offices and administrative and instructional personnel provided with appropriate and adequate space and equipment essential for attainment of the objectives of the program.
- (2) Sufficient number and size of accessible classrooms, conference rooms and laboratories to meet the needs of the program, as follows:
  - (i) Such facilities shall be attractive, with effective lighting, adequate heating and ventilation.
  - (ii) The educational facilities shall be provided with equipment and supplies to meet the teaching and learning requirements of both students and teachers.
  - (iii) The selection and maintenance of the kind and quality of facilities needed in the individual nursing program shall be determined by the curriculum design and teaching methods utilized by the faculty.
- (3) Adequate storage space for general supplies and equipment. Policies shall be in existence for the replacement of equipment, furnishings and supplies.
- (4) Library facilities and resources, which are planned and maintained to meet the specific needs of the student and the faculty, as follows:
  - (i) The physical equipment of the library shall include adequate lighting and ventilation, sufficient tables and comfortable chairs, space for proper display of library holdings and exhibits and appropriate work space for the librarian.
  - (ii) Provision shall be made for adequate storage space to maintain the safety and security of the library materials and holdings.
  - (iii) Library holdings shall include sufficient reference titles, periodicals and other educational materials to achieve the objectives of the curriculum.]



**[STUDENTS]**

**§ 21.101. [Selection and admission standards] [Reserved].**

[(a) Policies and procedures related to the selection, and of students are the responsibility of the individual school. Consideration shall be given to scholastic aptitude, academic achievement, personal qualities and physical and emotional health necessary to fulfill the objectives of the program.]

(b) Students admitted to baccalaureate and associate degree programs shall meet the requirements for admission to the university or college and additional requirements that may be established for the nursing major.

(c) Applicants shall have completed work equal to a standard high school course with a minimum of 16 units, including 4 units of English, 3 units of Social Studies, 2 units of Mathematics (1 of which is Algebra) and 2 units of Science with a related laboratory or the equivalent.]

**§ 21.102. [Admission of classes.] [Reserved].**

[The Board recommends that only one class be admitted per year. The number of candidates for each class shall be determined by the educational and clinical resources which the school can provide.]

**§ 21.103. [Transfer of students or advanced standing.] [Reserved].**

[The school shall have a written policy consistent with its philosophy and objectives concerning criteria for granting advanced standing or accepting transfer students. The policies of the

baccalaureate and associate degree programs shall be consistent with those of the controlling institution. Diploma programs shall assume responsibility for formulating their own policies and submitting them for Board approval. The Board requires that transfer students complete, as a minimum, the senior or final level in the school granting the diploma or degree.]

**[STUDENT SERVICES]**

**§ 21.111. [Health program] [Reserved].**

- [(a) There shall be written objectives and policies for the health program.
- (b) The health program shall include at least the following:
  - (1) Preentrance and periodic health examinations.
  - (2) Provisions for necessary immediate professional health care.
  - (3) An immunization policy.
  - (4) A policy addressing student absences due to illness which gives the student the opportunity to attain the learning objectives not achieved due to absences.
- (c) Appropriate cumulative student health records shall be maintained throughout the enrollment of the student.]

**§ 21.112. [Student employment.] [Reserved].**

- [(a) If students are employed in health agencies, they may not be employed as registered or practical nurses unless they are currently licensed.
- (b) Student employment shall be on a voluntary basis and not a requirement of the institution.

- (c) Remuneration for employment shall be within the range of the salary scale for the position.]

**§ 21.113. [Student housing] [Reserved].**

[Policies concerning student housing provided by the institution shall include the following:

- (1) Adequate space, equipment and furnishings for each student, such as desk, chairs, proper lighting, ventilation and closet space.
- (2) Safe and adequately maintained facilities directly related to personal hygiene and personal security measures which include appropriate supervision of housing facilities and periodic inspection of safety device, such as extinguishers, housing exits and fire drills.
- (3) Provision of facilities which promote recreational and social activities.
- (4) Facilities for obtaining adequate, well-balanced meals.]

**§ 21.114. [Counseling and guidance] [Reserved].**

- [(a) The scope of the counseling program shall be clearly defined in accordance with the objectives of the program.
- (b) A program should include personal, professional and academic counseling, initiated by either faculty or students.
- (c) Adequate provisions should be made for referral of students to appropriate counselors when assistance is needed for solving problems of students.]

**§ 21.115. [Financial aid] [Reserved].**

[(a) Policies and procedures relating to scholarships, loans and grants shall be developed within the framework of the philosophy of the controlling institution and defined in writing.

(b) It is recommended that each school maintain a list of available resources for financial assistance and that applicants and students be informed of these resources.

(c) Student accepting financial aid should be made aware of the provisions and responsibilities incurred with such assistance.]

**§ 21.116. [Students' rights] [Reserved].**

[There shall be written specific policies pertaining to students' rights and grievances, with procedures for implementation.]

**STUDENTS LICENSED IN OTHER JURISDICTIONS**

**§ 21.118. Post-Basic Nursing Education Programs.**

(a) A registered nurse currently licensed in another jurisdiction of the United States or Canada who has graduated from an approved program of nursing and who is enrolled in an accredited graduate nursing program, a bachelor of science nursing program, or a refresher course in nursing may practice nursing in a clinical setting as required by the educational program of studies without obtaining a Pennsylvania license so long as the student does not receive compensation except in the form of stipends, scholarships and other awards related to the [training] nursing education program.

(b) A student who meets the description in subsection (a) and who also desires to practice as a registered nurse while participating in the [training] nursing education program shall submit an application for licensure by endorsement and obtain a temporary practice permit as provided by § 21.28 (relating to licensure by endorsement).

**[RECORDS]**

**§ 21.121. [Program records] [Reserved].**

[(a) A record system essential to the operation of the program shall be maintained.

(b) Records shall be kept in locked fireproof files.]

**§ 21.122. [Record maintenance] [Reserved].**

[Each nursing faculty shall select record forms specifically for the nursing program and shall maintain shall include the following:

- (1) Student records, including the following:
  - (i) Permanent record, including both clinical and theoretical experience and achievement, shall be kept ad infinitum.
  - (ii) Health records shall be kept for five years following completion of the program.
- (2) Faculty records, including the following:
  - (i) “Display portion” of current nursing licenses.
  - (ii) Records of preparation and experience, including college transcripts.
  - (iii) Current record of continuing education activities.

- (3) Administrative records, including the following:
  - (i) Affiliation agreements with cooperating agencies.
  - (ii) Minutes of meetings.
  - (iii) Annual reports.
  - (iv) Follow-up studies of graduates.
  - (v) Budgets.
  - (vi) Current written policies.
- (4) School bulletin, as follows:
  - (i) Shall be comprehensive and current, since it serves as a contract of agreement between the applicant or student and the school.
  - (ii) Shall include clearly defined refund policies governing fees and tuition paid by the students.
  - (iii) Shall include clearly defined policies relating to admission, promotion, retention, transfer, advanced placement and dismissal.

**§ 21.123. [Access and use of records] [Reserved].**

- [(a) Students shall have access to personal records as defined by Federal and State legislation.
- (b) No information may be released from a student's record without written permission of the student.]

**§ 21.124. [Records to be filed with the Board] [Reserved].**

- [(a) An annual report of the school of nursing shall be sent to the Board using the form supplied by the Board.

(b) Upon completion of the entire program, a transcript or photocopy of the final record of the student shall be submitted along with the application for admission to the licensing examination. The transcript shall bear the impression of the school seal and signature of the director of the school or authorized representative.]

**§ 21.125. [Custody of records] [Reserved].**

[(a) When a school closes, the controlling institution shall be responsible for the safekeeping of the records of students, and official copies shall be made available upon request.

(b) If the controlling institution also closes, advice should be obtained from the Board concerning the permanent safekeeping and availability of the records of the school of nursing.

(c) The Board shall be informed in writing concerning the permanent placement of these records.]

\* \* \* \* \*

**SUBCHAPTER B. PRACTICAL NURSES**

**GENERAL PROVISIONS**

**§ 21.141. Definitions.**

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*Central venous catheter*—An [intravenous (IV)] infusion catheter, the tip of which terminates beyond the peripheral vasculature and may be either tunneled, implanted or percutaneously inserted.

[*Examination year*—The period beginning on October 1<sup>st</sup> of a year through September 30<sup>th</sup> of the following year.]

*Focused nursing assessment*—[Appraisal of an individual’s current status and situation, which contributes to comprehensive assessment by a licensed professional nurse and supports ongoing data collection.] Recognizing patient characteristics by a practical nurse who is licensed or holds a privilege to practice in this Commonwealth that may affect the patient’s health status, gathering and recording assessment data and demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in patient condition in an ongoing manner.

\* \* \* \* \*

[*IV*] *Infusion access device*—A centrally or peripherally inserted catheter used for the purpose of intravenous infusion therapy, including peripheral short catheters, peripheral midline catheters, peripherally inserted central catheters and central catheters, including tunneled, nontunneled catheters and implanted ports.

[*IV*] *Infusion therapy*—The administration of fluids, electrolytes, nutrients or medications by the venous route.

\* \* \* \* \*

*PICC*—*Peripherally inserted central catheter*—An [IV] infusion catheter, the tip of which terminates in the superior vena cava and is confirmed by chest x-ray.



\* \* \* \* \*

*Titration of [IV] infusion medications*—A process by which medication is administered and dosages are adjusted through a continuous medication-containing intravenous infusion (such as vasoactive drugs, anticoagulants, psychotropic drugs, neuromuscular drugs, hormones, and the like) to effect a desired state based upon patient assessment data and prescribed parameters.

\* \* \* \* \*

**§ 21.143. [Surveys; list of approved programs] [Reserved].**

[(a) Survey visits will be made of basic practical nursing programs conducted in hospitals, community colleges, universities and public school districts and vocational education programs under the Department of Education. The survey report will be presented to the Board and a written report of recommendations or requirements or both will be sent to the school, community college, university, hospital or vocational education program.

(b) A classified list of approved programs of practical nursing will be compiled and published annually and made available for distribution.]

\* \* \* \* \*

**§ 21.145. Functions of the LPN.**

(a) The LPN is prepared to function as a member of the health-care team by exercising sound nursing judgment based on preparation, knowledge, experience in nursing and competency. The LPN participates in the planning, implementation and evaluation of nursing care using focused nursing assessment in settings where nursing takes place.

\* \* \* \* \*

(f) An LPN may perform only the [IV] infusion therapy functions for which the LPN possesses the knowledge, skill and ability to perform in a safe manner, except as limited under § 21.145a (relating to prohibited acts), and only under supervision as required under paragraph (1).

(1) An LPN may initiate and maintain [IV] infusion therapy only under the direction and supervision of a licensed professional nurse or health care provider authorized to issue orders for medical therapeutic or corrective measures (such as a CRNP, physician, physician assistant, podiatrist or dentist).

(2) Prior to the initiation of [IV] infusion therapy, an LPN shall:

\* \* \* \* \*

(3) Maintenance of [IV] infusion therapy by an LPN shall include ongoing observation and focused nursing assessment of the patient, monitoring the [IV] infusion site and maintaining the equipment.

(4) For a patient whose condition is determined by the LPN's supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may supervise the LPN's provision of [IV] infusion therapy by physical presence or electronic communication. If supervision is provided by electronic communication, the LPN shall have access to assistance readily available.

(5) In the following cases, an LPN may provide [IV] infusion therapy only when the LPN's supervisor is physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:

\* \* \* \* \*

(ii) When a patient has developed signs and symptoms of an [IV] infusion catheter-related infection, venous thrombosis or central line catheter occlusion.

\* \* \* \* \*

(g) An LPN who has met the education and training requirements of § [21.145b (relating to IV therapy curriculum requirements)] 21.942 and 21.943 (relating to general content requirements for professional and practical nursing education programs; and infusion therapy education requirements) may perform the following [IV] infusion therapy functions, except as limited under § 21.145a and only under supervision as required under subsection (f):

\* \* \* \* \*

- (1) Adjustment of the flow rate on [IV] infusion[s].
- (2) Observation and reporting of subjective and objective signs of adverse reactions to any [IV] infusion administration and initiation of appropriate interventions.
- (3) Administration of [IV] infusion fluids and medications.
- (4) Observation of the [IV] infusion insertion site and performance of insertion site care.
- (5) Performance of maintenance. Maintenance includes dressing changes, [IV] infusion tubing changes, and saline or heparin flushes.

\* \* \* \* \*

- (10) Administration of solutions to maintain patency of an [IV] infusion access device via direct push or bolus route.
- (11) Maintenance and discontinuance of [IV] infusion medications and fluids given via a patient-controlled administration system.

\* \* \* \* \*

(13) Collection of blood specimens from an [IV] infusion access device.

**§ 21.145a. Prohibited acts.**

An LPN may not perform the following [IV] infusion therapy functions:

\* \* \* \* \*

(6) Administer fibrinolytic or thrombolytic agents to declot any [IV] infusion access device.

\* \* \* \* \*

(8) Insert or remove any [IV] infusion access device, except a peripheral short catheter.

\* \* \* \* \*

(10) Administer [IV] infusion medications for the purpose of procedural sedation or anesthesia.

\* \* \* \* \*

**§ 21.145b. [IV therapy curriculum requirements] [Reserved].**

[(a) An IV therapy course provided as part of the LPN education curriculum in § 21.203 (relating to specific curriculum requirements for practical nursing programs) or as a stand-alone course offered by a provider shall include instruction of the topics in § 21.203(d)(8). An instructor of a stand-alone course shall have knowledge and skill in the aspect of the course content taught.

(b) Providers of stand-alone courses shall apply for approval from the Board before offering an IV therapy course. The request for approval must include the following:

- (1) A course outline that includes the components of the IV therapy course required under § 21.203(d)(8).
- (2) A description of the methods of instruction and the clinical learning experiences provided.
- (3) A description of specific methodologies and tools that evaluate the learner's achievement of the objectives.
- (4) A list of faculty membership and verification that the instructors have knowledge and skill in the aspect of the content taught.]

\* \* \* \* \*

**§ 21.147. Fees.**

\* \* \* \* \*

(d) The following fee is charged for evaluations of curricula and programs requiring Board approval under §§ [21.145b(b) and] 21.156a(a)(2) (relating to [IV therapy curriculum requirements; and] continued competency) and 21.943(c) (relating to continued competency; infusion therapy education requirements) .....\$285

\* \* \* \* \*

**§ 21.148. Standards of nursing conduct.**

(a) A licensed practical nurse shall:

- (1) Undertake a specific practice only if the licensed practical nurse has the necessary knowledge, preparation, experience and competency to properly execute the practice.

(2) Respect and consider [, while providing nursing care] the individual’s right to freedom from psychological and physical abuse while doing one of the following:

(i) Providing nursing care.

(ii) Serving as an administrator.

(iii) Serving as a faculty member or clinical supervisor, preceptor, or mentor as part of a nursing education program.

\* \* \* \* \*

**[APPROVAL OF PRACTICAL NURSING PROGRAMS]**

**§ 21.161. [Objectives.] [Reserved].**

[Practical nurse programs require approval for the following reasons:]

- (1) To safeguard the preparation of practical nurses, to assure safe standards of nursing practice in this Commonwealth.
- (2) To guide prospective students in the selection of approved programs which offer adequate resources for sound basic practical nursing education.
- (3) To insure the graduates of practical nursing programs of eligibility for admission to examination for licensure.
- (4) To assist graduates of programs of practical nursing in this Commonwealth to qualify for licensure by endorsement in other jurisdictions.
- (5) To stimulate and maintain continued growth and improvement of practical nursing education in this Commonwealth.]

**§ 21.162. [Types of approval] [Reserved].**

[(a) The Board grants the following types of approval to nursing education programs:

(1) *Initial.* The Board may grant initial approval to a new nursing education program, with evidence that the standards of this subchapter are being met, for a period of time necessary to evaluate the results of the licensing examination by the first 21.162(a)(1) of graduates. A program will not be placed on full approval status until it has graduated its first class and the class has achieved an acceptable rate of passing the National licensure examination, as set forth in § 21.162b (relating to minimum rate for graduates of nursing education programs to pass the National licensure examination). A program on initial approval status that fails to achieve an acceptable rate of passing the National licensure examination upon graduation of its first class will be placed on provisional approval status.

(2) *Full.* The Board will place those nursing education programs on full approval status which attain and maintain the standards of this subchapter.

(3) *Provisional.* The Board may place on provisional approval a nursing education program not meeting the standards of this subchapter. A nursing education program on full approval status will be placed on provisional approval status if the program fails to meet the provisions of § 21.162b.

(b) A nursing education program shall notify applicants for admission of the program's approval status and, within 30 days of a change of status, shall notify applicants and students by electronic mail or first class mail that the program's approval status has changed. The program shall provide the Board a copy of the notice sent to applicants and students. A program shall provide additional notice to applicants and students at the direction of the Board.

(c) For purposes of activities relating to the approval and status of nursing education programs, the term “Board” as used in this subchapter may mean the Board's educational advisors appointed under section 2.1(i) of the act (63 P.S. § 212.2(1)). Only the Board may, by a majority vote, confer initial approval status on a proposed nursing education program, extend the maximum 2-year period for correction of deficiencies or remove a program from the approved list.]

**§ 21.162a. [Failure to comply with standards] [Reserved].**

[(a) If the Board receives information suggesting that a nursing education program has not maintained the standards of this subchapter, the Board will validate the information and notify the program, in writing, of the alleged deficiency. The Board may request information from the program or conduct an announced or unannounced site visit before notifying the program of the alleged deficiency. The Board may informally resolve any deficiency.

(b) The Board will notify a program, in writing, that the program will be placed on provisional approval status.

(c) If the Board places a nursing education program on provisional approval status, the Board will notify the program, in writing, of the deficiencies and the amount of time that will be allowed for correction of the deficiencies that resulted in the program's placement on provisional approval status. The Board may extend the time period for correction of deficiencies at its discretion if the program is making demonstrable progress toward the correction of deficiencies. If additional deficiencies are identified, the existing provisional period may be extended at the discretion of the Board.



- (d) The Board may place restrictions on a nursing education program on provisional approval status as deemed necessary by the Board to bring the program into compliance with this subchapter and will notify the program, in writing, of the restrictions.
- (e) The Board may require that a nursing education program on provisional approval status prepare and submit additional reports and will notify the program, in writing, of the reports required.
- (f) The Board may make announced or unannounced site visits to a nursing education program on provisional approval status.
- (g) A period of 2 years will be the maximum time period allowed for the correction of deficiencies that returns the program to compliance with the Board's regulations. A program may petition the Board for extension of the maximum period and the Board may, by majority vote, extend the period for good cause demonstrated by the program.
- (h) If the standards of this subchapter are met within the designated time, the nursing education program will be removed from provisional approval status. The Board will notify the program in writing of this action.
- (i) If the standards of this subchapter are not met within the designated time, the nursing education program will be removed from the approved list as provided in § 21.166 (relating to removal from approved list).
- (j) Within 10 days of service of a request under subsection (a) or (e) or notice of the imposition of a restriction under subsection (d), a nursing education program may appeal the action of the staff as provided in 1 Pa. Code § 35.20 (relating to appeals from actions of the staff).

(k) The failure of a program to cooperate with the Board by failing to provide requested information or reports, by refusing or limiting a site visit, or by refusing to adhere to restrictions mandated by the Board will be considered a violation of the standards for nursing education programs and may result in immediate referral of the program to the prosecution division to consider formal action to remove the program from the approved list as provided in § 21.166 (related to removal from approved list).]

**§ 21.162b. [Minimum rate for graduates of nursing education programs to pass the National licensure examination] [Reserved].**

[A nursing education program shall prepare its graduates to pass the National licensure examination at a rate at least equal to the minimum rate set by the Board. The minimum rate for graduates to pass the National licensure examination are as follows:

- (1) A nursing education program shall achieve and maintain a minimum pass rate of 60% or more of its first-time examinees during an examination year.
- (2) Beginning on October 1, 2009, a nursing education program shall achieve and maintain a minimum pass rate of 70% or more of its first-time examinees during an examination year.
- (3) Beginning on October 1, 2010, a nursing education program shall achieve and maintain a minimum pass rate of 80% or more of its first-time examinees during an examination year.]

\* \* \* \* \*

**§ 21.166. [Removal from approved list] [Reserved].**

[(a) The Board may remove a nursing education program from the approved list in accordance with the following procedures if the program fails to meet and maintain minimum standards, including the minimum passing rates on the National licensure examination, as established by this subchapter.

(1) The Board will give a nursing education program notice of its intent to remove the program from the approved list.

(2) The notice of intent to remove a program from the approved list will set forth the alleged violations of the standards for nursing education programs.

(3) A program served with notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The nursing education program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be withdrawn.

(5) The nursing education program and the Commonwealth will be provided an opportunity to file posthearing briefs.

(6) The Board will issue a written decision which will set forth findings of fact and conclusions of law.

(7) The Board's written decision will be a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(b) If a nursing education program is removed from the approved list, the controlling institution shall provide for the completion of the program for students currently enrolled by placing the students in an approved program.

(c) If a nursing education program is removed from the approved list, the controlling institution shall make provision for permanent retention of student and graduate records in conformity with §§ 21.233 and 21.234 (relating to custody of records; and access and use of records).]

\* \* \* \* \*

**§ 21.172. [Establishment] [Reserved].**

[(a) A controlling agency may be a hospital, educational institution or combination thereof. The controlling agency desiring to establish or conduct an approved program of practical nursing shall submit a written proposal to the Board. If the practical nursing program is in the public school system, the proposal shall be submitted to the Board through the Department of Education, Bureau of Vocational Education.

(b) A controlling agency desiring to establish a program of practical nursing is required to:

- (1) Employ the nurse administrator of the educational unit at least 6 months prior to the intended admission date of students. Board approval of the nurse administrator's credentials shall be obtained prior to the appointment.
- (2) Employ teaching faculty for the educational program at least 1 month prior to the initiation of their teaching responsibilities.
- (3) Submit 15 copies of the tentative planned educational program to the Board at least 4 months prior to the intended admission date of students.
- (4) Complete a feasibility study which shall include:

- (i) Sufficient statistical data to support the need for a program within the community and to assure availability of an adequate supply and flow of interested candidates.
  - (ii) Identification of available clinical resources for program implementation based on the projected enrollment and faculty. In viewing the clinical resources, the study shall speak to other nursing programs that share the teaching facilities identified in the study.
  - (iii) Letters of intent from cooperating agencies indicating positive commitment to the nursing program and the availability of sufficient clinical resources to meet the educational requirements of the program.
- (5) Submit 15 copies of the feasibility study and the written decision of the health planning agency, if obtained, to the Board for approval.
- (c) The planned educational program shall include the following:
- (1) Organization and administrative policies of the controlling agency.
  - (2) Educational preparation and nursing experience of the faculty members employed.
  - (3) Statement of philosophy and objectives of the program.
  - (4) Proposed curriculum including detailed course descriptions and identification of clinical areas of practice.
  - (5) Admission policies.
  - (6) Educational standards.
  - (7) Advisory committee membership and functions if one is appointed.

- (8) Copies of written agreements with cooperating agencies and facilities to be used in the program. A cooperating agency is any educational or health-care delivery system.
  - (9) A copy of the proposed budget projected.
  - (10) Administrative structure and functions of the practical nursing program.
- (d) Following the review of the practical nursing program and before final Board action is taken to grant permission to recruit students, an initial facility survey will be made by a Board's nursing education advisor.]

**§ 21.173. [Discontinuance or interruption of a program of practical nursing]**

**[Reserved].**

- [(a) Written notification of intent to discontinue a program of practical nursing shall be submitted to the Board within a reasonable time, but not less than 6 months prior to discontinuance.
- (b) When a class is not admitted in a given year, the practical nursing program shall close unless approval has been granted by the Board based on the justification for continuation as submitted to the Board.
- (c) If a practical nursing program is discontinued, it is the responsibility of the controlling institution to provide for the completion of the program for students currently enrolled either by placing the students in an approved program or continuing the enrolled class until completion. If the program is continued until graduation, approved and qualified instruction shall be assured.
- (d) The controlling institution shall maintain custody of the student and graduate records in conformity with §21.233 (relating to custody of records).]

**[ORGANIZATION AND ADMINISTRATION OF PRACTICAL NURSING PROGRAM]**

**§ 21.181. [Administrative authority] [Reserved].**

[(a) The practical nursing program shall be established as an educational unit of the controlling agency.

(b) The authority and the administrative responsibility for the program shall be delegated by the governing body of the controlling agency to the registered professional nurse in charge of the program.

(c) The organizational plan for the program of practical nursing shall provide for relationships with the governing body of the controlling agency, individuals and cooperating agencies responsible for and participating in the program operation.

(d) Adequate funds shall be allocated and properly budgeted for sound and effective operation of the program.

(e) The faculty shall formulate policies which relate to the operation of the program.

(f) Approval by the Board shall be obtained before the educational unit in practical nursing may utilize a new clinical agency for learning experiences. An Agency Data form, provided by the Board, shall be submitted for each new clinical agency. A clinical agency is one in which clinical experience can be obtained.]

**§ 21.182. [Advisory committee.] [Reserved].**

[(a) If an advisory committee exists, the membership shall consist of representatives from practical nursing, professional nursing, general education and other community groups. The nurse in charge of the practical nursing program shall be a member of this committee.

(b) The function of this committee is to act in an advisory capacity to the faculty and as a liaison group between the faculty, the agency and the community.]

**§ 21.183. [Budget] [Reserved].**

[Budgetary funds shall be allocated by the controlling agency to administer the program effectively. The nurse in charge of the program and the administrative officers of the controlling agency shall prepare an annual budget based on desired needs for growth and change.]

**§ 21.184. [Cooperating agencies] [Reserved].**

[(a) The agreement between the program and each of the cooperating agencies shall be written and signed by the administrators of the program and the cooperating agency and shall identify the responsibility and authority of each party. The agreement shall be reviewed annually and a copy of the current agreement shall be filed in the office of the Board.

(b) Approval of the cooperating agency shall be secured prior to the placement of students within the agency.

(c) Before an established program changes its clinical facilities through a new or additional cooperating agency, Board approval of the agency is required. A request shall be presented to the Board in writing. Upon receipt of the request, the Board will require information to be submitted on an Agency Data form and returned for review and action. Final approval of the cooperating agency will depend upon a survey of the facilities.]

**[ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL]**



**§ 21.191. [Faculty and staff complement] [Reserved].**

[The minimum faculty and clerical personnel required in each program is as follows:

- (1) A full-time nurse director or nurse coordinator.
- (2) Full-time nursing instructors must be adequate in number to provide a maximum student-teacher ratio of 15 to 1 in the clinical area.
- (3) Additional instructors consistent with the size and needs of the programs.
- (4) Adequate secretarial assistance.]

**§ 21.192. [Faculty qualifications] [Reserved].**

[(a) The qualifications of the nurse director or nurse coordinator shall be as follows:

- (1) Graduation from an approved school of professional nursing.
- (2) Current registration as a professional nurse in this Commonwealth.
- (3) A baccalaureate degree, preferably in nursing, with experience in the areas of nursing, nursing education and educational administration. The nurse director or coordinator shall give evidence of ability to provide leadership and shall have a specific plan for completing work towards a master's degree with evidence of consistent effort toward completion of the plan.

(b) The qualifications of the instructors shall be as follows:

- (1) Graduation from an approved school of professional nursing.
- (2) Current registration as a professional nurse in this Commonwealth.
- (3) A baccalaureate degree, preferably in nursing, with additional preparation for teaching appropriate to the teaching of practical nursing.

- (4) Experience and skill in the practice of nursing.
  - (5) Nursing experience involving direct patient care or teaching experience within 2 years of employment. Faculty and instructors shall give evidence of maintaining expertness in clinical and functional areas of responsibility.
- (c) The employment of less qualified instructors. Faculty or instructors with less academic preparation may be employed if qualified personnel is not available provided that less qualified faculty and instructors shall function under the direct guidance of a fully qualified faculty member and shall give evidence of continuing their academic preparation.]

**§ 21.193. [Faculty policies] [Reserved].**

- (a) The faculty shall be employed by and responsible to the educational institution.
- (b) Faculty members shall meet the requirements of the patent institution for faculty appointments.
- (c) Policies, including personnel policies in effect for nursing faculty, shall be those in effect for faculty members throughout the educational institution with adjustments for differences that may be required in education for practical nursing.
- (d) Policies for selection, appointment and promotion of faculty shall be in writing.
- (e) Functions and responsibilities of each faculty member must be defined in writing.
- (f) Full-time faculty of the nursing program may not carry responsible for administration, curriculum development or teaching for other types of educational programs, not may the nursing faculty be responsible for student health services or first aid.

- (g) Changes in status of faculty from full-time to part-time or vice versa shall be reported to the Board.
- (h) The director or coordinator and nursing faculty of the program shall be afforded the time and opportunity to engage in leadership activities within their profession as are commensurate with their educational responsibilities.
- (i) In determining teaching load of the faculty the following criteria shall be considered:
  - (1) Number of individual courses or units of study assigned with consideration of differences in scope and depth.
  - (2) Number and size of scheduled weekly classes, including laboratory and clinical teaching contact hours.
  - (3) Additional assignments relative to the functions and responsibilities of the faculty member; such as guidance of students, student evaluation, program revision, participation in activities of faculty organization.
- (j) There shall be a planned and active faculty development program designed by the faculty to meet their perceived needs.]

**§ 21.194. [Faculty organization] [Reserved].**

- [(a) There shall be a nursing faculty organization appropriate to the size of the group.
- (b) Policies and rules of procedure of the faculty organization shall be in written form and shall be reviewed periodically by the faculty.
- (c) Members of the faculty shall participate in the activities of the faculty organization.

- (d) Committees shall be established as needed to implement the functions of the faculty effectively, and the purposes and membership of each committee shall be defined clearly.
- (e) Committee reports and faculty actions shall be recorded, filed systematically and kept available for reference.]

### [CURRICULUM]

#### **§ 21.201. [Philosophy, purposes and objectives] [Reserved].**

[(a) The philosophy and objectives of the program shall be formulated, agreed upon and implemented by the faculty and shall be in accordance with the philosophy and objectives of the controlling agency. The philosophy and objectives of the program shall reflect the following:

- (1) The belief of the faculty about nursing, practical nursing education and education in general.
  - (2) The concept that practical nursing is an integral part of nursing.
  - (3) The fact that the educational needs of the students are being met.
  - (4) The concept of preparing a practitioner who shares in the giving of direct care to patients and who functions within the accepted roles of the L.P.N.
- (b) The philosophy and objectives shall provide the basis for the development, the conduct and the evaluation of the total program.
- (c) The expected changes in student behavior identified in the statement of objectives shall be realistic and attainable within the program of instruction.]

#### **§ 21.202. [General curriculum requirements for practical nursing programs] [Reserved].**

- [(a) The curriculum shall be designed to meet the stated objectives of the program.
- (b) The program of study shall reflect sound principles of general education and practical nursing education.
- (c) The curriculum shall be based on broad areas of learning but shall be limited in depth.
- (d) The curriculum shall be flexible enough to permit adaptations according to individual student needs as well as to changing concepts relative to emerging roles.
- (e) The curriculum shall provide for instruction and practice in the care of selected individuals with different degrees of illness, with various types of incapacities and from all age groups.
- (f) Scientific facts and concepts selected to be taught shall be limited to those that are essential as a basis for nursing action and are applicable to patient care.
- (g) Learning experiences shall be selected and arranged to provide opportunity for the student to learn how to function within the role of the LPN and for the personal growth of students.
- (h) Learning experiences shall focus on direct nursing care, and effort shall be made to arrange experiences in a pattern of logical sequence that demonstrates continuity of care.
- (i) The plan of instruction shall enable students to develop understanding of the functions of the LPN within different patterns of nursing service.
- (j) Course outlines shall include specific behavioral objectives anticipated and shall contribute to the objectives of the total curriculum.
- (k) Learning experiences selected shall focus on the needs of the student and may not be structured to render service to the cooperating agency.]

**§ 21.203. [Specific curriculum requirements for practical nursing programs] [Reserved].**

- [(a) The curriculum shall be based upon the philosophy and objectives of the program and shall be developed, implemented and evaluated by the faculty.
- (b) The curriculum shall be organized and developed to include the knowledge, attitudes, skills and abilities necessary for the specific levels of student achievement.
- (c) The curriculum shall be planned to promote measurable abilities, as contained in the Test Plan for the Practical Nurse Licensing Examination, published by Council of State Boards of Nursing, Inc.
- (d) The curriculum shall provide instruction in the following areas:
  - (1) Physical and biological sciences, including appropriate content from basic human anatomy and physiology as well as elementary principles of chemistry, microbiology, physics and normal nutrition.
  - (2) Social and behavioral sciences including psychosocial facts and principles basic to personal adjustment and to nursing practice as well as appropriate content on the family and development stages from birth to senescence.
  - (3) Concurrent or sequential theory and clinical experience in:
    - (i) The care of patients with simple nursing needs.
    - (ii) The care of patients with short-term nursing needs.
    - (iii) The care of patients with long-term nursing needs.
  - (4) Clinical experience, as provided in paragraph (3), in the care of men, women and children in a variety of age groups with health problems characteristic of the age group involved.

- (5) Theory, as required in paragraph (3), including appropriate knowledge from diet therapy and pharmacology, as well as scientific facts and selected clinical concepts which are essential as a basis for nursing action and are applicable to patient care.
- (6) Learning experiences, as required in paragraph (3), providing opportunities for the student to:
- (i) Develop an awareness of the needs of patients.
  - (ii) Learn to plan and give nursing care to selected individuals in various nursing situations that are relatively free of complexity.
  - (iii) Learn to plan and give nursing care to a group of selected patients.
  - (iv) Learn to assist the professional nurse in more complex nursing situations.
- (7) Content, as required in paragraph (3), drawn from information about ethical, moral and legal responsibilities of the practical nurse, current trends in nursing and health delivery systems and vocational development.
- (8) Technical and clinical aspects of immunization, skin testing, the performance of venipuncture and the administration and withdrawal of intravenous fluids to the extent each function is an authorized function of an LPN under this chapter. An IV therapy course must include instruction in the following topics:
- (i) Definition of IV therapy and indications.
  - (ii) Types of vascular access delivery devices.
  - (iii) Age-related considerations.
  - (iv) Legal implications for IV therapy.
  - (v) Anatomy and physiology.

- (vi) Fluid and electrolyte balance.
  - (vii) Infusion equipment used in IV therapy.
  - (viii) Parenteral solutions and indications.
  - (ix) Infection control and safety.
  - (x) Insertion of peripheral short catheters.
  - (xi) Administration, maintenance and monitoring of peripheral IV therapy.
  - (xii) Complications and nursing interventions.
  - (xiii) Central and peripheral vascular devices.
  - (xiv) Administration, maintenance and monitoring of central and peripheral IV therapy.
  - (xv) Documentation.
  - (xvi) Patient education.
- (e) The total curriculum shall include a minimum of 1500 hours offered within a time period of not less than 12 months. The Board recommends that a minimum of 40% of the total curriculum be theoretical and the remaining 60% be in appropriate clinical experience.
- (f) Evening and night assignments shall be considered part of the curriculum only in terms of the objectives to be achieved and if supervision is provided by the nursing faculty. Learning experiences during evening and night hours shall be planned only after the termination of the first 4 months of the program.
- (g) Total hours of theory and clinical experience should be planned on a 35-hour week basis.
- (h) The curriculum shall be evaluated according to a plan developed by the faculty and shall include the following:



- (1) A careful review of aspects of the educational program based on the stated philosophy and objectives.
- (2) A continuous evaluation of instructional procedures, learning experiences and student progress.
- (3) Opportunities for students to participate in self-evaluation of their own learning experiences.
- (4) Performance of graduates on the State Board Test Pool Examination.
- (5) Opinions of graduates regarding the adequacy of their nursing program.
- (6) Evaluation of graduates by their employers.
- (7) A record system in operation which will assist in the evaluation of the educational program.]

**§ 21.204. [Changes in curriculum] [Reserved].**

[(a) Changes that are a departure from the requirements of the program and which shall be submitted to the Board for approval include the following:

- (1) Changes in the objectives of the program which require alteration of the present curriculum or courses or which increase or decrease the length of the program.
  - (2) Reorganization of the entire curriculum.
  - (3) Changes in clinical facilities involving contractual agreements.
  - (4) Changes in administrative control.]
- (b) When a program change is contemplated, a plan shall be presented to the Board showing:
- (1) Rationale for the change.

- (2) Present program.
  - (3) Proposed changed program.
  - (4) Philosophy and objectives of the proposed program.
  - (5) Old and new master rotation or organizational curriculum plans.
  - (6) Program bulletin and any other pertinent information.
- (c) Fifteen copies of the materials listed in subsection (b) shall be submitted at least 3 weeks prior to the Board meetings at which the matters are to be considered.]

**[FACILITIES FOR ADMINISTRATION AND TEACHING]**

**§ 21.211. [Facility and resource requirements] [Reserved].**

[(a) The physical structures that serve the purpose of the practical nursing program and are available for student or faculty or both use include those that are provided in the immediate environment and also those that are off the school premises. Facilities and resources of the program shall include the following:

- (1) Administrative and instructional and office personnel shall be provided with the appropriate and adequate space and equipment essential for attainment of the objectives of the program.
- (2) The number and size of accessible classrooms, conference rooms and laboratories shall be sufficient to meet the needs of the program. The number and size of classrooms shall be determined by the maximum student enrollment.
  - (i) Educational facilities shall be attractive, adequately heated, lighted and ventilated.

- (ii) Educational facilities shall be provided with the equipment and supplies necessary to meet the teaching and learning requirements of both students and teachers.
  - (iii) The curriculum outline and instructional methods utilized by the faculty shall be determinative in the selection and maintenance of the facilities needed in the individual practical nursing program.
- (b) Concerning adequate storage space for general supplies and equipment. Policies shall be in existence for the replacement of equipment, furnishings, and supplies.
- (c) Library facilities and resources, which are planned and maintained to meet the specific needs of the student and the faculty shall be as follows:
- (1) The physical equipment of the library shall include adequate lighting and ventilation, sufficient tables and comfortable chairs, space for proper display of library holdings and exhibits and appropriate work space for the librarian.
  - (2) Provision shall be made for adequate storage space to maintain the safety and security of the library materials and holdings.
  - (3) Library holdings shall include sufficient reference titles, periodicals and other educational materials, as well as supplementary aids to achieve the objectives of the program.]

**[STUDENTS]**

**§ 21.221. [Selection and admission] [Reserved].**

- [(a) Admission standards shall conform with the following:

- (1) Policies and procedures related to the selection and admission of students are the responsibility of the individual program. Consideration shall be given to scholastic aptitude, academic achievement, personal qualities and physical and emotional health.
  - (2) Applicants shall have completed work equal to a standard high school course as evaluated by the Credentials Evaluation Division of the Pennsylvania Department of Education.
- (b) The Board recommends that only one class be admitted per year. The number of candidates for each class shall be determined by the educational and clinical resources which the program can provide.
- (c) Advanced standing shall conform with the following:
- (1) The Board encourages practical nursing programs to thoughtfully review their respective curricula to identify where opportunity can be provided for the recognition and validation of previous education and experience of prospective applicants. Advanced placement proposals developed may then be submitted for review and approval by the Board.
  - (2) Programs submitted shall be developed for either a specific, identified individual or for a theoretical group of individuals. The extent of the approval granted will be based on the nature and content of the program submitted.]

**§ 21.222. [Student services] [Reserved].**

- [(a) *Health program.* There shall be written objectives and policies for the health program.
- (b) *Program requirements.* The health program shall include at least the following:

- (1) Preentrance and periodic health examinations.
  - (2) Provisions for necessary immediate professional health care.
  - (3) An immunization policy.
  - (4) A policy addressing student absences due to illness which gives the student the opportunity to attain the learning objectives not achieved due to absences.
- (c) *Maintenance of health records.* Appropriate cumulative student health records shall be maintained throughout the enrollment of the student.
- (d) *Student employment.* When part-time student employment is permitted, written policies shall include the type of employment and conditions regulating the employment, such as health, academic load and scholastic progress and consideration of current Federal and State laws affecting employment. When students are employed in health agencies, they may not perform the functions normally assigned to a professional or practical nurse unless they are currently licensed. Students in this role cannot be assigned as charge nurse of a unit. Student employment shall be on a voluntary basis and not a requirement of the institution. Remuneration for employment shall be within the range of the salary scale for the position.
- (e) *Student housing.* Policies concerning housing shall include the following:
- (1) Adequate space, equipment and furnishings for each student, such as desk, chairs, proper lighting, ventilation and closet space.
  - (2) Safe and adequately maintained facilities directly related to personal hygiene and personal security measures which include appropriate supervision of housing facilities and periodic inspection of safety devices, such as fire extinguishers, housing exits and fire drills.

- (3) Provision of facilities which promote recreational and social activities.
- (4) Facilities for obtaining adequate, well-balanced meals.
- (f) *Counseling and guidance.* The scope of the counseling program shall be clearly defined in accordance with the objectives of the program. A program shall include academic counseling, initiated by either faculty or students. Adequate provision shall be made for the student's referral to or consultation with skilled counselors, psychiatrists, psychologists or religious advisors when professional and personal assistance is needed for individual student problems.
- (g) *Financial aid.* Policies and procedures relating to scholarships, loans and grants shall be developed within the framework of the philosophy of the controlling institution and defined in writing.]

**§ 21.223. [Student's rights] [Reserved].**

[There shall be written specified policies relating to students' rights and grievances with procedures for implementation.]

**[RECORDS]**

**§ 21.231. [Program records and record maintenance] [Reserved].**

[A record system essential to the operation of the program shall be maintained. Records shall be kept in locked fire-proof files. A nursing faculty shall select record forms specifically for the practical nursing program which shall include the following:

- (1) *Student records.* Student records shall conform with the following:

- (i) Permanent record, on students admitted, including both clinical and theoretical experience and achievement shall be kept *ad infinitum*.
- (ii) Health records shall be kept for 5 years following completion of the program.
- (2) *Faculty records*. Faculty records shall conform with the following:
  - (i) “Display Portion” of current nursing license.
  - (ii) Records of preparation and experience, including college transcripts.
  - (iii) Current record of continuing education activities.
- (3) *Administrative records*. Administrative records shall conform with the following:
  - (i) Affiliation agreements with cooperating agencies.
  - (ii) Minutes of meetings.
  - (iii) Annual reports.
  - (iv) Follow-up studies of graduates.
  - (v) Budgets.
  - (vi) Current written policies.
- (4) *Program bulletin*. Program bulletins shall:
  - (i) Be comprehensive and current since they serve as contracts of agreement between the applicant or student and the program.
  - (ii) Include clearly defined refund policies governing all fees and tuition paid by the students.]

§ 21.232. [Records required to be filed in the Board office] [Reserved].

[(a) An annual report of the practical nursing program shall be sent to the Board using the form supplied by the Board.

(b) Upon completion of the entire program a transcript or photocopy of the final record of the student shall be submitted along with the application for admission to the State Board Test Pool Examination. The transcript shall bear the impression of the school seal and signature of the nurse in charge of the program or authorized representative.

(c) A notarized list of nurses employed in the program shall be submitted by January 15 of each year. This list shall include the full name including maiden name, current address, license number and date of original employment in this Commonwealth.]

**§ 21.233. [Custody of records] [Reserved].**

[(a) When a program closes, the controlling agency shall be responsible for the safekeeping of the records of its students; and official copies shall be made available upon request. If the controlling agency also closes, advice should be obtained from the Board concerning the permanent safekeeping and availability of the records of the practical nursing program.

(b) The Board shall be informed in writing concerning permanent placement of these records.]

**§ 21.234. [Access and use of records] [Reserved].**

[(a) Students shall have access to personal records as provided by Federal and State legislation.

(b) Information shall be released from a student's record only in accordance with Federal and State law.]

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**SUBCHAPTER C. CERTIFIED REGISTERED NURSE PRACTITIONERS  
CERTIFICATION REQUIREMENTS**

\* \* \* \* \*

**GENERAL PROVISIONS**

**§ 21.251. Definitions.**

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

*Act*—The Professional Nursing Law (63 P.S. §§ 211-225.5).

*Advanced assessment*—The taking by a CRNP of the history, physical and psychological assessment of a patient’s signs, symptoms, pathophysiologic status and psychosocial variations in the determination of differential diagnoses and treatment.

*Board*—The State Board of Nursing of the Commonwealth.

\* \* \* \* \*

## CRNP PRACTICE

### § 21.282a. CRNP Practice.

\* \* \* \* \*

(b) When acting in collaboration with a physician as set forth in a collaborative agreement and within the CRNP's specialty, a CRNP may in addition to the RN scope of practice:

(1) Perform comprehensive nursing and advanced assessments of patients and establish medical diagnoses.

\* \* \* \* \*

### § 21.283. Authority and qualifications for prescribing, dispensing and ordering drugs.

\* \* \* \* \*

(b) To obtain prescriptive authority approval, a CRNP shall:

(1) Successfully complete at least 45 hours of [course work specific to] advanced pharmacology coursework identified in 21.944(b)(2)(iii) (relating to general content requirements for CRNP nursing education programs) in accordance with the following:

\* \* \* \* \*

## APPROVAL OF CERTIFIED REGISTERED NURSE PRACTITIONER PROGRAMS

### § 21.361. [General criteria for approval of programs] [Reserved].

[(a) A CRNP program must require, at a minimum, a baccalaureate degree in nursing for admission and must culminate with a master's degree in nursing or postmaster's certificate.

(b) A CRNP program must prepare the registered nurse (RN) to function as a nurse practitioner in an expanded role in a particular specialty.

(c) A CRNP program must prepare the registered nurse to perform acts of medical diagnosis and prescription of medical, therapeutic or corrective measures in collaboration with a physician licensed to practice medicine in this Commonwealth.

(d) A CRNP program may be formed as a master's program, an RN to master's program, an RN to nursing doctorate program or a pilot or accelerated program that culminates with at least a master's degree in nursing.]

**§ 21.362. [Annual reports and compliance reviews; list of approved programs] [Reserved].**

[(a) Approved programs must complete an annual report to the Board on a form provided by the Board. The annual report must update information regarding the program's administration, faculty, curriculum and student enrollment.

(b) Approved programs must conduct a compliance review of CRNP programs at least once every 3 years. The compliance review shall be submitted to the Board on a form provided by the Board. The compliance review must include information regarding accreditation, administration, clinical sites, faculty, curriculum, testing, educational resources and student body of the program.

(c) The Board will send a written report of recommendations or requirements, or both, including compliance deadlines, based on the CRNP program's compliance review, to the CRNP program. The Board will conduct an announced or unannounced site compliance visit at its discretion.

(d) Lists of approved CRNP programs will be compiled and published annually (the approved list) and will be made available for distribution. The approved list will consist of programs on initial, full and provisional approval status.]

**§ 21.363. [Approval process] [Reserved].**

[(a) A program that meets and maintains the requirements of §§ 21.361, 21.365--21.369 and 21.372--21.375 will be granted full approval status.

(b) The Board will place a CRNP program on provisional approval status if, as evidenced by the compliance review or other information, the program is not in compliance with the Board's regulations. At its discretion, the Board will require progress reports or other information deemed necessary for the evaluation of a program on provisional approval status. Two years will be the maximum time allowed for the correction of the deficiencies that resulted in the program being placed on provisional approval status. If the program on provisional approval status is not in compliance within this designated time, the CRNP program will be removed from the approved list.

(c) The Board may return a CRNP program on provisional approval status to full approval status if the program attains and maintains the acceptable standards in §§ 21.365--21.377, and adheres to the policies and regulations of the Board.]

**§ 21.364. [Removal from approved list; discontinuance of CRNP program] [Reserved].**

[(a) The Board will give at least 30 days notice of intent to remove a CRNP program from full approval status to provisional approval status or from provisional approval status to removal from the approved list and will provide an opportunity for the program's officials to present documentation, within 10 days of notification of intent to remove, to show why approval should not be withdrawn. The Board will hold a hearing, within 30 days of the submission of documentation, at which the program official may appear and present additional evidence to show cause as to why approval should not be withdrawn. The 30 day period for holding a hearing may be waived by consent of the parties. Failure to hold a hearing within 30 days will not be cause to withdraw the notice of intent to remove.

(b) Programs planning to discontinue must follow the procedures in § 21.41 (relating to notification; completion of program; records).]

**§ 21.365. [Establishment] [Reserved].**

[(a) A CRNP program must be developed and maintained under the authority of a regionally accredited university or college or have current accreditation by the Credentialing Commission for Nurse Education or the National League of Nursing.

(b) A CRNP program must be under the direction of a faculty member who holds an active certification as a Pennsylvania CRNP and an earned doctorate degree or a specific plan for and evidence toward completion of the doctoral degree within 5 years. The length of appointment of temporary and acting directors of CRNP programs may not exceed 1 year.

(c) A university or college may conduct CRNP programs within the graduate program of the university or college where it resides, if the college or university has a professional nurse program

and the philosophy of the parent institution encompasses dual programs of education. A college or university desiring to establish a program of nursing is required to:

- (1) Submit a proposal to the Board, at least 12 months prior to the first intended admission of students, which includes the following:
  - (i) Sufficient statistical data to support the need for a CRNP program within the community and to assure availability of an adequate number of interested candidates.
  - (ii) Letters of intent from the cooperating agencies indicating positive commitment to the CRNP program and the availability of sufficient clinical resources to meet the educational requirements of the CRNP program.
  - (iii) The projected cost of the CRNP program including costs for faculty, clinical teaching resources, educational supplies, office supplies, and the like, and sufficient evidence of stable financial support.
- (2) Employ the director of the CRNP program prior to the intended admission date of students.
- (d) The planned CRNP educational program proposal must include:
  - (1) A statement of the organization and administrative policies of the college or university.
  - (2) A statement of the administrative structure and functions of the nursing school.
  - (3) A statement of the educational preparation and nursing experience of faculty members employed, which conforms to § 21.367(b) (relating to faculty requirements for CRNP programs).

- (4) A statement of the philosophy, purposes and objectives of the program, which are congruent with the philosophy of the university or college.
  - (5) A statement of the curriculum, based on sound educational concepts, and including detailed course descriptions, objectives and descriptions of the relevant clinical practice related to the specialty area.
  - (6) A statement of admissions policies.
  - (7) A statement identifying the National educational standards and guidelines used in the development of the nursing practitioner program.
  - (8) Statements of financial viability for 5 years.
  - (9) A description of the clinical facilities.
- (e) Following the review of the CRNP program proposal and before final Board action is taken to grant permission to recruit students, an initial facility survey may be made by the designee of the Board.]

**§ 21.366. [Organizational requirements] [Reserved].**

- [(a) The CRNP program must be a definable entity distinguishable from other educational programs and services within the institution.
- (b) Relationships with central administrative officers, interrelationships among other disciplines and services of the college or university, and representation on college or university councils and committees for faculty in a CRNP program must be consistent with the interaction and responsibilities accorded to other faculty members of the college or university.

- (c) Adequate funds shall be allocated and properly budgeted for the sound and effective operation of the CRNP program.
- (d) Policies in effect for faculty members of the CRNP program must be those in effect for faculty members throughout the college or university.
- (e) The resources, facilities and services of the college or university must be available to and used by the CRNP program and be adequate to meet the needs of the faculty and students.]

**§ 21.367. [Faculty requirements for CRNP programs] [Reserved].**

[(a) The minimum faculty requirements submitted under § 21.365(d)(3) (relating to establishment) for the program are:

- (1) Qualified faculty members teaching in their areas of specialized practice encompassed within the curriculum.
- (2) Additional faculty members as needed to insure an educationally effective student faculty ratio.

(b) Faculty qualifications for clinical courses in the CRNP program are as follows:

- (1) Faculty members shall provide evidence of expertise in their subject areas, and when appropriate, be currently licensed and certified in this Commonwealth and hold and maintain National certification. Faculty members already employed in a CRNP program who do not hold National certification in their area of specialization shall obtain National certification, if available, by June 3, 2008.



- (2) Faculty members shall give evidence of maintaining expertise in their clinical or functional areas of specialization.
- (3) Faculty members shall maintain currency in clinical practice through ongoing clinical practice.
- (4) Faculty members shall meet specialty requirements for continuing competency in accordance with their educational program responsibilities.]

**§ 21.368. [Faculty policies] [Reserved].**

- [(a) The faculty shall be employed by and be responsible to the college or university.
- (b) Policies, including personnel policies in effect for CRNP program faculty, must be those in effect for faculty members throughout the college or university.
- (c) Functions and responsibilities of each faculty member shall be defined in writing.
- (d) Teaching hours of CRNP faculty must be consistent with the policies of the college or university.]

**§ 21.369. [General curriculum requirements] [Reserved].**

- [(a) The curriculum shall be developed, implemented and evaluated by the faculty and be based on the philosophy and objectives of the school.
- (b) The curriculum must be organized and developed to include the knowledge, attitudes, skills and abilities necessary for practice as a CRNP and in accordance with this chapter as related to CRNP practice.

(c) The curriculum must provide for both clinical and theoretical experiences. The curriculum must have the following components incorporated into each CRNP program:

(1) *Graduate nursing core.* The graduate nursing core must include the following content:

- (i) Research.
- (ii) Health care policy and organization.
- (iii) Ethics.
- (iv) Professional role development.
- (v) Theoretical foundations of nursing practice.
- (vi) Human diversity and social issues.
- (vii) Health promotion and disease prevention.

(2) *Advanced nursing practice core.* The advanced nursing practice core must include the following content:

- (i) Advanced health/physical assessment.
- (ii) Advanced physiology and pathophysiology.
- (iii) Advanced pharmacology.

(3) *Specialty content.* The CRNP student shall receive sufficient clinical experience to provide depth and breadth in a given specialty or with designated populations, geared to nurse practitioner practice. Clinical hours must meet at least National certification requirements with a minimum of 500. Additional hours must be provided for specialties that provide care to multiple age groups (for example, family CRNPs) or for those who will practice in multiple care settings. When defining additional clinical hours, the

complexity of the specialty content, as well as the need for clinical experience to enhance retention and skills, shall be considered. The expected graduate competencies must be the key determinant of the clinical component.

(4) *Advanced pharmacology.*

(i) CRNP program graduates shall have a well-grounded understanding of pharmacologic principles, which includes the cellular response level. This area of core content must also include both pharmacotherapeutics and pharmacokinetics of broad categories of pharmacologic agents. Advanced pharmacology shall be taught in a separate or dedicated 3-credit or 45-hour course. Pharmacology content shall also be integrated into the other content areas identified in the advanced practice nursing core. Additional application of this content shall also be presented within the specialty course content and clinical experiences of the program to prepare the CRNP to practice within a specialty scope of practice.

(ii) The purpose of this content is to provide the graduate with the knowledge and skills to assess, diagnose and manage (including the prescription of pharmacologic agents) a patient's common health problems in a safe, high quality, manner.

(iii) The course work must provide graduates with the knowledge and skills to:

(A) Comprehend the pharmacotherapeutics of broad categories of drugs.

(B) Analyze the relationship between pharmacologic agents and physiologic/pathologic responses.

(C) Understand the pharmacokinetics and pharmacodynamics of broad categories of drugs.

- (D) Understand the motivations of clients in seeking prescriptions and the willingness to adhere to prescribed regimens.
  - (E) Safely and appropriately select pharmacologic agents for the management of client health problems based on client variations, the problem being managed, and cost effectiveness.
  - (F) Provide comprehensive and appropriate client education in relation to prescribed pharmacologic agents.
  - (G) Analyze the effects of single and multiple drug regimens on the client's health and functioning.
  - (H) Understand the variety of State legal requirements for CRNP prescriptive authority.
  - (I) Fulfill legal requirements for writing prescriptions as a CRNP in this Commonwealth in accordance with §§ 21.283--21.287 (relating to CRNP).
- (5) *Professional role content.* The course work must provide graduates with curriculum in:
- (i) Management of client health/illness status.
  - (ii) The nurse-client relationship.
  - (iii) The teaching-mentoring function.
  - (iv) Professional role.
  - (v) Managing and negotiating health care delivery systems.
  - (vi) Monitoring and ensuring the quality of health care practice.

- (d) The instructional strategies must be appropriate and consistent with the program's philosophy, mission and objectives.
- (e) The clinical facilities of the CRNP program must provide a variety of experiences with sufficient quality and quantity. Clinical experiences must be consistent with the scope of practice.
- (f) CRNP courses and curriculum must be organized to continue the development of values, understandings, knowledge and skills needed in all aspects of practice as a CRNP and emphasize specialty areas.
- (g) The ratio of students to faculty must insure optimal learning opportunities in clinical laboratory sessions, be consistent with the objectives of the CRNP courses, and comply with § 21.373(c)(3)(ii) (relating to facility and resource requirements).
- (h) The curriculum for CRNP programs must give evidence of providing learning experiences which will prepare graduates for CRNP practice. The standards of practice are defined and delineated by the profession and §§ 21.18 and 21.284 (relating to standards of nursing conduct; and prescribing and dispensing parameters).
- (i) Course syllabi that identify all aspects of each course must be developed and readily available.]

**§ 21.370. [Evaluation] [Reserved].**

- [(a) As part of the CRNP program approval process, the CRNP program shall submit an outline of, and appropriate time line for, its planned evaluative process. The evaluative process must include, at a minimum, the following:

- (1) A self-evaluation process completed by faculty, administrators and students of the CRNP program evidencing input into the CRNP program by faculty, administrators and students. The self-evaluative process must include:
  - (i) Peer evaluation of teacher effectiveness.
  - (ii) Student evaluation of teaching and program effectiveness.
  - (iii) Periodic evaluation of the program by faculty, students and graduates of the program.
  - (iv) Periodic evaluation of the program's human and fiscal resources, program policies, facilities and services.
- (2) Provisions for the program's curriculum evaluation process, completed by faculty, students and graduates of the program. The curriculum must:
  - (i) Assess the program's effectiveness relative to current standards of practice.
  - (ii) Assess the program's effectiveness relative to current trends in education and health care.
  - (iii) Assess the program's effectiveness in attaining program objectives.
  - (iv) Demonstrate that curriculum changes have been evaluated by the CRNP program faculty and are consistent with core competencies in the CRNP specialties.
- (3) Provision for ongoing student evaluative process that assesses the student's progress toward and ultimate achievement of program objectives. The student evaluative process must:
  - (i) Be evident in the course outlines provided to students at the beginning of each course.

- (ii) Include documentation of faculty-supervised performance evaluation of students.
- (iii) Utilize evaluation tools that reflect nurse practitioner National competencies in the specialty areas.
- (iv) Include student evaluation of the quality of clinical experiences.

(b) Programs must measure outcomes of graduates at 1-year and 3-year intervals postgraduation.]

**§ 21.371. [Curriculum changes requiring Board approval] [Reserved].**

[Curriculum changes that require Board approval include changes in:

- (1) Program objectives, course content or instruction that affect the integration of material into the total curriculum.
- (2) An approved program which deems a new or different certification specialty title for graduates of that program requires approval as a new CRNP education program.]

**§ 21.372. [CRNP program philosophy; purposes and objectives] [Reserved].**

[(a) A clear statement of philosophy and purposes of the CRNP program, consistent with the philosophy and purposes of the college or university, shall be formulated and adopted.

(b) The philosophy, purposes and objectives of the CRNP program shall be developed and clearly stated by the faculty and be reviewed and revised at stated time intervals by this group.

(c) The philosophy and purposes of the CRNP program must be consistent with currently accepted social, educational and CRNP standards.]

**§ 21.373. [Facility and resource requirements] [Reserved].**

[(a) The support of the college or university must be adequate to meet CRNP program needs and include the following:

- (1) Faculty and staff offices.
- (2) Classrooms, conference rooms and laboratories.
- (3) Administrative and secretarial support.
- (4) Interactive information systems (computer/technical support) sufficient to develop, manage and evaluate the program.

(b) There must be current, appropriate, adequate and available learning resources to include audio/visual equipment, computers and library materials.

(c) The CRNP program must provide appropriate clinical resources and experience for students, including:

- (1) Space for faculty's and students' needs.
- (2) Exposure of appropriate duration to a patient population sufficient in number to insure that the student will meet program goals.
- (3) Faculty to provide adequate supervision and evaluation.
  - (i) Supervision of all students in the clinical areas is the responsibility of the CRNP program faculty.
  - (ii) One program faculty member shall supervise no more than six students in a clinical course. If faculty are providing onsite preceptorship, the maximum ratio is



two students per faculty member. If faculty are managing their own caseload of patients, the maximum ratio is one student per faculty member.

(iii) Onsite clinical preceptors may include:

(A) Advanced practice nurses who are currently licensed.

(B) Physicians who are currently licensed.

(C) CRNPs who are currently licensed and certified.]

**§ 21.374. [Selection and admission standards] [Reserved].**

[(a) Policies and procedures related to the selection and admission of students are the responsibility of the individual program. Consideration must be given to scholastic aptitude, academic achievement, personal qualities and physical and emotional health necessary to fulfill the objectives of the program.

(b) Students admitted to CRNP programs shall meet the requirements for admission to the university or college for a master's degree in nursing program and additional requirements that may be established for the CRNP program.

(c) Students admitted to CRNP programs shall have successfully completed the equivalent of a baccalaureate degree in nursing from an accredited institution of higher learning in a nursing program.

(d) Students admitted to CRNP programs shall be currently licensed as a registered nurse (RN) or, if enrolled in an RN to Master of Science in Nursing (MSN) or RN to Nursing Doctorate (ND) program, shall complete all competencies for undergraduate requirements prior to taking graduate courses.]

**§ 21.375. [Advanced standing] [Reserved].**

[The school shall have a written policy consistent with its philosophy and objectives concerning criteria for granting advanced standing. The policy of master's degree programs must be consistent with that of the college or university.]

**§ 21.376. [Program records] [Reserved].**

[(a) The program shall employ a record system that ensures the operation of the program. Records shall be maintained in locked files which assure their safe keeping.

(b) Each nursing faculty shall select record forms specifically for the CRNP program that include the following:

- (1) Student records, including the permanent record, containing both clinical and theoretical experience and achievement, shall be kept for 50 years.
- (2) Faculty records, including the following:
  - (i) “Display portion” of current Pennsylvania licenses and certifications.
  - (ii) Records of preparation and experience, including official college transcripts.
  - (iii) Current records of continuing education activities.
  - (iv) Records of National certification, if applicable.
- (3) Administrative records, including the following:
  - (i) Affiliation agreements with cooperating agencies.
  - (ii) Minutes of meetings.

- (iii) Annual reports.
  - (iv) Follow-up studies of graduates.
  - (v) Budgets.
  - (vi) Current written policies.
- (4) School bulletins, including the following:
- (i) Comprehensive and current information.
  - (ii) Clearly defined refund policies governing fees and tuition paid by the students.
  - (iii) Clearly defined policies relating to admission, promotion, retention, transfer, advanced placement and dismissal.]

**§ 21.377. [Custody of records] [Reserved].**

[(a) When a program closes, the college or university is responsible for the safekeeping of the records of students for at least 50 years after graduation of the last class.

(b) If the college or university also closes, advice should be obtained from the Board concerning the permanent safekeeping and availability of the records of the school of nursing.]

\* \* \* \* \*

**SUBCHAPTER I. NURSING EDUCATION PROGRAMS**

**GENERAL PROVISIONS**

**§ 21.901. Definitions.**

(a) The words and terms defined in §§ 21. 1, 21.141 and 21.251 are incorporated by reference.

(b) The following words and terms when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise: *Certified registered nurse practitioner (CRNP) nursing education program*—A comprehensive advanced nursing education plan of study within a controlling institution that includes an integrated didactic and clinical component taught according to evidence-based practice leading to knowledge and skills essential to CRNP practice culminating in a graduate degree or postmaster’s certificate and qualifying the graduate to obtain national certification under § 21.271(a)(3) (related to certification requirements).

*Clinical agencies*—Settings across the continuum of care, within or outside of the Commonwealth, wherein students engage with live patients to obtain clinical experience.

*Clinical preceptor*—An individual who meets the requirements of § 21.934(f) (related to faculty and staff qualifications) and who enhances faculty-directed clinical experiences by guiding selected clinical activities.

*Cohorts*—Groups of students admitted multiple times within a year, whether it be in the fall and spring or fall, winter and summer.

*Controlling institution*— An entity that houses a nursing education program.

*Delivery method*-- The method by which a course is taught including distance learning, online coursework, face-to-face education or a hybrid of methods.

*Examination year*—For professional and practical nursing education programs, the period beginning October 1<sup>st</sup> of a year through September 30<sup>th</sup> of the following year. For CRNP nursing education programs, the period beginning June 1<sup>st</sup> through May 31<sup>st</sup> of the following year.

*Full approval*—A nursing education program’s status while the program maintains the standards set forth in § 21.915 (relating to standards). For professional and practical nursing education

programs this status commences upon satisfactory completion of initial approval status. For CRNP programs, this status commences upon Board approval.

*Interprofessional faculty*—A faculty member other than a nurse who has specialized knowledge, skills and abilities in the area being taught and holds at least one graduate degree in that area or is licensed as required by applicable practice acts.

*Initial approval*—A professional and practical nursing education program’s status following Board approval of a new program and a facility review, as outlined in § 21.921(e) (relating to establishment), and continuing until the program graduates its first class, achieves the minimum pass rate, as defined in § 21.901 (relating to definitions), on the National licensure examination, and obtains programmatic accreditation as required in § 21.916 (relating to accreditation).

*Minimum pass rate*—A pass rate of 80% or more of a nursing education program’s first-time examinees during an examination year. For CRNP nursing education programs, the 80 % pass rate is established by the Board based upon the annual results of the certification examination(s) for each specialty. Where there are multiple certification examinations for a specialty, the minimum pass rate is based upon the average of the multiple certification examinations for the specialty.

*Nursing education program*—CRNP, professional, and practical nursing education programs.

*PA-SUPPORT curriculum*--A safe opioid prescription education curriculum approved by the Board under 35 Pa.C.S. § 5102 (relating to safe opioid prescription education).

*Practical nursing (PN) education program*—A comprehensive nursing education plan of study within a controlling institution containing a minimum of 1,500 hours that includes an integrated didactic and clinical component taught according to evidence-based practice leading to knowledge

and skills essential to the practice of practical nursing culminating in a diploma, certificate or occupational or academic degree.

*Professional nursing (RN) education program*—A comprehensive nursing education plan of study within a controlling institution that includes an integrated didactic and clinical component taught according to evidence-based practice leading to knowledge and skills essential to the practice of professional nursing culminating in a degree or a diploma.

*Program in transition*—An approved professional nursing education program that seeks to change from conferring diplomas to conferring degrees.

*Programmatic accreditation*—Accreditation of the nursing education program from a Board-recognized nursing accreditation body as required in § 21.916.

*Provisional approval*—A nursing education program’s status wherein the program does not maintain the standards set forth in § 21.915.

*Systematic evaluation plan*—An organized, continuous analysis of a nursing education program that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.

## **APPROVAL STATUS OF NURSING EDUCATION PROGRAMS**

### **§ 21.911. Approval Status.**

(a) The Board will post a list of approved nursing education programs located in this Commonwealth and their status on its website.

(b) Changes in approval status.

(1) A nursing education program that fails to meet the standard listed in § 21.915(a)(1) (relating to standards) will be administratively placed on provisional status pursuant to the

procedures set forth in § 21.912 (relating to procedure where a nursing education program is placed on provisional status) and is subject to removal of the Board’s approval pursuant to the procedures set forth in § 21.913 (relating to procedure to restrict or remove approval of a nursing education program).

(2) A nursing education program that fails to meet the standard listed in § 21.915(a)(2) is subject to removal of the Board’s approval pursuant to the procedures set forth in § 21.913.

(3) A nursing education program that fails to meet the standard listed in § 21.915(a)(3) will be administratively placed on provisional status pursuant to the procedures set forth in § 21.912, may only provide nursing education in the Commonwealth as permitted by the authorizing body and is subject to removal of the Board’s approval pursuant to the procedures set forth in § 21.913.

(4) A nursing education program that fails to meet the standards listed in § 21.915 (a)(4)-(12) will be administratively placed on provisional status pursuant to the procedures set forth in § 21.912 and is subject to removal of the Board’s approval pursuant to the procedures set forth in § 21.913.

(c) Nursing education programs shall notify applicants for admission of the program's status and, within 30 days of any change, shall notify students of the change in status. The program shall provide the Board with a copy of the notice sent to applicants and students. A program shall provide additional notice to applicants and students at the direction of the Board.

(d) A nursing education program must be on full approval status in order to add any of the following beyond those initially approved unless provided specific approval by the Board:

- (1) Practice locations.
  - (2) Curriculum plans of study.
  - (3) Delivery methods.
  - (4) Cohorts or program options.
  - (5) Enrollment increases.
  - (6) Specialties or degrees.
- (e) Upon a written request and a showing of good cause, the Board may grant approval to add the items under section (d).

**§ 21.912. Procedure where a nursing education program is placed on provisional status.**

- (a) The Board will notify a nursing education program, in writing, that the nursing education program has been placed on provisional status. The notification will include a list of deficiencies and the amount of time that will be allowed for correction of the deficiencies.
- (b) A nursing education program on provisional status shall submit a performance improvement plan that identifies the cause of the deficiency and the action plan. The Board may require additional reports and will notify the nursing education program, in writing, of the additional reports required.
- (c) Within 10 days of service of the notice placing a nursing education program on provisional status under subsection (a), a nursing education program may appeal the action pursuant to 1 Pa. Code § 35.20 (relating to appeals from actions of the staff).
- (d) The Board may place any or all of the following restrictions on a nursing education program on provisional status and will notify the nursing education program in writing of the restrictions:



- (1) Prohibiting:
  - (i) The admission of another class.
  - (ii) The addition of cohorts or nursing education program options.
  - (iii) The addition of any delivery methods beyond those initially approved.
  - (iv) The addition of another specialty or degree type.
  - (v) The addition of additional nursing education program sites.
- (2) Limiting the size of a class or cohort.
- (3) Requiring the nursing education program to submit quarterly reports detailing a timetable and steps being taken to remediate any deficiency.
- (4) Clinical restrictions related to the health and safety of patients.
- (e) A nursing education program may remain on provisional status no longer than the length of the full-time nursing education program unless the period is extended by the Board following the submission of evidence and a presentation by at least the administrator that the nursing education program is making demonstrable progress toward correcting the deficiencies.
- (f) The Board may make announced or unannounced visits to a nursing education program on provisional approval status to assure compliance with the Board’s regulations.
- (g) Once the minimum standards are met, the nursing education program will be reinstated to full approval status if programmatic accreditation is obtained. If programmatic accreditation is not yet obtained, the nursing education program will be reinstated to initial approval status. The Board will notify the nursing education program in writing of its status change.

**§ 21.913. Procedure to remove approval of a nursing education program.**

(a) The Board may remove its approval of a nursing education program if the nursing education program fails to correct the deficiencies identified in § 21.912(a) (relating to procedure where a nursing education program is placed on provisional status), fails to provide requested information or reports identified in § 21.912(b), fails to adhere to the restrictions imposed in § 21.912(d), refuses or limits a site visit required by § 21.912(f), or fails to maintain the standards set forth in § 21.915 (relating to standards).

(b) The following procedures will be applied prior to a nursing education program's approval being removed:

(1) The Board will give a nursing education program notice of its intent to remove the nursing education program's approval.

(2) The notice of intent to remove a nursing education program's approval will set forth the alleged violations of the standards for nursing education programs.

(3) A nursing education program served with notice of intent to remove will be given 30 days in which to file a written answer to the notice.

(4) The nursing education program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be removed.

(5) The nursing education program and the Commonwealth will be provided an opportunity to file post hearing briefs.

(6) The Board will issue a written decision which will set forth findings of fact and conclusions of law.

(7) The Board's written decision will be a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(c) A nursing education program whose approval has been removed shall comply with the notification and record requirements in § 21.914(a) and (b) (relating to discontinuance of a nursing education program; interruption of a nursing education program).

**§ 21.914. Discontinuance of a nursing education program; interruption of a nursing education program.**

(a) When a nursing education program's approval is removed or when the nursing education program makes the decision to close, the controlling institution shall comply with all of the following:

(1) Submit a completion plan within three months of notification of approval, removal, or six months of closure.

(2) Provide for the completion of the nursing education program for students currently enrolled either by placing the students in an approved nursing education program or continuing the enrolled class until completion.

(3) Notify current students of the completion plan.

(b) Within 90 days of closure, the controlling institution shall:

(1) Submit a Nursing Education Program Closing Summary Report to the Board that includes:

(i) Name and address of controlling institution.

(ii) Name and credentials of Chief Operating Officer.

(iii) Name of controlling institution accreditor or authorizer.

- (iv) Name of programmatic accreditation body, the date of the last accreditation visit and the last action taken by the accrediting body.
  - (v) Name and address of the nursing education program.
  - (vi) Name of the nursing education program Administrator.
  - (vii) Approval status at the time of closing.
  - (viii) Date of last Board site visit.
  - (ix) Date of last annual report submitted.
  - (x) Year the nursing education program was established.
  - (xi) Names of all faculty divided by full time and part time faculty.
  - (xii) List of all clinical agencies.
  - (xiii) Type of degree/diploma/certificate awarded.
  - (xiv) Length of the nursing education program.
  - (xv) Date of the last class of students graduated.
  - (xvi) List of students who graduated from the last class.
  - (xvii) List of students who transferred to another nursing education program.
  - (xviii) Copy of curriculum plan.
  - (xix) Requirements for nursing education program completion.
- (2) Make provision for the permanent retention of student and graduate records in conformity with § 21.971 (relating to record maintenance and retention) and notify current and graduating students and the board where the records are being retained.

(c) When a nursing education program does not admit a class in a given year, the nursing education program shall provide written notification to the Board and obtain approval for continuation by the Board based on its submission of a plan for continuation.

### **MINIMUM STANDARDS FOR NURSING EDUCATION PROGRAMS**

#### **§ 21.915. Standards.**

- (a) A nursing education program meets standards where it complies with all of the following:
- (1) Achieves the minimum pass rates, as defined in § 21.901 (relating to definitions), on the National licensure examination.
  - (2) Obtains and maintains programmatic accreditation as required by § 21.916 (relating to programmatic accreditation).
  - (3) Is housed within a controlling institution that is authorized to provide nursing education in the Commonwealth, as specified in § 21.917 (relating to controlling institution accreditation or authorization).
  - (4) Maintains a systematic evaluation plan, as defined in § 21.901 and remediates any deficiencies identified.
  - (5) Ensures that didactic and clinical education are taught according to evidence-based practice.
  - (6) Enforces written policies required by § 21.961 (relating to policies and procedures).
  - (7) Ensures that all faculty maintain current expertise in the area(s) in which they teach as required by §§ 21.934(a)(1)(iii), (2)(iii) and (3)(iii) and (d); and 21.936(b) (relating to faculty and staff qualifications; and additional faculty responsibilities).

- (8) Ensures that faculty, facilities and clinical agencies are sufficient to meet the needs of the students enrolled.
  - (9) Ensures that there is a variety of clinical learning experiences in the care of all gender and age groups as necessary for students to achieve nursing education program outcomes or minimal competence.
  - (10) Monitors its pass rates. Professional and practical nursing education programs shall conduct their review on a quarterly basis.
  - (11) Provides timely notifications of nursing education program changes to the Board as set forth in § 21.925(a) and (b) (relating to changes to nursing education programs following initial approval).
  - (12) Complies with the requirements set forth in this subchapter.
- (b) A nursing education program may not do any of the following:
- (1) Utilize its students to meet staffing needs in health care facilities.
  - (2) Have more than two administrators within an academic year without pre-approval from the Board unless emergency circumstances exist.
  - (3) Engage in fraud, deceit or material misrepresentation in advertising, promoting or implementing the program.

**§ 21.916. Programmatic accreditation.**

- (a) Effective\_\_\_, existing nursing education programs shall obtain and maintain programmatic accreditation from a Board-recognized nursing accreditation agency.

(b) Nursing education programs approved by the Board on or after shall obtain and maintain programmatic accreditation from a Board-recognized nursing accreditation agency in the time commensurate with the length of the program.

(c) Within 30 days of obtaining programmatic accreditation, the nursing education program shall submit a copy of the official notice of accreditation and the accreditor’s site visit report to the Board.

(d) A nursing education program that fails to obtain and maintain programmatic accreditation as required by § 21.915 (relating to minimum standards) or is denied programmatic accreditation shall be subject to removal of the Board’s approval under the procedure provided in § 21.913 (relating to procedure to restrict or remove approval of a nursing education program). When the nursing education program obtains programmatic accreditation, it may reapply for approval pursuant to § 21.921 (relating to establishment).

(e) The Board will post a list of Board-recognized programmatic accreditation agencies on its website.

*(Editor’s note: The blanks in subsection (a) refers to 5 years from publication of the rulemaking.)*

**§ 21.917. Controlling institution accreditation or authorization.**

The controlling institution shall obtain and maintain accreditation or authorization to operate a nursing education program as follows:

(a) For a professional nursing education program, the entity shall be either:

(1) Currently accredited by a body recognized by the United States Department of Education, approved by the Board and authorized by the Pennsylvania Department of

Education to grant a generic master’s, baccalaureate or associate degree in professional nursing.

(2) Organized within a health care facility as defined in section 103 of the Health Care Facilities Act (35 P.S. § 488.103) and authorized by the Board under section 3(3) of the Higher Education Eligibility Act (24 P.S. § 7603(3)) to grant a diploma in professional nursing.

(b) For a practical nursing education program, the entity shall be either:

(1) Currently authorized by the Pennsylvania Department of Education to award at a minimum a diploma or certificate in practical nursing.

(2) Organized within an accredited health care facility as defined in section 103 of the Health Care Facilities Act (35 P.S. § 488.103), approved by the Board and authorized by the Board under section 3(5) of the Higher Education Eligibility Act (24 P.S. § 7603(5)) to grant a diploma in practical nursing.

(c) For a CRNP nursing education program, the entity shall be currently accredited by a body recognized by the United States Department of Education and authorized by the Pennsylvania Department of Education to grant a graduate degree or post-master’s certificate in nursing.

**§ 21.918. Minimum student program qualification requirements.**

(a) In addition to meeting the requirements for admission to the controlling institution:

(1) Only students who hold at a minimum a high school diploma or its equivalence as determined by the Pennsylvania Department of Education and evidence of completion of two courses in mathematics with one being in Algebra and two courses of physical science



with a related laboratory or the equivalent may commence a professional or practical nursing education program. Completion of these courses may occur immediately prior to commencement of the program.

(2) Only students who hold at a minimum of a baccalaureate degree in nursing or its equivalence and a current temporary practice permit issued pursuant to § 21.7(b) (relating to temporary practice permits), a license or a privilege to practice as a registered nurse in this Commonwealth may be granted admission in CRNP nursing education programs.

(b) The number of admissions for each class shall be determined by the nursing education program's educational, clinical, facility and financial resources unless the nursing education program has been placed on provisional status pursuant to § 21.912(c) (relating to procedure where a nursing education program is placed on provisional status).

### **APPROVAL PROCESS FOR NURSING EDUCATION PROGRAMS**

#### **§ 21.921. Establishment.**

(a) A nursing education program shall be developed by an individual who meets the requirements for an administrator in § 21.933 (relating to administrator qualifications).

(b) Except as provided in § 21.925(f) (relating to changes to nursing education programs following approval), at least 12 months prior to the first advertisement of a new nursing education program, a nursing education program shall submit all of the following documentation along with the fees listed in §§ 21.5(c), 21.147(c) and 21.253(c) (relating to fees):

(1) Rationale with statistical data on potential applicants, employers, faculty, clinical agencies, and, as applicable, preceptors, to support the need for a nursing education program.

- (2) Letters of commitment from the controlling institution indicating the provision of academic, fiscal, physical, human and learning resources for the nursing education program.
- (3) Identification of the type of nursing education program proposed, the anticipated number of students to be enrolled over a 5-year period, and the clinical resources available for the projected number of students and projected faculty-student ratio for each proposed clinical course.
- (4) A sample job description, including qualifications and responsibilities, for the administrator and each faculty position that meets the minimum requirements set forth in §§ 21.931 -21.936.
- (5) An organizational chart that meets the requirements of § 21.923 (relating to organizational requirements for nursing education programs).
- (6) Copies of the written policies and procedures required in §§ 21.961 and 21.971 (relating to policies and procedures; record maintenance and retention).
- (7) A statement regarding the congruence of the nursing education program’s mission, goals and learning outcomes with the controlling institution.
- (8) Proposed curriculum plan, including the method and methodologies for delivery and a citation(s) to the national educational standards used to develop the curriculum, that meets the requirements of § 21.941(b) (relating to general curriculum requirements), a syllabus for each course on the curriculum plan and sample evaluations.
- (9) A systematic evaluation plan as defined in § 21.901 (relating to definitions) that includes specific benchmarks for measurement and timelines.

- (10) A defined process for reviewing whether there are sufficient resources to continue the nursing education program.
- (11) A 5-year budget projection of financial viability for the nursing education program including salaries and benefits, supplies, learning resources, faculty development and operational overhead adjusted for inflation.
- (12) An agreement between the nursing education program and each clinical agency to enter into a contract granting access to the nursing education program’s faculty and students upon Board approval that identifies the maximum number of clinical spaces, the average daily census of the agency and the anticipated teacher-student ratio.
- (13) Detailed descriptions of facilities and resources required by §§ 21.951 and 21.952 (relating to facility requirements; academic support requirements).
- (14) Documentation evidencing the controlling institution’s authority to operate or accreditation, as specified in § 21.917 (relating to controlling institution accreditation or authorization).
- (15) Documentation from the accreditor evidencing submission of a candidacy application for programmatic accreditation, as required by § 21.916 (relating to programmatic accreditation) and a timeline for achievement of accreditation.
- (16) A plan to enter into at least one articulation agreement with a degree granting nursing education program in this Commonwealth or another jurisdiction whose standards are at least equivalent if the program confers less than a bachelor’s degree.
- (c) Nursing education programs shall employ the administrator at least six months prior to the first intended admission of students and the faculty at least one term prior to commencement of

classes each of whom shall meet the requirements of § 21.932 (relating to minimum administrator, faculty and staff requirements). Board approval of the administrator and faculty is required prior to employment.

(d) Prior to receiving Board approval as a new nursing education program, it shall make a presentation to the Board.

(e) Following a Board vote to approve a professional or practical nursing education program and a facility review to confirm that the facility is consistent with the proposal submitted in subsection (b), the professional or practical nursing education program will be granted initial approval status and placed on the Board list of approved professional or practical nursing education programs. The professional or practical nursing education program may advertise and recruit students during the time between Board's vote and the facility review, but it may not admit new students until the professional or practical nursing education program is placed on initial status following the facility review.

(f) Following a Board vote to approve a CRNP nursing education program, the CRNP nursing education program will receive full approval status and be added to the Board list of approved CRNP nursing education programs.

**§ 21.922. Additional establishment requirements for nursing education programs in transition.**

(a) Prior to transitioning, a nursing education program shall comply with all of the following:

(1) Maintain full approval status under § 21.911 (relating to approval status) for at least 3 years prior to the intended date for admission of students.

(2) Continue on initial approval as defined in § 21.901 (relating to definitions) until controlling institution accreditation or authorization as delineated in § 21.917(a)(1) (relating to controlling institution accreditation or authorization) has been obtained.

(b) During the transition, a nursing education program shall provide the Board with semi-annual updates detailing the progress of the transition.

### **ORGANIZATIONAL REQUIREMENTS**

#### **§ 21.923. Organizational requirements for nursing education programs.**

(a) The nursing education program shall be established as a distinct educational unit within a controlling institution in accordance with the structural plan of the institution.

(b) Relationships with central administrative officers, interrelationships among other disciplines and services of the controlling institution and representation on institutional councils and committees for faculty of the nursing education program shall be consistent with the interaction, policies and responsibilities accorded to other faculty members of the controlling institution.

(c) The controlling institution shall provide adequate academic, fiscal, physical, human and learning resources to support the nursing education program.

(d) The controlling institution shall assure that the nursing education program has sufficient faculty and support personnel to meet the objectives of the nursing education program.

(e) The controlling institution shall not confer a degree until all of the nursing education program's requirements, set forth in the student handbook pursuant to § 21.961(c)(2) (relating to policies and procedures), are completed.

(f) Nursing education programs or controlling institutions shall enter into agreements with clinical agencies to provide the nursing education program’s students’ clinical experience as set forth in § 21.924 (relating to clinical agencies).

(g) The nursing education program shall have a faculty organization that complies with all of the following:

(1) Conducts a planned periodic evaluation of the nursing education program in accordance with 21.981 (relating to evaluations).

(2) Develops, reviews and revises policies and rules of procedure governing the faculty organization, as applicable.

(3) Maintains reports of committee and faculty actions in accordance with §21.971 (relating to record maintenance and retention).

(4) Reviews curriculum, develops a process to identify and measure gaps in curriculum and recommends curriculum changes.

### **CLINICAL AGENCIES**

#### **§ 21.924. Clinical agencies.**

(a) Nursing education programs or controlling institutions shall enter into agreements with clinical agencies to provide the nursing education program’s students clinical experience.

(b) Agreements to utilize clinical agencies outside of the structural control of the controlling institution shall be initiated by the nursing education program.

(c) The agreements shall be jointly developed, reviewed periodically and revised and updated to ensure consistency with the outcomes of the nursing education program.

(d) The agreement shall insure full control of student education by the faculty of the nursing education program; faculty shall have the freedom to teach and guide students and to select appropriate learning experiences in consultation with designated members of the clinical agency.

(e) The clinical agencies shall have the quality and variety of resources necessary to meet the outcomes of the nursing education program and retain ultimate responsibility for patient care and services.

(f) The number of students able to obtain clinical experience in the same cohort at a clinical agency shall be determined based upon patient safety, the size of the clinical agency, the course objectives and the faculty's teaching experience.

(g) Approval by the Board shall be obtained before a professional or practical nursing education program may utilize a new clinical agency.

### **CHANGES TO NURSING EDUCATION PROGRAMS**

#### **§ 21.925. Changes to nursing education programs following approval.**

(a) The administrator of the nursing education program shall notify the Board within 30 days of receipt of notification of changes to the following within the nursing education program:

(1) Name of the nursing education program.

(2) Change of accrediting body.

(3) Status of controlling institution's authority to operate as specified in § 21.917

(relating to controlling institution accreditation or authorization).

- (4) Discontinuance of the nursing education program as set forth in § 21.914 (relating to discontinuance of nursing education program; interruption of nursing education program).
- (5) Faculty turnover of more than 25% in an academic year.
- (b) The administrator of the nursing education program shall notify and obtain approval from the Board, within 90 days prior, regarding changes to any of the following within the nursing education program:
- (1) Relocation.
- (2) Faculty teaching in a professional or practical nursing education program.
- (3) Nursing administrator.
- (4) Addition or deletion of nursing education program options.
- (5) Alteration to an approved degree type or addition of degree types.
- (6) Utilization of a new clinical agency by a professional or practical nursing education program as required by § 21.924(g) (relating to clinical agencies).
- (7) Course content or instruction if required by § 21.946 (relating to curriculum changes requiring Board approval).
- (8) Ownership or administrative structure.
- (9) Changes in controlling institution or programmatic accreditation status as specified in §§ 21.916 and 21.917 (relating to programmatic accreditation and controlling institution accreditation or authorization).
- (c) Nursing education programs on initial or provisional status shall obtain the Board's approval prior to implementation and shall also report the following:



- (1) Student capacity that increases by more than 15% annually.
- (2) Addition of cohorts.
- (d) The Board may request additional information based upon the notifications required in subsections (a) or (b) and may impose the restrictions listed in § 21.912(d) (relating to procedure where a nursing education program is placed on provisional status) on the nursing education program for failing to meet standards in § 21.915(a) (related to standards) or failing to make timely notifications as set forth above.
- (e) The addition of a nursing education program where the scope of practice differs from that approved in the original proposal constitutes a new nursing education program and requires submission of a new application that meets the requirements of § 21.921(b) (related to establishment) and payment of the applicable fee in §§ 21.5(c), 21.147(c) and 21.253(c) (related to fees).
- (f) The addition of degree types or certification specialties beyond those approved in the original proposal constitutes a new nursing education program and requires submission of a new application and payment of the applicable fee in §§ 21.5(c), 21.147(c) and 21.253(c).
  - (1) The following documentation shall be submitted with the application for addition of degree types or certification specialties beyond those approved:
    - (i) Documentation required in § 21.921(b)(1)-(3), (5), (8) and (11).
    - (ii) Documentation required in § 21.921(b)(4), (6), and (9), if there are changes in these areas beyond those approved in the original proposal.
    - (iii) A statement regarding the congruence of the nursing education program's learning outcomes with the controlling institution.

(iv) A statement indicating that the clinical agencies, facilities and resources approved in the original proposal can accommodate the additional students. If additional students cannot be accommodated, submission of documentation required in § 21.921(b)(12) and (13).

(v) A statement indicating that the addition does not require any changes to the nursing courses. If changes are required, documentation substantiating the changes to those courses along with an amended curriculum plan and amended syllabi that meet the requirements in §§ 21.941(a)(3) and (5) (relating to curriculum development requirements).

(2) Following a Board vote to approve the additional degree types, the professional or practical nursing education program will receive initial approval status and be added to the Board's list of approved programs.

(3) Following a Board vote to approve the additional degree types or certification specialties, the new CRNP nursing education program will receive full approval status and be added to the Board's list of approved programs.

(g) The addition of educational sites with changes only to the address of the nursing education program or faculty or clinical agencies require the submission of an application for approval and an attestation that there are no changes to the curriculum, degree types and certification specialties from the approved nursing education program.

#### **ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL**

##### **§ 21.931. Administrative authority.**

(a) The administration of the nursing education program shall rest with the administrator who meets the qualifications set forth in § 21.933 (relating to administrator qualifications).

(b) The faculty shall formulate policies which relate to the operation of the nursing education program.

**§ 21.932. Minimum administrator, faculty and staff requirements.**

Minimum administrator, faculty and staff requirements for all nursing education programs are as follows:

(a) Full-time administrator who meets the requirements of § 21.933 (relating to administrator qualifications). Administrators who also provide instruction at the nursing education program shall meet the faculty requirements in § 21.934 (relating to faculty and staff qualifications) applicable to the nursing education program.

(b) Full-time faculty members in the areas of practice encompassed within the curriculum.

(1) The student-teacher ratio in clinical courses at professional and practical nursing education programs shall be determined based upon patient safety, the limitations of the clinical agency, the faculty member's experience and course objectives.

(2) The student-teacher ratio in clinical courses at CRNP nursing education programs is as follows:

(i) One faculty member shall supervise no more than eight students.

(ii) If faculty are providing onsite preceptorship, the maximum ratio is two students per faculty member.

(iii) If faculty are managing their own caseload of patients, the maximum ratio is one student per faculty member.

(c) Additional faculty members as needed to ensure an educationally effective student-faculty ratio.

(d) Interprofessional faculty members as needed.

(e) Nursing education program support staff including administrative, library, admissions, financial aid, academic counseling, student services, technological and dedicated clerical support.

**§ 21.933. Administrator qualifications.**

(a) For professional nursing education programs, the administrator shall possess all of the following qualifications:

(1) Have:

(i) For professional nursing education programs conferring baccalaureate degrees, at least one graduate degree in nursing and a doctoral degree or a specific plan for completing doctoral preparation within 5 years of appointment.

(ii) For professional nursing education programs conferring an associate degree or a diploma, at least one graduate degree in nursing.

(iii) No later than \_\_\_\_\_, for the administrator of a professional nursing education program, at least one graduate degree in nursing and a doctoral degree or obtained a doctoral degree within 5 years of appointment.

(2) Hold a temporary practice permit issued pursuant to § 21.7(b) (relating to temporary practice permits), be currently licensed or hold a privilege to practice as a registered nurse in this Commonwealth.

(3) Have experience in nursing practice, nursing education, nursing research and administration.

(b) For practical nursing education programs, the administrator shall possess all of the following qualifications:

(1) Have a bachelor's degree, preferably in nursing, with experience in the areas of nursing practice, nursing education, nursing research and administration. The administrator shall have a specific plan for completing work towards a graduate degree in nursing with evidence of consistent effort toward completion of the plan. No later than \_\_\_\_\_, the administrator of a practical nursing education program shall hold at least one graduate degree in nursing.

(2) Hold either a temporary practice permit issued pursuant to § 21.7(b), be currently licensed or hold a privilege to practice as a registered nurse in this Commonwealth.

(3) Have experience in nursing practice, nursing education, nursing research and administration.

(c) For CRNP nursing education programs, the administrator shall possess all of the following qualifications:

(1) Have a graduate degree in nursing and a doctoral degree or have a specific plan for completing doctoral preparation within 5 years of appointment. No later than \_\_\_\_\_, the

administrator of a CRNP nursing education program shall have at least one graduate degree in nursing and a doctoral degree.

(2) Hold current certification as a CRNP in this Commonwealth.

(3) Hold and maintain current national certification as a nurse practitioner.

(4) Have experience in nursing practice, nursing education, nursing research and administration.

(d) The length of appointment of an interim or acting administrator of a nursing education program may not exceed 1 year unless extended by the Board following a demonstration by the nursing education program that it has exhausted all efforts at hiring an administrator who meets the requirements in this section.

(e) The administrator shall advise the Board in the nursing education program's annual report, required in § 21.972(a)(1) (related to records to be filed with the Board), of the administrator's progression toward degree completion and/or efforts to recruit a qualified administrator.

*(Editor's note: In the blanks, insert the date that is five years from the date of final publication in the Pennsylvania Bulletin.)*

**§ 21.934. Faculty and staff qualifications.**

(a) Other than interprofessional faculty, faculty at nursing education programs shall possess all of the following qualifications:

(1) For professional nursing education programs:

(i) Have at least one graduate degree in nursing or obtain a minimum of a master's degree in nursing within five years of initial appointment as a faculty member in a professional nursing education program within the Commonwealth.

(ii) Hold either a temporary practice permit issued pursuant to § 21.7(b) (relating to temporary practice permits) or a current license or privilege to practice as a registered nurse in this Commonwealth.

(iii) Have expertise in the area of instruction.

(2) For practical nursing education programs:

(i) Have at least a bachelor's degree preferably in nursing or obtain a bachelor's degree in nursing within five years of initial appointment as a faculty member in any nursing education program within the Commonwealth. On or after \_\_\_\_\_, a faculty member at a practical nursing education program shall have at least a bachelor's degree in nursing or obtained a bachelor's degree in nursing within five years of initial appointment as a faculty member in any nursing education program within the Commonwealth.

(ii) Hold either a temporary practice permit issued pursuant to § 21.7(b) or a current license or privilege to practice as registered nurse in this Commonwealth.

(iii) Have expertise in the area of instruction.

(3) For CRNP nursing education programs:

(i) Have a graduate degree in nursing. On or after \_\_\_\_\_, a faculty member at a CRNP nursing education program shall have a doctoral degree in nursing or obtain a doctoral degree in nursing within 5 years of appointment.

(ii) Hold either a temporary practice permit issued pursuant to § 21.7(b) or a current license or privilege to practice as registered nurse in this Commonwealth.

(iii) Maintain expertise in the area in the clinical or functional area of specialization.

(b) Faculty members who have yet to obtain the degree in nursing required by subsection (a) shall hold, for professional nursing education programs, a minimum of a bachelor's degree in nursing, for practical nursing education programs, a minimum of an associate degree in nursing, and for CRNP nursing education programs, a minimum of a graduate degree in nursing, and may teach only when the nursing education program demonstrates to the Board's satisfaction that the nursing education program has exhausted all efforts at hiring faculty members who meet the qualifications in subsection (a)(1)(i), (2)(i) and (3)(i). Faculty members who fall within this subsection on \_\_\_\_\_ shall meet the requirements in subsection (a)(1)(i), (2)(i) and (3)(i) within 5 years of publication.

(1) The administrator shall advise the Board in the nursing education program's annual report, required in § 21.972(a)(2) (related to records to be filed with the Board), of the faculty member's progression toward degree completion and efforts to recruit qualified faculty.

(2) In extraordinary circumstances, the Board may grant a limited extension of the 5-year faculty education completion requirement.

(c) In addition to the requirements in subsection (a)(3), faculty who teach clinical courses in CRNP nursing education programs shall hold and maintain national certification in their area of specialization, where such certification is available, and engage in clinical practice throughout the period in which they teach.



(d) Interprofessional faculty members shall only teach nonclinical nursing courses within their area(s) of expertise.

(e) Faculty who teach a discrete dietetics-nutrition course shall be currently licensed as a dietitian-nutritionist in this Commonwealth.

(f) Clinical preceptors shall possess the following:

(1) In professional and practical nursing education programs, a temporary practice permit under § 21.7(b) or current license or privilege to practice professional nursing in the state where the student is precepted.

(2) In CRNP nursing education programs, a current certification to practice as a nurse practitioner, clinical nurse specialist or nurse-midwife or current licensure as physician in the state(s) where the student is precepted.

(g) Nursing education program support personnel shall be qualified by education and experience to serve in the capacity in which they are employed.

*(Editor's note: In the blanks in subsection (a)(2)(i), and (3)(i), and (b), insert the date of final publication in the Pennsylvania Bulletin.)*

**§ 21.935. Faculty relationship with the controlling institution.**

(a) The faculty shall be employed by, and responsible to, the controlling institution.

(b) Policies, including personnel policies in effect for nursing faculty, must be those in effect for faculty members throughout the controlling institution except where specified otherwise in this chapter. Nursing education program faculty may not be responsible for student health services or first aid.

- (c) Policies for selection, appointment, orientation, supervision, promotion and evaluation of faculty and technological access, usage and proficiency shall be in writing.
- (d) Functions and responsibilities of each faculty member must be defined in writing.
- (e) Teaching hours and additional duties of nurse faculty must be consistent with the policies of the controlling institution.
- (f) In determining teaching load of the faculty, the following criteria shall be considered:
  - (1) Number of individual courses or units of study assigned with consideration of differences in scope and depth.
  - (2) Number and size of scheduled weekly classes, including laboratory and clinical teaching contact hours.
  - (3) Additional assignments relative to the functions and responsibilities of the faculty member, such as guidance of students, student evaluation, nursing education program revision, participation in activities of the faculty organization.
- (g) The administrator and nursing faculty shall be afforded the time and opportunity to engage in professional activities commensurate with their responsibilities.
- (h) There shall be a planned and active faculty development program specifically related to the functions of a nurse educator.

**§ 21.936. Additional faculty responsibilities.**

- (a) Faculty members who have yet to obtain the applicable degree required in § 21.934(a) or
- (b) (relating to faculty and staff qualifications) shall maintain a record of their progress towards completion of the degree which shall be submitted to the Board upon request.

- (b) All faculty members shall maintain current competence in the area(s) in which they teach.
- (c) Faculty members shall maintain a record of participation in continuing education, professional self-development and other activities to maintain expertise in their respective areas of teaching and methodologies used.
- (d) As part of the clinical experience, faculty shall:
  - (1) Have input into the selection of preceptors.
  - (2) Retain responsibility for planning and evaluating student learning experiences.
  - (3) Be immediately available by some means of electronic communication if the faculty member is not physically present in the area where the student is engaged in clinical activity with a preceptor.

## CURRICULUM

### § 21.941. Curriculum development requirements.

- (a) In developing a curriculum, a nursing education program shall contain all of the following components:
  - (1) A mission.
  - (2) Defined student-centered nursing education program outcomes that are presented in a logical sequence demonstrating progression from simple to more complex concepts along with level appropriate clinical experiences.
  - (3) A curriculum plan that contains all of the following components:
    - (i) Identifies the prescribed course sequencing and time required.
    - (ii) Demonstrates linear progression for each course that builds on previous

learning within the applicable scope of practice.

(4) Didactic content and supervised clinical experience appropriate for the scope of practice for which the student is being prepared, in the prevention of illness and the promotion, restoration and maintenance of health in patients from diverse cultural, ethnic, social and economic backgrounds as follows:

(i) For professional and practical nursing education programs, the didactic coursework shall meet the content requirements of § 21.942 (relating to general content requirements for professional and practical nursing education programs). For CRNP nursing education programs, the didactic coursework shall meet the content requirements of § 21.944 (relating to general content requirements for CRNP nursing education programs).

(ii) The supervised clinical experience shall meet the requirements of § 21.945 (relating to supervised clinical experience).

(5) Course syllabi that include all of the following for each course:

(i) Course title.

(ii) Course total hours divided into lecture, lab and clinical.

(iii) Pre-requisites and Co-requisites.

(iv) Course length.

(v) Course description/overview.

(vi) Course, clinical and simulation objectives that are measurable.

(vii) Text(s) and required resources.

(viii) Instructional strategies.

(ix) Course outline.

(x) Grading requirements including grade breakdown and scale.

(xi) Instructor responsibilities.

(xii) Outline by session topic, including resources and assignments.

(xiii) Institutional specific requirements, as applicable, including policies addressing student conduct, academic support services and disability coordinator services.

(xiv) Graded activities to demonstrate that course objectives have been met.

(b) The curriculum shall be developed, implemented and evaluated by the faculty based upon current nursing education and practice standards consistent with the mission and outcomes of the nursing education program and the controlling institution.

**§ 21.942. General content requirements for professional and practical nursing education programs.**

(a) The curriculum for professional and practical nursing education programs shall address the knowledge, attitudes, skills and abilities necessary for practice as a registered nurse listed in §§ 21.1 and 21.11-21.18 and as a practical nurse listed in §§ 21.141, 21.145, 21.145a, and 21.148.

(b) The curriculum shall contain all of the following components:

(1) Bio-Physical Sciences:

(i) Anatomy and physiology.

(ii) Microbiology.

(iii) Nutrition.

(2) Social and Behavioral Sciences:

- (i) Communication.
- (ii) Medical Terminology.
- (iii) Psychology.
- (iv) Sociology.
- (v) Growth and Development (Birth through Senescence).
- (vi) Cultural Diversity.

(3) Pre-licensure nursing core principles:

- (i) Pathophysiology.
- (ii) Pharmacology and infusion therapies.
- (iii) Quantitative Concepts (Mathematical calculations, statistics, Laboratory values).

(4) Assessment, whether a comprehensive nursing assessment or focused nursing assessment depending upon the scope, including:

- (i) Health Screening.
- (ii) Health Promotion/Restoration.

(5) Health and environmental hazards:

- (i) Safety.
- (ii) Accident, error, and injury prevention and reporting.
- (iii) Emergency response.
- (iv) Infection control.

(6) Informatics.

(7) Management of Nursing Care Across the Lifespan.

- (i) Scope of practice related to program level.
- (ii) Nursing process and clinical problem solving.
- (iii) Evidence based practice.
- (iv) Medical terminology.
- (v) Patient-centered nursing care concepts that address the physiological, psychosocial and sociocultural needs of patients.

(8) Nursing responsibilities and standards of conduct:

- (i) History and trends.
- (ii) Ethics.
- (iii) Leadership.
- (iv) Performance and quality Improvement.
- (v) Health Systems.
- (vi) Laws and regulations regulating nursing.
- (vii) Team collaboration.
- (viii) Teaching and learning.

(c) The sciences identified in (b)(1) may be integrated, combined or presented as separate courses and shall include a laboratory experience.

(d) The components identified in (b)(8) may be integrated, combined or presented as a separate course.

**§ 21.943. Infusion therapy education requirements.**

(a) Infusion therapy education provided as part of the professional or practical nursing education program curriculum or as a stand-alone course offered by a provider shall include instruction applicable to the specific scope of practice for students in the professional or practical nursing education program in all of the following topics:

- (1) Definition of infusion therapy and indications.
- (2) Types of vascular access delivery devices.
- (3) Age-related considerations.
- (4) Legal implications for infusion therapy.
- (5) Anatomy and physiology.
- (6) Fluid and electrolyte balance.
- (7) Infusion equipment.
- (8) Parenteral solutions and indications.
- (9) Infection control and safety.
- (10) Insertion of peripheral short catheters.
- (11) Compatibility of drugs and solutions.
- (12) Complications and nursing interventions.
- (13) Central and peripheral vascular devices.
- (14) Administration, maintenance and monitoring of infusion therapy.
- (15) Documentation.
- (16) Patient education.

(b) Faculty shall meet the educational requirements in § 21.934(a) and § 21.936 (relating to faculty and staff qualifications; additional faculty responsibilities).



(c) Providers of stand-alone courses shall apply for approval from the Board before offering an infusion therapy course. The request for approval, accompanied by the fee listed in 21.5(e) (relating to fees), must include the following:

(1) A course outline that includes the components of the infusion therapy course required under subsection (a).

(2) A description of the methods of instruction and the clinical learning experiences provided.

(3) A description of the tools that evaluate the learner's achievement of the objectives.

(4) A list of faculty membership and verification that the instructors meet the requirements of subsection (b).

(d) All infusion therapy courses shall comply with the standards for infusion therapy from a Board-recognized professional association. The Board will post a list of Board-recognized professional associations on its website.

**§ 21.944. General content requirements for CRNP nursing education programs.**

(a) The curriculum for a CRNP nursing education program shall address the knowledge, attitudes, skills and abilities necessary for practice as a certified CRNP listed in §§ 21.282a-21.288 and be appropriate for the specialty in which the CRNP will be certified and qualify graduates for the applicable national certification examination as a nurse practitioner.

(b) The curriculum shall contain all of the following components:

(1) Graduate nursing core:

(i) Research.

(ii) Policy, organization and financing of health care systems.

- (iii) Ethics.
  - (iv) Standards of conduct.
  - (v) Professional aspects of leadership.
  - (vi) Theoretical foundations of nursing practice.
  - (vii) Human diversity and social issues.
  - (viii) Health promotion, disease prevention and epidemiology.
  - (ix) Quality improvement.
  - (x) Safety.
  - (xi) Infection control.
  - (xii) Models of care.
  - (xiii) Health care informatics.
- (2) Advanced nursing practice core:
- (i) Advanced health/physical assessment.
  - (ii) Advanced physiology and pathophysiology.
  - (iii) Advanced pharmacology. A separate or dedicated 3-credit or 45-hour course that includes all of the following:
    - (I) Pharmacotherapeutics, pharmacokinetics and pharmacodynamics of broad categories of drugs.
    - (II) Selection and monitoring of pharmacologic drugs for the management of patient health problems.
    - (III) Patient education.
    - (IV) Requirements for CRNP prescriptive authority.

(V) Legal requirements for prescription writing.

(3) Specialty content.

(4) Professional role content:

(i) Management of patient health/illness status.

(ii) Teaching-mentoring function.

(iii) Professional role development.

(iv) Management.

(v) Monitoring and ensuring the quality of health care practice.

(vi) Interprofessional collaboration partnership.

(vii) Patient centered care.

(viii) Critical thinking and clinical judgment.

(5) Pain management including the identification of addiction and the practices of prescribing or dispensing opioids. The PA-SUPPORT curriculum satisfies this requirement.

(c) Pharmacology content shall also be integrated into the other content areas identified in the advanced nursing practice core, within the specialty course content and clinical experiences of the CRNP program.

**§ 21.945. Supervised clinical experience requirements.**

(a) The clinical experience shall be preceded by or concurrent with didactic instruction on the concepts included in the clinical experience.

(b) The clinical instruction shall include selected and guided experiences that develop a student's ability to apply core principles of the practice of professional nursing under the definition

of the practice of professional nursing in section 2 of the Professional Nursing Law (63 P.S. § 212) and §§ 21.11-21.17, the practice of practical nursing under the definition of the practice of practical nursing in section 2 of the Practical Nurse Law (63 P.S. § 652) and § 21.145 (relating to functions of LPNs), or the scope of practice for certified registered nurse practitioners and prescriptive authority delineated in sections 8.2 and 8.3 of the Professional Nursing Law (63 P.S. §§ 658.2 and 658.3) and §§ 21.282a-21.286, as applicable.

(c) The clinical instruction shall be supervised as defined in § 21.14(b) (relating to administration of drugs) by the faculty member assigned to teach the clinical course or a clinical preceptor as defined in § 21.901 (relating to definitions) to provide adequate clinical oversight to meet the learning experience as outlined in 21.932(b) (relating to minimum administrator, faculty and staff requirements).

(d) Students shall only be assigned to those clinical agencies, with whom the nursing education program has an established clinical agreement as set forth in § 21.924 (regarding clinical agencies), that provide the experience necessary to meet the established clinical objectives of the course.

(e) A nursing education program may use face-to-face simulation provided the planned experience meets the standards for simulation from a Board-recognized professional association.

The Board will post a list of Board-recognized professional associations on its website.

(f) For CRNP nursing education programs,

(1) The supervised clinical experience must consist of a minimum of 750 hours in direct patient care.

(2) Additional clinical hours may be required to meet particular national certification examination requirements.

**§ 21.946. Curriculum changes requiring Board approval.**

(a) Except as outlined in subsection (b), prior to implementation, Board approval shall be required for changes to the following:

- (1) Nursing education program purposes and outcomes.
- (2) Didactic or clinical hours or simulation.
- (3) Credits or units.
- (4) Course content or instruction that affect the integration of material into the total curriculum.
- (5) Teaching methodology.
- (6) Course placement.
- (6) Courses addition or deletion.

(b) Nursing education programs that meet all of the following requirements may implement curriculum changes prior to Board approval provided the nursing education programs submit notice of the changes to the Board at least 90 days prior to its planned implementation:

- (1) Have full approval status as defined in § 21.901(relating to definitions).
- (2) Hold programmatic accreditation from a Board-recognized nursing accreditation agency listed on the Board’s website pursuant to § 21.916(e) (relating to programmatic accreditation).
- (3) Have an active faculty organization pursuant to § 21.923(g) (relating to organizational requirements for nursing education programs).
- (4) Have an institutional review committee that reviews programs’ curriculum recommendations.

- (5) Actively engage in a review of the systematic evaluation plan pursuant to § 21.981(b) (relating to evaluations).
- (c) The notification required in subsection (b) shall include at least all of the following:
- (1) An evidence-based rationale for the proposed change.
  - (2) A timeline for implementation of the proposed change.
  - (3) Current and proposed syllabi for all involved courses.
  - (4) Current and proposed mission and outcomes including a comparison table.
  - (5) Current and proposed curriculum plans including a comparison table.
  - (6) Proposed changes in clinical agencies.
  - (7) Current and proposed changes in the delivery system or the use or amount of simulation.
  - (8) Method by which curriculum changes will be evaluated.
- (d) In the event that the Board’s review of the curriculum changes implemented prior to Board approval in subsection (b) necessitate revisions, the nursing education program shall make the revisions prior to the next academic year following the Board’s notification.

## **FACILITIES AND RESOURCES FOR ADMINISTRATION AND TEACHING**

### **§ 21.951. Facility requirements.**

- (a) The facilities of the nursing education program shall include at least all of the following:
- (1) A private office for the administrator.
  - (2) Faculty offices that are conveniently located to classrooms and clerical support staff.

- (3) If faculty offices are not private, dedicated space for private faculty-student conferences that are conveniently located to faculty offices and are available whenever confidential student information is discussed.
- (4) Space for clerical support staff.
- (5) Classroom, laboratories and conference rooms of the size and type needed with furnishings and equipment consistent with the nursing education program for which the facilities are used.
- (6) Adequate supplies and technical support for the administration of the nursing education program and to implement curriculum design and teaching methodology of the faculty that are of sufficient quantity for the number of students enrolled.
- (7) Adequate storage space for general supplies and equipment and procedures to ensure the periodic replacement of equipment, furnishings and supplies.
- (8) Access to a comprehensive, current, and relevant collection of educational materials and learning resources for faculty members and students.
- (b) The facilities shall be clean, and the acoustics, lighting, ventilation, plumbing, heating and cooling shall be in working order.

**§ 21.952. Academic Support requirements.**

- (a) The nursing education program shall provide academic support to its students in at least all of the following areas that are of sufficient quantity for the number of students enrolled:
  - (1) Nursing- specific course support.
  - (2) General education course support.
  - (3) Technological support for the administration of the nursing education program.

(b) The nursing education program shall implement procedures to identify academically at risk students and monitor the students' progress and skills remediation.

## **POLICIES AND PROCEDURES**

### **§ 21.961. Policies and Procedures**

(a) Nursing education programs shall have written policies and procedures that are consistent with nursing educational standards, national patient safety standards, and applicable federal and state laws related to all of the following:

(1) Ongoing verification of administrator and faculty licensure and continued competence, as applicable.

(2) Ongoing review of clinical agency agreements.

(3) Students:

(i) Selection, admission, progression, evaluation, dismissal, completion and graduation of students.

(ii) Academic standing.

(iii) Student health requirements.

(I) Pre-entrance and periodic health examinations.

(II) Provisions for necessary immediate professional health care.

(III) An immunization schedule.

(iv) Student attendance.

(v) Students rights, responsibilities and grievances.

(vi) Safety.



(vii) Academic counseling and support services.

(viii) Financial aid and refund policies related to fees and tuition.

(4) Technology and support.

(b) Changes in policies and procedures shall be communicated in writing to all students, prospective students and the public.

(c) The nursing education program shall provide its students with:

(1) A syllabus for each course that meets the requirements of §21.941(a)(5) (relating to curriculum development requirements).

(2) A handbook that details at least all of the following:

(i) The nature of the nursing education program, including policies, course sequence, course descriptions and academic standards.

(ii) The length of the nursing education program.

(iii) Total nursing education program costs including tuition, fees and all program-related expenses.

(iv) The transferability of credits to other nursing education programs.

(v) The technological responsibilities of the students.

(vi) The steps that must be completed, including any testing, prior to the nursing education program's transmission of the nursing education verification to the Board.

## **RECORDS**

### **§ 21.971. Record maintenance and retention.**

The nursing education program shall maintain all of the following records in a secure manner and retain them consistent with the controlling institution’s retention schedule, but no less than the following periods:

(a) Student records:

(1) Academic transcripts shall be maintained and retained permanently.

(2) Health records shall be maintained at least during the student’s enrollment and then retained consistent with the controlling institution’s retention schedule.

(b) Faculty records, including the following, shall be maintained at least during the faculty member’s employment and then retained consistent with the controlling institution’s retention schedule:

(1) Documentation of current licensure as a registered nurse at the time of employment.

(2) Records of preparation and experience, including an official copy of college transcripts.

(3) Current record of continuing education activities and professional leadership activities.

(c) Administrative records which include all of the following:

(1) Clinical agency agreements and letters of agreement regarding clinical experience, to be retained at least during the length of the agreement and then consistent with the controlling institution’s retention schedule.

(2) Minutes of organizational and faculty meetings, to be retained for at least ten years and then consistent with the controlling institution’s retention schedule.

- (3) Annual reports required by the institution and documentation of periodic evaluations required under § 21.981 (relating to evaluations), to be retained for at least eight years and then consistent with the controlling institution’s retention schedule.
- (4) Budgets, to be maintained for at least three years.
- (5) Current nursing education program policies, to be retained for at least ten years and then consistent with the controlling institution’s retention schedule.
- (d) Handbooks shall contain all policies and shall be retained for at least ten years and then consistent with the controlling institution’s retention schedule.

**§ 21.972. Records to be filed with the Board.**

(a) In addition to the notifications required in § 21.925(a) (relating to changes to nursing education programs following approval), nursing education programs shall provide the Board with a report annually verifying compliance with this subchapter in the following areas along with the fee listed in §§ 21.5(c), 21.147(c) and 21.253(c) (relating to fees):

- (1) Administration.
- (2) Faculty.
- (3) Curriculum.
- (4) Enrollment.
- (5) Accreditation or authorization of the controlling institution, as applicable, and the nursing education program.
- (6) Clinical agencies.
- (7) Attrition.
- (8) Student services.

(9) Examination or certification results.

(b) The nursing education program’s administrator shall also submit a verification of each student’s nursing education program completion sent directly to the Board.

**§ 21.973. Custody of records.**

When a nursing education program or controlling institution closes, the controlling institution shall be responsible for the permanent safekeeping and availability of the records of the nursing education program. Official copies of the records shall be made available upon request.

**PROGRAM EVALUATION**

**§ 21.981. Evaluation.**

(a) The administrator shall evaluate the nursing education program according to a systematic evaluation plan that evaluates all of the following at a minimum:

(1) Organization and administration of the nursing education program.

(2) Didactic and clinical faculty and staff performance.

(b) The administrator and faculty shall evaluate the nursing education program according to a systematic evaluation plan that evaluates all of the following at a minimum:

(1) Organization and administration of the nursing education program.

(2) Didactic and clinical faculty performance.

(3) Curriculum.

(i) Review of the nursing education program based on its stated mission and outcomes.

- (ii) Evaluation of instructional procedures, learning activities and clinical experiences, content, methods of assessment and student progress.
- (iii) Performance on licensure and certification examinations.
- (iv) Evaluation by students and graduates of the quality of education and applicable nursing competencies of the nursing education program.
- (4) Facilities and resources.
- (5) Policies.
- (6) Graduate outcomes.
  - (i) Performance of graduates on licensure and certification examinations.
  - (ii) Statistics regarding nursing education program completion.
  - (iii) Opinions regarding nursing education program satisfaction.
  - (iv) Statistics reflecting job placement.
- (7) Clinical agencies.

#### **SITE VISITS**

#### **§ 21.991. Site visits.**

The Board will conduct announced or unannounced site visits at its discretion to verify compliance with this Chapter.

\* \* \* \* \*



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF NURSING

Post Office Box 2649  
Harrisburg, Pennsylvania 17105-2649  
(717) 783-7143

December 27, 2024

The Honorable George D. Bedwick, Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
14<sup>th</sup> Floor, Harristown 2, 333 Market Street  
Harrisburg, Pennsylvania 17101

Re: Proposed Rulemaking  
State Board of Nursing  
16A-5141: Nursing Education Programs

Dear Chairman Bedwick:

Enclosed is a copy of a proposed rulemaking package of the State Board of Nursing pertaining to Nursing Education Programs.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in blue ink that reads "Colby P. Hunsberger".

Colby P. Hunsberger, DNP, RN, CNEcl, Chairperson  
State Board of Nursing

CPH/JAW/jpp  
Enclosure

cc: Arion Claggett, Acting Commissioner of Professional and Occupational Affairs  
K. Kalonji Johnson, Deputy Secretary for Regulatory Programs  
Andrew LaFratte, Deputy Policy Director, Department of State  
Jason C. Giurintano, Deputy Chief Counsel, Department of State  
Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State  
Judith Pachter Schulder, Board Counsel, State Board of Nursing  
State Board of Nursing

Porta, Jason

RECEIVED

**From:** Bulletin <bulletin@palrb.us>  
**Sent:** Friday, December 27, 2024 8:14 AM  
**To:** Porta, Jason; Farrell, Marc; Leah Brown; Adeline E. Gaydosh  
**Subject:** [External] Re: DELIVERY NOTICE OF PROPOSED REGULATION 16A-5141 NURSING EDUCATION PROGRAMS

Independent Regulatory  
Review Commission

December 27, 2024

**ATTENTION:** This email message is from an external sender. Do not open links or attachments from unknown senders. To report suspicious email, use the [Report Phishing button in Outlook](#).

Good morning Jason! Thank you for submitting this proposed rulemaking. Someone from our office will be in touch concerning the publication date for this proposed rulemaking.

Have a great weekend!  
Leah

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**From:** Porta, Jason <jporta@pa.gov>  
**Sent:** Friday, December 27, 2024 7:53 AM  
**To:** Bulletin <bulletin@palrb.us>; Farrell, Marc <marcfarrel@pa.gov>; Leah Brown <lbrown@palrb.us>; Adeline E. Gaydosh <agaydosh@palrb.us>  
**Subject:** DELIVERY NOTICE OF PROPOSED REGULATION 16A-5141 NURSING EDUCATION PROGRAMS

**Please provide a written (email) confirmation that delivery of the rulemaking(s) is/are complete.**

Please be advised that the State Board of Nursing is delivering the below proposed rulemaking.

- State Board of Nursing 16A-5143 Nursing Education Programs
  - This rulemaking is a comprehensive rewrite of the State Board of Nursing's nursing education program regulations. Currently, regulations relating to professional nurse, practical nurse and certified registered nurse practitioner programs are contained in three separate chapters. This rulemaking consolidates the provisions into new subchapter I that solely addresses Programs (§§21.901-21.991).

The State Board of Nursing will submit this proposed rulemaking and required material to the standing committees of the House and Senate no later than the second Monday after the date by which both committee designations have been published in the Pennsylvania Bulletin.

Thank you for your attention to this matter.



Jason P. Porta | Legal Assistant 2  
Office of Chief Counsel | Department of State  
Governor's Office of General Counsel  
2400 Thea Drive  
P.O. Box 69523 | Harrisburg, PA 17106-9523  
Office Phone 717.783.7200 | Fax: 717.787.0251  
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RECEIVED

Independent Regulatory  
Review Commission

December 27, 2024

Preferred Pronouns: Him/He

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