

<h1 style="margin: 0;">Regulatory Analysis Form</h1> <p style="margin: 0;">(Completed by Promulgating Agency)</p>		<p><b>INDEPENDENT REGULATORY REVIEW COMMISSION</b></p>
<p><b>(All Comments submitted on this regulation will appear on IRRC's website)</b></p>		<p><b>RECEIVED</b></p> <p style="font-size: small;">Independent Regulatory Review Commission</p> <p>June 2, 2026</p>
<p>(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing</p>		<p>IRRC Number: 3444</p>
<p>(2) Agency Number: 16A Identification Number: 5145</p>		
<p>(3) PA Code Cite: 49 Pa. Code §§ 21.17, 21.501, 21.805, 21.1001-21.1041 and 21.1102</p>		
<p>(4) Short Title: Certified Registered Nurse Anesthetists and Fees</p>		
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Judith Pachter Schulder, Counsel, State Board of Nursing, Department of State; (717) 783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; <a href="mailto:jschulder@pa.gov">jschulder@pa.gov</a></p> <p>Secondary Contact: Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (717-783-7200) (fax 787-7200) <a href="mailto:jawolfgang@pa.gov">jawolfgang@pa.gov</a></p>		
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input type="checkbox"/> Proposed Regulation</p> <p><input checked="" type="checkbox"/> Final Regulation</p> <p><input type="checkbox"/> Final Omitted Regulation</p>		<p><input type="checkbox"/> Emergency Certification Regulation:</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>This rulemaking implements the act of June 30, 2021, (P.L. 326, No. 60) (Act 60 of 2021), which amended the Professional Nursing Law (RN Law) to recognize and license certified registered nurse anesthetists (CRNAs). Currently, CRNAs are licensed as registered nurses (RNs) and are able to administer anesthesia if properly educated, Nationally certified and the anesthesia is administered in cooperation with a surgeon or dentist. Additionally, the State Board of Nursing (board) is adding CRNAs to update provisions relating to licensure by endorsement under 63 Pa.C.S. § 3111 and mandatory child abuse and organ and tissue donation and recovery education.</p> <p>The board also updates fees for clinical nurse specialists (CNS) to reflect the board's current practice regarding reactivation fees. Additionally, the amendment to the CNS reactivation fee conforms the board's regulations with its current practice. The reactivation fee for CNS applicants is paid when the RN license is reactivated, so there is no reason to charge a second fee to the CNS applicant. The fee in the CNS regulation is duplicative and therefore is eliminated.</p>		

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

Section 2.1(k) of The Professional Nursing Law (RN Law) (63 P.S. § 212.1(k)) sets forth the board's general rulemaking authority. Act 60 of 2021 amended the RN Law to recognize and license certified registered nurse anesthetists (CRNAs) in this Commonwealth. The amendments in this final rulemaking are required to update the board's existing regulations to implement the amendments to the RN Law. Sections 8.8 and 8.9 of the RN Law (63 P.S. §§ 218.8-218.9) specifically address certified CRNAs. Additionally, section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P. S. § 279.1(a)(3) and (7)) authorizes the Commissioner to issue all certificates and other official documents of the various professional and occupational examining boards and, unless otherwise provided by law, to fix the fees to be charged by the boards within the Bureau of Professional and Occupational Affairs. Additionally, section 11.2(d) (63 P.S. § 221.2(d)) of the RN Law authorizes the board to set fees for certifications.

Section 3111 of 63 Pa.C.S. (relating to licensure by endorsement) requires the board to issue certificates to CRNA applicants who have a license, certificate, registration or permit from another jurisdiction whose licensure standards are substantially equivalent to or exceed those established by the board.

Regarding child abuse provisions, section 6383(b)(2) of the Child Protective Services Law (CPSL) (23 Pa. C.S. § 6383(b)(2)) (relating to education and training), requires the board to promulgate regulations to implement the mandatory reporting requirements for licensees of the board.

Regarding the reference to organ donation education, under 20 Pa. C.S. § 8628 (relating to requirement for physician and nurse training relative to organ and tissue donation and recovery), the board is required to implement the mandatory organ and tissue donation and recovery education requirement.

(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.

Yes, the board is required to promulgate regulations to implement the requirements of sections 8.8 and 8.9 of the RN Law as well as 23 Pa. C.S. § 6383(b)(2), 63 Pa. C.S. § 3111 and 20 Pa. C.S. § 8628.

(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.

CRNAs have been providing anesthesia care to patients in the United States for more than 150 years. They first became credentialed in 1956 and were granted direct reimbursement rights from Medicare in 1986. CRNAs work in hospital operating and delivery rooms, ambulatory surgical and outpatient care centers, physicians' dentists' and podiatrists' offices and military facilities. Currently, CRNAs are licensed as RNs and are able to administer anesthesia if properly educated, Nationally certified and the anesthesia is administered in cooperation with a surgeon or dentist. On June 30, 2021, Act 60 of 2021 amended the RN Law to recognize and license CRNAs. The amendments in this final rulemaking are required to update the board's existing regulations to implement sections 8.8 and 8.9 of the RN Law as well as to update provisions relating to licensure by endorsement under 63 Pa.C.S. § 3111 and mandatory child abuse and organ and tissue donation and recovery education under 23 Pa.C.S. § 6383(b)(2) and 20 Pa.C.S. § 8628.

CRNAs will benefit from this regulation because their education, training and experience will be formally recognized in this Commonwealth. Licensure will remove barriers faced by CRNAs. For example, during the COVID-19 pandemic, CRNAs in this Commonwealth were unable to provide advanced, critical care services, in the areas of patient intubation and monitoring extracorporeal membrane oxygenation that CRNAs from other states were permitted to perform. Also, CRNAs in this Commonwealth who currently serve in the military must secure certification in another state to provide anesthesia in the armed services. They were also unable to assist in rapid response teams in states affected by natural disasters because of the lack of formal credentials. In addition, recipients of anesthesia services by CRNAs will benefit from the implementation of sections 8.8 and 8.9 of the RN Law and the board's regulations.

Additionally, the amendment to the CNS reactivation fee conforms the board's regulations with its current practice. The reactivation fee for CNS applicants is paid when the RN license is reactivated, so there is no reason to charge a second fee to the CNS applicant. The fee in the CNS regulation is duplicative and therefore is eliminated.

(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.

No. There are no Federal standards on the topic.

(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 regulation will not adversely affect Pennsylvania's ability to compete with other states. Except for New York, all surrounding states recognize CRNAs as advanced practice registered nurses (APRNs) and require similar completion from an accredited nursing anesthesia program and National certification. Similar to this regulation, the Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthesiology (COA) and the National board of Certification and Recertification for Nurse Anesthetists (NBCRNA) are the approved accrediting body/national certification organization for the other states. The other states also require professional liability insurance to practice as a CRNA. The real distinction in practice is the authorization for CRNAs in New Jersey and Ohio to prescribe. That authority was not contained in the amendments to the RN Law and therefore, is not included in this regulation.

Regarding CRNA fees, this regulation will not place Pennsylvania at a competitive disadvantage. The fees are based upon the actual expenses incurred in processing the application and are comparable to contiguous states. The initial certification fee of \$103 is similar or lower than the states listed below except for Maryland. The biennial renewal fee of \$61 is lower than the states listed below except for Maryland.

The following is a summary of the requirements in other states:

In Delaware, under 24 Del. C. § 1935, CRNAs are recognized as APRNs under the Advanced Practice Registered Nurse Compact (APRN-C). To qualify, the CRNA must hold and maintain a registered nurse license in Delaware or a Compact state, have a master's degree or post basic program certificate in a clinical nursing specialty with nursing certification from a National certification body recognized by the Delaware Board, and have practiced in the specialty of either 600 hours over the past 2 years or 1,500 hours over the past 5 years, or graduated from the specialty program within the past 2 years.

In Maryland, in accordance with MD Code, Health Occupations, § 8-101(b), CRNAs are recognized as APRNs under the APRN-C. To qualify, in accordance with MD Code, Health Occupations, § 8-302.1(b), the CRNA must hold and maintain a Maryland registered nurse license or a license issued by a Compact state, complete an education program for advanced practice registered nursing approved by the board, and hold and maintain current certification as a nurse anesthetist from the National certifying bodies approved by the board.

In New Jersey, under N.J.A.C. 13:37-7.1(a), CRNAs are recognized as APRNs. To qualify, in accordance with N.J.A.C. 13:37-7.1(c)-(d), the CRNA must hold and maintain a New Jersey registered nurse license, graduate from a graduate degree program that is designed to prepare the RN for practice as a CRNA and hold accreditation from a board recognized National accrediting organization for academic programs, having successfully completed, at a minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmaco-therapeutics, hold current CRNA certification granted by a board recognized APRN certifying organization, complete an education program for advanced practice registered nursing approved by the board, hold and maintain current certification as a nurse anesthetist from the National certifying bodies approved by the board. New Jersey CRNAs are authorized to prescribe, dispense and administer drugs pursuant to N.J.A.C. § 13:37-7.9.

In New York, CRNAs are not independently recognized or licensed. They practice, like current PA nurse anesthetists, as RNs with advanced education.

In Ohio, under Ohio R. C. §§ 4723-3-01(B)(1) and 4723-8-01(A)(1), CRNAs are recognized as APRNs. To qualify, in accordance with Ohio R. C. §§ 4723.41(A), the CRNA must hold and maintain an Ohio registered nurse license, graduate from a graduate degree program that is designed to prepare the RN for practice as a CRNA and hold accreditation from a board recognized National accrediting organization for academic programs, having successfully completed, at a minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmaco-therapeutics, holds current CRNA certification granted by a board recognized APRN certifying organization, complete an education program for advanced practice registered nursing approved by the board, hold and maintain current certification as a nurse anesthetist from the National certifying bodies approved by the board. Ohio CRNAs are authorized to prescribe, dispense and administer drugs under Ohio R. C. §4723-8-02(C).

In West Virginia, under W.Va. Code § 30-7-7, CRNAs are recognized as APRNs. To qualify, the CRNA must be at least 18 years of age, be currently certified as a nurse anesthetist from the National certifying bodies approved by the board and not be an alcohol or drug abuser.

Based on these requirements from other states, the board believes that this regulation will not place Pennsylvania at a competitive disadvantage.

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

Yes. The regulation will likely affect anesthesia and respiratory service regulations of the Department of Health (DOH), 28 Pa. Code Chapter 123 (relating to anesthesia and respiratory services), specifically, 28 Pa. Code §§ 101.4, 123.5 and 123.7 (relating to definitions; administration of anesthesia; and dental anesthetist and nurse anesthetist qualifications) and ambulatory surgical facility regulations, specifically 28 Pa. Code § 551.3 (relating to definitions). DOH is aware of the addition of Sections 8.8 and 8.9 of the RN Law (63 P.S. §§ 218.8-218.9) and this regulation and has plans to update relevant provisions in their regulations in due course.

(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 discusses its regulatory proposals at regularly scheduled public meetings of the board. Representatives of the professional associations representing the regulated community routinely attend those meetings. The board began discussions about the regulation after Act 60 of 2021 was enacted. A draft of the regulations was discussed at the board’s July 21, 2021, September 1, 2021, October 21, 2021, December 9, 2021, January 27, 2022, March 22, 2022, and June 10, 2022, meetings.

In accordance with the requirements of Executive Order 1996-1 (4 Pa. Code §§ 1.371—1.382), on February 9, 2022, the board sent an exposure draft of the proposal out to stakeholder groups and individuals who indicated an interest in the board’s regulatory agenda. The board received five comments, which the board reviewed at its meeting on June 10, 2022. The majority of the comments, including those from the Pennsylvania Association of Nurse Anesthetists (PANA), a professional association representing nurse anesthetists, supported the proposal based upon the specific language in section 8.9(a) of the RN Law, which provides that a CRNA shall have the authority to perform anesthesia services in cooperation with a physician, podiatrist or dentist involved in a procedure for which anesthesia care is being provided. The Pennsylvania Society of Anesthesiologists (PSA), a professional association representing anesthesiologists, opposed the proposal commenting that the health care providers who can provide overall direction should be restricted to anesthesiologists and surgeons.

The board considered the comments received and made various amendments after discussion of issues. The board discussed the need for budgetary information at its October 28 and December 15, 2022, and January 20, 2023, meetings and continued to work on the proposed rulemaking. While working on other comprehensive regulations, the board also drafted the proposed regulatory package, which was voted on March 6, 2024.

Notice of the proposed rulemaking was published at 55 *Pa.B.* 4360 (June 28, 2025). Publication was followed by a 30-day public comment period during which the board received 118 comments from PANA and the PSA, Nurse Anesthesia Programs in the Commonwealth, CRNAs who provide anesthesia services in this Commonwealth and students in Commonwealth Nurse Anesthesia Programs. The board considered the public comments as well as those from the Independent Regulatory Review Commission at its October 27, 2025, meeting and voted to adopt the final form regulation. The board has attached a list of public commentors in “Attachment A.”

(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?

Existing RNs who provide anesthesia services and new CRNA applicants will be affected by the regulation, including those that are or work for small businesses. Because CRNAs were not previously recognized as a licensure class, the board does not track and cannot determine the number of existing RNs who are providing anesthesia services in this Commonwealth. PANA estimates that there may be 3,800 CRNAs and nurse anesthetist students in the Commonwealth. In addition, there are 14 nurse anesthetist programs in the Commonwealth.

This final regulation will have a positive impact for CRNAs in this Commonwealth because licensure ensures competency and safety within the profession, which will in turn ensure that patients receive safe and high-quality anesthesia care which will minimize risks of complications. This regulation also standardizes the practice in this Commonwealth, which helps ensure CRNAs meet consistent practice standards. Additionally, the regulation helps ensure that CRNAs are recognized by insurers, which helps secure appropriate reimbursement for their services; it also removes barriers for individuals in the military who work in other states. For example, during the COVID-19 pandemic, CRNAs in this Commonwealth were unable to provide advanced, critical care services, in the areas of patient intubation and monitoring extracorporeal membrane oxygenation that CRNAs from other states were permitted to perform. Also, CRNAs in this Commonwealth who currently serve in the military must secure certification in another state to provide anesthesia in the armed services. They cannot assist in rapid response teams in states affected by natural disasters because of their lack of formal credentials. These benefits will also impact patients who receive care from CRNAs, as well as employers and health systems who utilize the services of CRNAs.

Regarding the reference to continuing education in child abuse education and reporting requirements and organ and tissue donation and recovery in this regulation, because CRNAs also have to maintain the RN license, the regulations reiterating those requirements do not impact CRNAs, except for those whose CRNA certificate is based upon a multistate license issued by another Compact state, who have to complete the required continuing education to maintain their certification.

According to the Pennsylvania Department of Labor and Industry in 2022 (the most recent year for which data is available) CRNAs provide their services in a variety of settings. CRNAs are employed in the following settings within this Commonwealth: 79.31% - Offices of Physicians, 11.56% - General Medical and Surgical and 3.18% - Self-Employed Workers. It is also noted that CRNAs work in Outpatient Care Centers as well as Offices of Other Health Practitioners and Management of Companies and Enterprises. However, for these industries on the Labor and Industry website the estimated employed was noted as “confidential” and therefore could not be included in this analysis.

Small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA’s Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the 2023 NAICS standards to the types of businesses where licensees may work, for all types of hospitals (#622110, 622210 and 622310), the small business threshold is \$47 million or less in average annual receipts. Outpatient care centers (#621498) have a small business threshold at \$25.5 million or less. For miscellaneous ambulatory health

care services (#621999), the small business threshold is \$20.5 million or less. For offices of physicians (#621111) and all other residential care facilities (#623990), the small business threshold would be \$16.0 million or less in average annual receipts. Finally, the small business threshold for offices of other miscellaneous health care practitioners (#621399) is \$10.0 million or less, and for dentists (#621210) and podiatrists (#621391), is \$9.0 million or less.

According to the Small Business Administration (SBA), there are approximately 1,169,008 small businesses in Pennsylvania, which is 99.6% of all Pennsylvania businesses. Of the 1,169,008 small businesses, 230,244 are small employers (those with fewer than 500 employees) and the remaining 938,764 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses. Many of the hospitals and health systems in Pennsylvania would not be considered small businesses under these thresholds. However, the board does not collect information on the size of the businesses where its licensees are employed. For purposes of determining the economic impact on small businesses, the board assumes that a large number of CRNAs work for small businesses as that term is defined by the SBA and Pennsylvania's Regulatory Review Act.

For those licensees who are employees of small businesses, whether these small businesses will be impacted by the regulations depends on whether the businesses would pay costs associated with licensure of certified registered nurse anesthetists. Because these costs are associated with individuals applying for initial licensure or licensure renewal, any business (small or otherwise) could avoid these costs by requiring employees to bear the costs associated with compliance. Based upon PANA's estimate, up to 3,500 registered nurses may apply to be CRNAs.

(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.

Existing RNs who provide anesthesia services and new CRNA applicants, including those that work for small businesses, are to comply with the regulations and therefore will file applications and pay fees and adhere to the standards set forth in the regulations. Because CRNAs were not previously independently recognized as a licensure class, the board cannot determine the number of existing RNs who are providing anesthesia services, however, based upon PANA's estimate, up to 3,500 registered nurses may apply to be CRNAs.

(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 primary financial impact of the regulation falls on individuals who seek certification, as they will be required to pay a \$103 fee for initial certification and a \$61 biennial renewal fee. Certificate holders whose certifications were suspended or revoked would be required to pay a restoration fee of \$63. As these fees are imposed on individuals, the only impact on businesses, including small businesses would be incurred if employers of CRNAs assume the certification related costs for their employees. Providers of continuing education activities that are not pre-approved will be required to pay \$107 for each hour and a \$33 renewal fee.

This regulation will have a positive impact for CRNAs in this Commonwealth because licensure ensures competency and safety within the profession, which will in turn ensure that patients receive safe and high-quality anesthesia care which will minimize risks of complications. This regulation also standardizes the practice in this Commonwealth, which helps ensure CRNAs meet consistent practice

standards. Additionally, the regulation helps ensure that CRNAs are recognized by insurers, which helps secure appropriate reimbursement for their services; it also removes barriers for individuals in the military who work in other states. For example, during the COVID-19 pandemic, CRNAs in this Commonwealth were unable to provide advanced, critical care services, in the areas of patient intubation and monitoring extracorporeal membrane oxygenation that CRNAs from other states were permitted to perform. Also, CRNAs in this Commonwealth who currently serve in the military must secure certification in another state to provide anesthesia in the armed services. They cannot assist in rapid response teams in states affected by natural disasters because of their lack of formal credentials. These benefits will also impact patients who receive care from CRNAs, as well as employers and health systems who utilize the services of CRNAs.

The board does not anticipate a negative fiscal impact relating to the continuing education for child abuse and organ donation education in this regulation. Because registered nurses are already required to complete mandatory continuing education, including child abuse and organ and tissue donation education incorporated in the regulations, there would be no increased burden for CRNAs who hold a board-issued RN license. Furthermore, because all approved child abuse training providers are required to report attendance/participation electronically, there are no additional requirements imposed on licensee holders. In addition, the implementation of an electronic reporting system for mandatory reporters of suspected child abuse under the CPSL by the Department of Human Services has decreased the paperwork requirements related to the mandatory reporting requirements. The regulation benefits CRNAs by providing clarity regarding the reporting obligations and benefits all Pennsylvania children by the increased protections provided.

Additionally, the certification of CRNAs will help provide access to care in this Commonwealth. Patients in rural areas where there is a shortage of anesthesiologists to provide anesthesia services and patients of podiatrists and dentists who often require these services for procedures performed by these practitioners will benefit. The same is true for patients in the military who routinely receive care from CRNAs.

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

CRNAs have been providing anesthesia care to patients in the United States for more than 150 years. They first became credentialed in 1956 and were granted direct reimbursement rights from Medicare in 1986. Nonetheless, this Commonwealth was one of only two states that did not provide legal recognition of CRNAs; they were only recognized as registered nurses.

CRNAs will benefit from this regulation because their education, training and experience will be formally recognized in this Commonwealth. Licensure will remove barriers faced by CRNAs. For example, during the COVID-19 pandemic, CRNAs in this Commonwealth were unable to provide advanced, critical care services, in the areas of patient intubation and monitoring extracorporeal membrane oxygenation that CRNAs from other states were permitted to perform. Also, CRNAs in this Commonwealth who currently serve in the military must secure certification in another state to provide anesthesia in the armed services. They were also unable to assist in rapid response teams in states affected by natural disasters because of their lack of formal credentials. In addition, despite having 14 nurse anesthetist programs in the Commonwealth, the lack of recognition has resulted in many graduates moving to other states.

This regulation will benefit CRNAs in this Commonwealth because licensure ensures competency and safety within the profession, which will in turn ensure that patients receive safe and high-quality

anesthesia care which will minimize risks of complications. This regulation also standardizes the practice in this Commonwealth, which helps ensure CRNAs meet consistent practice standards. Additionally, the regulation helps ensure that CRNAs are recognized by insurers, which helps secure appropriate reimbursement for their services; it also removes barriers for individuals in the military who work in other states. The certification of CRNAs will also benefit citizens in this Commonwealth, including patients in rural areas where there is a shortage of anesthesiologists to provide anesthesia services and patients of podiatrists and dentists who often require these services for procedures performed by these practitioners.

There are no adverse effects to this regulation and the costs to CRNAs is commensurate with the costs for other advanced practice nurses.

(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.

The regulated community of CRNAs will incur costs associated with initial certification and with biennial renewal of certification. For purposes of this rulemaking, the board estimates that about 3,500 registered nurses may initially apply for certification as a CRNA, followed by 240 additional applicants annually representing graduates of CRNA programs. In consideration of the natural attrition per biennium, the board further estimates that it will renew 3,500 licenses biennially beginning in FY 28-29. Registered nurses (and their associated certifications) renew in 4 cohorts during a biennial renewal period; therefore, the renewal income for the CRNA certification would be paid during both years of the biennial period.

The estimated costs to the regulated community were calculated by the board as follows:

FY 25-26 – \$0

FY 26-27 – 3,500 initial applicants at \$103 = \$360,500

FY 27-28 – 240 applicants at \$103 = \$24,720

FY 28-29 – Biennial renewal of 1,750 at \$61 = \$ 106,750  
Plus, an additional 240 applicants at \$103 = \$24,720

FY 29-30 -- Biennial renewal of 1,750 at \$61 = \$ 106,750  
Plus, an additional 240 applicants at \$103 = \$24,720

FY 30-31 -- Biennial renewal of 1,750 at \$61 = \$ 106,750  
Plus, an additional 240 applicants at \$103 = \$24,720

The board does not anticipate any additional legal, accounting or consulting procedures.

(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 State Board of Nursing will incur minor costs associated with developing initial application for certification of CRNAs, biennial renewal/reactivation applications and CE provider initial and renewal applications for non-pre-approved sources. These costs will be covered by the fees imposed on CRNAs through application and renewal fees.

(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.

The only paperwork required to be submitted related to the implementation of the regulation would be the initial, renewal and reactivation and non-pre-approved CE provider applications. The requirement to maintain CE documentation is identical to the documentation requirement for RNs in § 21.131(c) so there will not be an additional recordkeeping requirement.

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

Yes.

(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 initial certification and biennial renewal processes will be implemented through the Department of State’s licensure verification system. CRNA applications, marked as “Attachment B,” are modeled after CNS applications.

(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 FY 25-26	FY +1 FY 26-27	FY +2 FY 27-28	FY +3 FY 28-29	FY +4 FY 29-30	FY +5 FY 30-31
SAVINGS:						
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
COSTS:						
Regulated Community	\$0	\$ 360,500	\$ 24,720	\$ 131,470	\$ 131,470	\$ 131,470
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	\$ 360,500	\$ 24,720	\$ 131,470	\$ 131,470	\$ 131,470
REVENUE LOSSES:						
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

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

Program	FY -3 2022-2023 (actual)	FY -2 2023-2024 (actual)	FY -1 2024-2025 (estimated)	Current FY 2025-2026 (budgeted)
State Board of Nursing	\$18,527,285.61	\$17,342,612.20	\$24,048,729.35	\$23,526,000.00

(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.

The board does not have information as to how many small businesses may be impacted by this regulation; however, the board assumes that some small businesses may be impacted by this regulation. The direct costs required for compliance with this regulation involves the initial certification fee of \$103 and the biennial renewal fee of \$61. These costs may be passed on to small businesses or consumers of CRNA services, but this impact would be minimal. The paperwork requirements entail the completion of the initial online application and the biennial renewal application. Completing these online forms does not require any specific type of professional skills. Thus, for small businesses who do not pay their

employees certification fees, there is no economic impact but for small businesses who choose to pay those costs for their employees, the probable effect is payment of the certification fees. The board could perceive of no less intrusive or less costly alternative method for implementing the statutory mandates of the RN Law that would be consistent with the legislative intent.

(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 identified no special groups that needed special provisions. Act 60 of 2021 applies equally to all CRNA applicants and future licensees.

(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.

No alternative regulatory provisions have been considered. The board believes that these regulations provide the least burdensome means of complying with Act 60 of 2021.

(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) The board did not consider less stringent reporting requirements or deadlines for small businesses or for applicants that intend to work for small businesses. All applicants for certification are treated equally.
- c) There are no compliance or reporting requirements that could be consolidated or simplified. The application process is the same whether a particular licensee is employed by a small business or a large business.
- d) The regulations do not contain design or operational standards that need to be altered for small businesses.
- e) The board did not consider an exemption for small businesses. Small businesses, if impacted, would only be indirectly impacted if they choose to pay licensure fees for CRNAs. Small businesses are not regulated by this regulation, so an exemption is not applicable.

(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.

No data, studies or references were used to justify the regulation. The board relied on fee report forms that provide the breakdown of costs related to certification of CRNAs. See, "Attachment C." The board set the biennial renewal fees for CRNAs and CRNA CE activities to be comparable to CRNP and CNS renewal fees.

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

A. The length of the public comment period: 30 days

B. The date or dates on which any public meetings or hearings will be held:

No public hearings were scheduled or held. The board discusses its regulatory proposals at regularly scheduled meetings. Act 60 of 2021 and this rulemaking was discussed at public board meetings on July 21, September 1, October 21, and December 9, 2021, January 27, March 22, June 10, September 7, October 28, and December 15, 2022, January 20 and March 6, 2023, March 6, 2024 and October 27, 2025.

C. The expected date of delivery of the final-form regulation: Summer 2026

D. The expected effective date of the final-form regulation: Upon publication as final except for the deletion of § 21.17 (relating to anesthesia) which will be effective 1 year from publication of final-form rulemaking in the *Pennsylvania Bulletin*.

E. The expected date by which compliance with the final-form regulation will be required:  
Upon publication as final.

F. The expected date by which required permits, licenses or other approvals must be obtained:  
1 year from publication of final-form rulemaking in the *Pennsylvania Bulletin*.

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

The board continually reviews the efficacy of its regulations, as part of its annual review process under Executive Order 1996-1. The board reviews its regulatory proposals at regularly scheduled public meetings. The board will meet on the following dates in 2026: June 2, July 14, September 11, October 23, and December 14 and the following dates in 2027: January 25, March 16, April 30, June 15, July 30, September 14, October 25, and December 10. More information can be found on the board's website.

# **ATTACHMENT A**

**Nursing Comments from Public on Rulemaking 16A-5145**

#	Name	Title	Company	Email	Requested Final
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2	Heather A. Towers DNAP, CRNA		WVU Uniontown Hospital	hbelltowers@gmail.com	
3	Jodie Szlachta CRNA, PhD, FAANA	CRNA Clinician, President-Elect	PA Assn. of Nurse Anesthetists	jodieszlachta@gmail.com	
4	Jacqueline Johnson DNP, MSN, CRNA			jackiemjohnson36@gmail.com	
5	Nina Marino DNP, CRNA		UPMC Pinnacle Harrisburg Hospital	nina.marino.nm@gmail.com	
6	Thomas D. Carnahan IV, DNP, CRNA		Sandman Slumber Services, LLC	carnahantd@gmail.com	
7	Elyse Tedeschi, CRNA, DNP			elyse.tedeschi@wvumedicine.org	
8	Julia Dixon-Ernst MSN CRNA	Clinical Coordinator	UPMC Presbyterian for the University of Pittsburgh	juliepde@gmail.com	
9	Alison Deffner BSN, RN, PCCN, CCRN, SRNA	SRNA	University of Pittsburgh   School of Nursing   Nurse Anesthesia	APD94@pitt.edu	
10	Nancy Portner CRNA			portnerfamily1@gmail.com	
11	Katherine Burnett, RN, BSN, SRNA		Duquesne University and Allegheny School of Anesthesia	katcburnett@gmail.com	
12	Jeffrey Rompala, MSN, CRNA			jrompala3@yahoo.com	
13	Rachael Kokemor, MSN, CRNA			rdaniels1213@yahoo.com	
14	Anne-Marie Finch			beitlera@gmail.com	
15	Jesse Studer, MA, MS, CRNA.		Penn State Hershey Medical Center	jesse.studer@gmail.com	

Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

#	Name	Title	Company	Email	Requested Final
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17	Robert Wrobleski, CRNA	Vice President	BPW Medical Associates, P.C.	robert@bpwpc.net	
18	Tiffany Keller MSN, CRNA			tiffany905@comcast.net	
19	Serafina Bear, MSN, CRNA		UPMC Anesthesia	serafbear@gmail.com	
19	Serafina Bear, MSN, CRNA		UPMC Anesthesia	serafbear@gmail.com	
20	Wilder Harrison- O'Neill, BSN, RN, SRNA			wih14@pitt.edu	
21	Vincent Matthew Carbo, MSN, CRNA			vmcarbo@comcast.net	
22	Colleen Hunara, BSN, RN, DNP	Student Registered Nurse Anesthetist	Frank J. Tornetta School of Anesthesia / LaSalle University	hunarac1@lasalle.edu	
23	Emmalyn Lee, SRNA		University of Pittsburgh	EML281@pitt.edu	
24	Lauren Del Buono, MS, CRNA, MPA			laurenroseldm@gmail.com	
25	John A. Leinhauser, SRNA	Class of 2027, Vice President	DNP Nurse Anesthesia Program	JAL423@pitt.edu	
26	Keith Milligan, CRNA		Geisinger Wyoming Valley	keith.milligan@gmail.com	
27	Emily Ferguson, BSN, RN, CCRN, SRNA	DNP Nurse Anesthesia Class of 2027	University of Pittsburgh School of Nursing	EMF224@pitt.edu	
28	Teresa McDavid MSN, RN, SRNA	Nurse Anesthesia Program, Class of 2026	York College of Pennsylvania/WellSpan Health	tmcdavid@ycp.edu	
29	Kristen (Beck) Sweeney, MSN, CRNA			kristenrn@mac.com	
30	Michele Taylor, MSN, CRNA		Penn State Health Milton S. Hershey Medical Center	mtaylor8@gmail.com	

Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

#	Name	Title	Company	Email	Requested Final
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32	Dana M. Hein DNP, MSN, CRNA	Chief CRNA	Tower Health Reading Hospital	Dana.Hein@towerhealth.org	
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34	Peter Attilio PhD, CRNA			peter.attilio@gmail.com	
35	Olivia Straka	SRNA		OFS4@pitt.edu	
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37	Hailey Wildasin, SRNA		University of Pittsburgh	HAW306@pitt.edu	
38	Ledys Janett Perez, DNP, CRNA, RN		Foxchase Cancer Center	janett.perez21@gmail.com	
39	Hayley Chemski CCRN MSN CRNA		UPMC St Margaret's Dept of Anesthesia	chemhr@UPMC.EDU	
40	Aaron Meehl, CRNA			afmeehl3@gmail.com	
41	Chantel Ciranni, DNP, CRNA		Indiana Regional Medical Center	chantel21rg@gmail.com	
42	Michael Szlachta CRNA, MSN	CRNA Clinician	Treasurer of the PA Assn. of Nurse Anesthetists	mjszlachta@comcast.net	
43	Keith F. Wieland MSN, CRNA	President & Owner	Wieland Anesthesia Solutions, pllc	keithfw@gmail.com	
44	Damian Richards DNP, CRNA			damianrichardscrna@gmail.com	
45	Ryan Wade, MS, CRNA		WVU Medicine Uniontown Hospital	rewade06@gmail.com	
46	Vanessa Stenulis SRNA			vanessa303098@gmail.com	
47	Kelly Cannon, MSN, CRNA			kellycannon1@gmail.com	
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49	Colby Heaton	SRNA		CJH253@pitt.edu	

Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

#	Name	Title	Company	Email	Requested Final
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52	Suzanne R. Morrison, BSN, MSN, DNP, CRNA			srm77@icloud.com	
53	Debra Minzola PhD, MSN, MBA, CRNA, FAANA	President, Program Director, Geisinger Staff CRNA, Associate Professor	PANA, Nurse Anesthesia Program Commonwealth University of PA	djminzola@geisinger.edu	
54	Dana Beam, MS, RN, SRNA		University of Pittsburgh DNP Nurse Anesthesia Program	DAB535@pitt.edu	
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57	Michelle Krupowicz, MSN, CRNA		AVANIA Anesthesia,	micm75@yahoo.com	
58	Karen Samuels DNAP, CRNA		Avania Anesthesia, P.C.	karen@avaniaanesthesia.com	
59	Diana Sommer CRNA, MS			disomrn@aol.com	
60	Yelena Streletsky CRNA, MSN		The University of Pennsylvania Hospital	y.streletsky@gmail.com	
61	Derek Reckard MSN CRNA PHRN			dareckard@gmail.com	
62	Camila Botto, SRNA		University of Pittsburgh	CAB555@pitt.edu	
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Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

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66	Elizabeth Kerlik, MSN, CRNA		St. Clair Health, Periop Anesthesia, UPMC Shadyside	lizkerlik@gmail.com	
67	Courtney Golden, DNP, CRNA			cgolden1@ycp.edu	
68	Kelly Donahue BSN, RN, SRNA	SRNA	Geisinger	kdonahue2@geisinger.edu	
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70	Jazzmyn Sosnoski, BSc., BSN, SRNA, RN			js48577@commonwealthu.edu	
71	Kristen D. Simmons, DNP, CRNA, CHSE	Clinical Assistant Professor, Assistant Program Director	Nurse Anesthesia DNP Program  Villanova University M. Louise Fitzpatrick College of Nursing	kristen.simmons@villanova.edu	
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74	Bimpe “Bebe” Adenusi, PhD, MSN, CRNA, CNE, FAANA, FNAP	Chair & Program Administrator, Nurse Anesthesia Program	Thomas Jefferson University, Jefferson College of Nursing	bevigil2008@gmail.com	
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Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

#	Name	Title	Company	Email	Requested Final
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82	Kristen Dooley, CRNA, MSN, DNP, BSN		Tower Health Hospital Reading PA	Kristen.Dooley@towerhealth.org	
83	Rachel A. Wolfe, DNP, CRNA, CCRN, CPN	Program Director	UPMC Hamot School of Anesthesia	stearnsra@upmc.edu	
84	David Li, BSN, RN	Student Registered Nurse Anesthetist	Doctor of Nursing Practice, Nurse Anesthesia Program University of Pittsburgh	DXL6@pitt.edu	
85	Andrew J. Boryan, M.D., D.A.B.A	PSA President	Pennsylvania Society of Anesthesiologists	ajb109@gmail.com; jenniferraybeckman@gmail.com; cia@AMhealthlaw.com	
86	Pam Wroblewski, DNAP, MPM, RN, CRNA, CASC	President	BPW Medical Associates , PC	pam@bpwpc.net	
86	Pam Wroblewski, DNAP, MPM, RN, CRNA, CASC	President	BPW Medical Associates , PC	pam@bpwpc.net	
87	Kara Witmer, MSN, CRNA		Penn State Health Holy Spirit Hospital	witmerk79@gmail.com	
88	Dorothy E. Pepe			vfrbg.dotpepe@gmail.com	
89	Victoria Riley CRNA, DNP			riley91110@gmail.com	
90	Whitley Kloeblen	NAR	Drexel University	whk29@drexel.edu	
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92	Guy L. Abbey CRNA			guy.abbey@gmail.com	
93	John D. Sweeney, MSN, CRNA,	U.S. Navy Veteran		jsweeneycrna@gmail.com	

Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

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97	Peggy Blankenship		Nurse Anesthesia Programs	Peggy@assnoffices.com	
98	Eliza Cho, DNP-SRNA, BSN-RN; M.A., B.A.		Commonwealth University of Pennsylvania, Nurse Anesthesia Program	echo4@geisinger.edu	
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107	Kaitlin Hoysan, MSN, CRNA		Penn State Health Milton S. Hershey Medical Center	kjgettle8@gmail.com	
108	Andrew Fleming, CRNA, MSN, BSN, RN		Independence Health System, Butler Hospital	andyfleming54@gmail.com	
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Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

#	Name	Title	Company	Email	Requested Final
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112	Christina Anthony, DNAP, CRNA		UPMC Passavant Anesthesia Department	christina.anthony215@gmail.com	
113	Kimberly Juhas-Davis, DrNP, CRNA	Assistant Director of the Nurse Anesthesia Program	Cedar Crest College	kdaviscrna@msn.com	
114	Jessica Poole, DNAP, CRNA	Director, State Government Affairs	PA Association of Nurse Anesthetists	jlpoole813@gmail.com	
115	Norman Walker, CRNA			normjwalker@gmail.com	
116	Jessica A. Maritto, CRNA, DNP			jessica.maritto@gmail.com	
117	Kacy Rae Hiser MSN CRNA		RemCare Anesthesia	kacyrae07@gmail.com	
118	Mary L Taylor, CRNA, BSN. (Retired)			mlt1950@outlook.com	

Pursuant to 1 Pa. Code § 307.2, these commentators did not request additional information on the final-form regulation.

# **ATTACHMENT B**

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## Instructions For Certified Registered Nurse Anesthetists (CRNA) Applicants

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### **INSTRUCTIONS:**

- Submit the completed application and fee to the Board at the above address via [www.pals.pa.gov](http://www.pals.pa.gov).
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that the CRNA certificate was issued visit [www.pals.pa.gov](http://www.pals.pa.gov).
- Social Security Numbers must be provided.\* If a Waiver of Social Security Number form is submitted in lieu of a Social Security Number, it cannot be used to renew a CRNA certificate.
- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- If a CRNA certificate is not issued within the one year, a new application, including fees, may be required.

### **FEES:**

- The \$103 fee must be submitted with the application.
- **Fees are nonrefundable.**
- Applications will not be processed until the corrected fee is received.

### **NAME / ADDRESS:**

- Applicant's legal name must be entered on the application.
- CRNA certificates are not forwarded.
- Complete and submit the "Form to Request Change of Name &/or Address ..." located on the Board's website, whenever there is a change of name &/or address. Licensees are responsible to advise the Board of any address or name change within 10 days of the change.

### **QUESTIONS: If "YES" was checked for any question in Section B, submit:**

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- Copies of criminal Court documents. (Applicable ONLY to #B4 and #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B1, #B2 and #B3).

### **CHILD ABUSE CONTINUING EDUCATION REQUIREMENT:**

EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete **3 hours** of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Board approved providers may take up to 7 business days to electronically send verification of completion to the Board. A license will not be issued until this electronic verification is received.

[ACT 31 Mandated Child Abuse Recognition and Reporting Continuing Education Providers](#)

### **ORGAN DONATION CONTINUING EDUCATION REQUIREMENT:**

Effective May 1, 2026, registered nurses must complete at least 2 hours of Board-approved continuing education in organ and tissue donation and recovery process one time within 5 years of initial licensure or within 5 years of licensure renewal, whichever comes first.

\* Note that disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

## **LICENSURE REQUIREMENTS**

An applicant for CRNA certification must meet the following requirements:

1. Hold a current, unrestricted license as a registered nurse in this Commonwealth or a multistate license from another state.
2. Completed a Board-approved master's, post-master's or doctorate nurse anesthesia program accredited by COA or other Board-approved program that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in this Commonwealth at the time the course was completed.
3. Hold current National certification as a CRNA by the NBCRNA or a board-recognized National certification organization.

## **APPLICATION SUBMISSION REQUIREMENTS**

1. Submit a completed **Application for Certification** as a CRNA via PALS and the \$103 fee to the Board.
  - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
  - An **official transcript** must be mailed **directly** to the Board (ATTN: CRNA AREA) from the CNRA nurse anesthesia program that awarded the master's, post-master's or doctorate nurse anesthesia degree.
    - The CRNA education program is the institution, school, college, or university where you completed the nurse anesthesia education that qualified you for CRNA certification.
    - **A Non-official transcript**, such as a **student copy, or a student-submitted copy** that was provided to the student by the program in a sealed official envelope, is not acceptable.
    - The official transcript must designate the degree awarded with the month, day, and year the program was completed.
2. Have submitted a completed **Verification of CRNA Education**.
  - Forward the *Verification of CRNA Education Program* form to your nurse anesthesia education program for completion.
  - The verification must be mailed **directly to the Board** from your nurse anesthesia education program.
  - The program must be accredited by Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthesiology (COA) or other Board-approved program that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in this Commonwealth at the time the course was completed.
3. Have submitted a completed **Verification of National Certification** from the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) or from a Board-recognized National certification organization for nurse anesthesia.
4. **If licensed as a CRNA in another state or jurisdiction**, have submitted a completed **Verification of Licensure**.
  - Complete Section A of the *Verification of Licensure* form and forward it to the jurisdiction where you hold a CRNA.
  - The verification must be mailed **directly to the Board** from that jurisdiction.
  - Contact that jurisdiction directly about any fee charged for completion of the Verification.
5. Submit a Criminal Background Check
  - Contact the Federal Bureau of Investigation (FBI) to obtain an FBI Criminal Background Check.
  - The Board will accept the FBI Report or a report from an official FBI approved Channeler.
  - The FBI Background Check must be dated within 180 days of the date the application is submitted to the Board.

## **MALPRACTICE INSURANCE REQUIREMENT**

Once licensed, a CRNA must maintain professional liability coverage at a level required for non-participating health care providers.

HARRISBURG, PA 17105-2649

[www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)  
Email: [st-nurse@pa.gov](mailto:st-nurse@pa.gov)

**APPLICATION FOR CERTIFICATION AS A CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)**

Attach the **\$103 fee** and required documents. All fees are non-refundable.

**SECTION A: APPLICANT INFORMATION:** Print clearly in Blue or Black Ink Only.

Pennsylvania/Multistate RN License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

\_\_\_\_\_  
Please list any other name(s) appearing on official documents

Date of Birth: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Daytime Phone Number

**SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:**

		YES	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

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

SSN: \_\_\_\_\_

		YES	NO
5.	Have you ever had your DEA registration denied, revoked or restricted?		
6.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
7.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
8.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
9.	Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?		

**SECTION C: PROFESSIONAL INFORMATION:**

		YES	NO
1.	Are you recognized as a Certified Registered Nurse Anesthetist (active or inactive status) by any other state?		
2.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.

STATE / COUNTRY	PROFESSION

If necessary, please attach a page with additional licensure information.

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

SSN: \_\_\_\_\_

**SECTION D: CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) EDUCATION:**

Type of Graduate Degree Awarded: Master's \_\_\_\_\_ Post-Master's \_\_\_\_\_ Doctorate \_\_\_\_\_ Other \_\_\_\_\_  
(Select One) (Specify)

Full Name of the CRNA Education program \_\_\_\_\_  
(Noabbreviations)

City \_\_\_\_\_ State \_\_\_\_\_

Program National Accrediting Body: \_\_\_\_\_ Program Completion Date: \_\_\_\_\_  
(mm/dd/yyyy)

**SECTION E: CRNA NATIONAL CERTIFICATION:**

Were you eligible to take a nurse anesthesia national certification exam upon program completion? Yes \_\_\_\_\_ No \_\_\_\_\_

I hold Current National certification from \_\_\_\_\_ as a CRNA.  
(National Certification Organization)

Expiration date: \_\_\_\_\_  
(mm/dd/yyyy)

**SECTION F: AFFIDAVIT; READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.**

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 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.

Applicant's Full Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

VALID FOR ONE YEAR

### Application for Approval of CRNA Continuing Education

---

Entities requesting approval for a CRNA education activity must complete and submit this application along with the required attachments and the application fee to the State Board of Nursing (Board). Prior to submitting this application review the Board's regulations applicable to approval of continuing education (See Sections 21.1034, 21.1035, 21.1036) available on the Board's website at the address above.

Review these instructions before completing the application:

1. The **non-refundable** fee is 107.00 and must accompany the application.
2. A separate application is required for each CRNA continuing education activity.
3. The provider is the entity that is offering the CRNA continuing education activity. The provider's name, mailing and web addresses are public information.
4. The contact person is the person with whom the Board will communicate on behalf of the provider.
5. Multiple dates and locations for the CRNA continuing education activity may be requested so long as they are within the same renewal period.
6. The target audience **MUST** include CRNAs.
7. A continuing education hour is 50 minutes. Approval will only be granted for continuing education activities exceeding 30 minutes.
8. Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.
9. A separate application **must** be submitted whenever a change is made to this CE activity other than date or location.

Application for Approval of CRNA Continuing Education

**Provider Information:**

Name of Provider: .....

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

City State Zip

Web address

**Contact Person Information:**

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

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Education Information:** (attach additional information as necessary on a separate page)

Title of Planned Activity: \_\_\_\_\_

Proposed Date(s) of Planned Activity: \_\_\_\_\_

Proposed Location(s) of Planned Activity: \_\_\_\_\_

City State

Number of Hours of Continuing Education to be Awarded: \_\_\_\_\_

**Breakdown of Content:**

Title of Content: \_\_\_\_\_ Minutes of Instruction: \_\_\_\_\_

Title of Content: \_\_\_\_\_ Minutes of Instruction: \_\_\_\_\_

Title of Content: \_\_\_\_\_ Minutes of Instruction: \_\_\_\_\_

Title of Content: \_\_\_\_\_ Minutes of Instruction: \_\_\_\_\_

Title of Content: \_\_\_\_\_ Minutes of Instruction: \_\_\_\_\_

Total Number of Minutes of Instruction: \_\_\_\_\_

DRAFT

Title of Activity: \_\_\_\_\_

Method of Certifying Attendance: \_\_\_\_\_

Target Audience: \_\_\_\_\_

**Faculty Information:** (attach additional information as necessary on a separate page)

Name of Faculty Member: \_\_\_\_\_

License Number: \_\_\_\_\_

Profession: \_\_\_\_\_

Jurisdiction of Licensure: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

**Submit the following documents as separate attachments:**

Attachment 1: CV for each faculty member

Attachment 2: Sample Certificate of Attendance

Attachment 3: **A** syllabus containing:

- Objectives at the level of a CRNA
- Schedule, including the title of each subject, lecturer and time allotted
- Instruction method(s)
- Evaluation method(s) for the activity and the participant

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 anyway. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I 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 discipline against my provider license.

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

PHONE: (717) 783-7142  
[www.dos.state.pa.us/nw:se](http://www.dos.state.pa.us/nw:se)

FAX: (717) 783-0822  
email: [st-nurse@state.pa.us](mailto:st-nurse@state.pa.us)

**PA CRNA CE Provider Number: \_\_\_\_\_**

***RENEWAL OF CRNA CONTINUING EDUCATION (CE) PROVIDER  
ACTIVITY***

Please complete and submit this form to the Board indicating your interest to renew the Board approved CRNA CE activity number noted above. Your initials on each item below indicate that these items have not changed. A *Letter of Approval* will follow as applicable. Sign and date this form in the space provided. Mail the form to the Board's office at the address above.

**DO NOT FAX OR ATTACH THIS FORM TO AN EMAIL.**

Please initial each unchanged item below for the RN CE activity.

- \_\_\_ Name and address of the provider
- \_\_\_ Title of the activity
- \_\_\_ Faculty qualifications
- \_\_\_ Schedule of the activity, including for activities with multiple presenters, the title of each subject, lecturer and time allotted
- \_\_\_ Hours of continuing education
- \_\_\_ Method of certifying and assuring attendance, and draft certificate of attendance to be provided to course participants
- \_\_\_ Course objectives
- \_\_\_ Curriculum
- \_\_\_ Target audience
- \_\_\_ Program coordinator
- \_\_\_ Instruction methods
- \_\_\_ Evaluation methods

---

SIGNATURE

DATE

NOTE: A separate application and fee must be submitted whenever this Provider changes the curriculum content or faculty of this CRNA CE Activity. Applications are available at [www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse). This program may not be offered outside of the approval dates.  
New 02-11-2025

DRAFT

State Board of Nursing  
2601 North Third Street  
Harrisburg PA 17110



State Board of Nursing  
P O BOX 2649  
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

VERIFICATION OF NURSE ANESTHESIA EDUCATION PROGRAM

APPLICANT INFORMATION

<b>NAME:</b>	Last	First	Middle
<b>OTHER NAME(S):</b>			
<b>DATE OF BIRTH :</b>		<b>LAST 4 DIGITS OF SSN:</b>	
<b>ADDRESS:</b>			
<b>CITY / STATE / ZIP:</b>			
<b>FULL NAME OF THE NURSE ANESTHESIA PROGRAM:</b>			
<b>ADDRESS (city and state):</b>			
<b>DATE OF PROGRAM COMPLETION :</b>		<b>DEGREE AWARDED :</b>	
<b>IS THE PROGRAM ACCREDITED BY COA OR OTHER BOARD-APPROVED ACCREDITING BODY?</b>			
<b>DID COMPLETION OF THIS PROGRAM MAKE THE GRADUATE ELIGIBLE TO HOLD NATIONAL CERTIFICATION BY THE NBCRNA OR A BOARD-RECOGNIZED NATIONAL CERTIFICATION ORGANIZATION?</b>			
<b>IF YES: NATIONAL CERTIFICATION ORGANIZATION:</b>			
<b>I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT</b>			
<b>SIGNATURE OF DIRECTOR/DEAN/REGISTRAR:</b>			
<b>DATE :</b>	Month	Day	Year
(Seal of School)			

**RETURN DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE TO THIS ADDRESS:**

**State Board of Nursing  
P O BOX 2649  
Harrisburg PA 17105-2649**

**DRAFT**

Mailing Address  
 State Board of Nursing  
 P.O. Box 2649  
 Harrisburg, PA 17105

Telephone: 717-783-7142  
 www.dos.pa.gov/nurse

Application for Renewal of a CRNA Certification

Expiration Date: \_\_/\_\_/20\_\_

<p><b>Warning:</b> Practicing on an expired license or certification may result in disciplinary actions and additional monetary penalties.</p> <p>Renewal Fee: \$61.00</p>	<p>Name _____                  (Last) (First) (Middle)</p> <p>Maiden Name _____</p> <p>All last names you have used _____</p> <p><b>Notice:</b> License cannot be forwarded by post office. The address listed below is my current address and should be updated on my license if appropriate.</p> <p>Current address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone # _____ Date of Birth _____                  (include the area code) (Month) (Day) (Year)</p> <p>Email Address _____</p> <p>PA RN License #: _____</p> <p>PA Certification #: CRNA _____</p>
<p><input type="checkbox"/> I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required</p>	

	YES	NO
1. Are you submitting a name change with this renewal?		
<p><b>Change name to:</b>                  You must submit a copy of a legal document verifying the name(s). The following are acceptable name change verification documents:</p> <ul style="list-style-type: none"> <li>Marriage Certificate:</li> <li>Divorce decree which indicates the retaking of your maiden name:</li> <li>Other "legal" document indicating the retaking of a maiden name:</li> <li>For a "legal" name change, a copy of the court document must be provided.</li> </ul>		

Print your NAME: \_\_\_\_\_

PA RN license # \_\_\_\_\_

PA Certification # \_\_\_\_\_

	YES	NO
2. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
Please provide the profession and state or jurisdiction.		
<b>If you answer yes to questions 3, 4 and 5, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement. If you answer yes to questions 6 through 9, provide copies of pertinent documents and a personal detailed statement.</b>		
3. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
7. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
9. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10. Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?		
11. Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education the period November 1, ____ and October 31, _____. Of the 30 hours:  *2 hours of Board-approved continuing education in child abuse recognition and reporting shall be completed for renewal. *2 hours of Board-approved continuing education in organ and tissue donation and recovery process one time within 5 years of initial licensure/reactivation/licensure renewal		
Your certificate will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited you will be required to produce documentation of the continuing education.		

Print your NAME: \_\_\_\_\_

PA RN license # \_\_\_\_\_

PA Certification # \_\_\_\_\_

***ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY***

I, \_\_\_\_\_, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY** the Bureau of Professional and Occupational Affairs **WITHIN 30 DAYS of the occurrence of any of the following:** (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at [www.pals.pa.gov](http://www.pals.pa.gov) and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

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 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.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

# **ATTACHMENT C**

**PA DEPARTMENT OF STATE  
FEE REPORT FORM**

AGENCY: State - BPOA

DATE: 2/1/2023

CONTACT: Arion R. Claggett, Acting Commissioner  
Bureau of Professional and Occupational Affairs

PHONE: 717.783.7194

**FEE TITLE, RATE, AND ESTIMATED COLLECTIONS:**

TITLE: Continuing education (CE) approval for each hour of CE for a Certified Registered Nurse Anesthetist (CRNA)  
 CURRENT FEE (if applicable):  
 NUMBER OF APPLICATIONS ANNUALLY: 4

**FEE DESCRIPTION:**

The fee will be charged to every applicant for a CE approval for each hour of CE for a CRNA application.

**FEE OBJECTIVE:**

The fee should offset the identifiable costs incurred by the State Board of Nursing to process an application.

**FEE-RELATED ACTIVITIES AND COSTS:**

JOB TYPE	JOB CLASSIFICATION	TIME SPENT	TOTAL COST
CLERICAL STAFF REVIEW	Clerical Assistant 3	1hr	\$50.31
BOARD STAFF REVIEW	Clerical Supervisor 2	.25hr	\$14.02
BOARD STAFF REVIEW	Nurse Practice Advisor	.5hr	\$39.58

TOTAL ESTIMATED COST: \$103.91  
 TRANSACTION FEE: \$2.77  
**PROPOSED FEE: \$106.68**

**ANALYSIS, COMMENT, AND RECOMMENDATION:**

RECOMMENDATION It is recommended that a fee of \$107.00 be established for processing an application for a CE approval for each hour of CE for a CRNA.

CLERICAL STAFF REVIEW: The clerical assistant reviews the application by ensuring all documents are received, complete and correct. The clerical assistant prepares an approval letter and sends it to the nurse practice advisor for their signature. If any documents are not received or are incorrect, the clerical assistant makes notations in the licensing system and a discrepancy email is generated. Questions regarding discrepancies are directed to the clerical supervisor or the nurse practice advisor. Once the application is approved by the clerical supervisor or nurse practice advisor, the clerical assistant updates the licensing system, issues the license, sends the approval letter to the nurse practice advisor for their signature then sends the signed approval letter to the CE program provider.

BOARD STAFF REVIEW: The clerical supervisor receives the application from the clerical assistant. The clerical supervisor reviews any discrepancies and either approves the application or forwards the application to the nurse practice advisor for review.

BOARD STAFF REVIEW: The nurse practice advisor receives the application from the clerical assistant. The nurse practice advisor reviews any discrepancies and approves the application. The nurse practice advisor signs the approval letter and returns it to the clerical assistant for release to the program provider.

**PA DEPARTMENT OF STATE  
FEE REPORT FORM**

AGENCY:

DATE:

CONTACT:

PHONE:

**FEE TITLE, RATE, AND ESTIMATED COLLECTIONS:**

TITLE:   
 CURRENT FEE (if applicable):   
 NUMBER OF APPLICATIONS ANNUALLY:

**FEE DESCRIPTION:**

The fee will be charged to every applicant for a CRNA application.

**FEE OBJECTIVE:**

The fee should offset the identifiable costs incurred by the State Board of Nursing to process an application.

**FEE-RELATED ACTIVITIES AND COSTS:**

JOB TYPE	JOB CLASSIFICATION	TIME SPENT	TOTAL COST
CLERICAL STAFF REVIEW	Clerical Assistant 3	1hr	\$50.31
BOARD STAFF REVIEW	Nursing Practice Advisor	.25hr	\$19.79
BOARD COUNSEL REVIEW	Attorney 4	.25hr	\$30.16

TOTAL ESTIMATED COST: \$100.26  
 TRANSACTION FEE: \$2.68  
**PROPOSED FEE: \$102.94**

**ANALYSIS, COMMENT, AND RECOMMENDATION:**

RECOMMENDATION It is recommended that a fee of \$103.00 be established for processing an application for a CRNA.

CLERICAL STAFF REVIEW: The clerical assistant reviews the application by ensuring all documents are received, complete and correct. The clerical staff locates any verification of CRNA program forms, verification of national certification, letters of good standing from the electronic mail file/resource account and uploads them to the application. The clerical staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received or are incorrect, the clerical staff makes notations in the licensing system and a discrepancy email is generated. Questions regarding discrepancies or educational equivalency are directed to a nursing practice advisor or board counsel. Once the application is approved by the nursing practicing advisor or board counsel, staff updates the licensing system and issues the license.

BOARD STAFF REVIEW: The nursing practice advisor receives the application from the clerical assistant. The nursing practice advisor reviews any educational equivalency discrepancies and either approves the application or forwards the application to board counsel for review.

BOARD COUNSEL REVIEW: Board Counsel reviews any applications that have education discrepancies or legal discrepancies. Once all issues are resolved, board counsel returns the application to the clerical staff and the license is issued.

**PA DEPARTMENT OF STATE  
FEE REPORT FORM**

AGENCY: State - BPOA

DATE: 2/1/2023

CONTACT: Arion R. Claggett, Acting Commissioner  
Bureau of Professional and Occupational Affairs

PHONE: 717.783.7194

**FEE TITLE, RATE, AND ESTIMATED COLLECTIONS:**

TITLE: Over 5 year reactivation fee for a Certified Registered Nurse Anesthetist (CRNA)  
 CURRENT FEE (if applicable):  
 NUMBER OF APPLICATIONS ANNUALLY: 2

**FEE DESCRIPTION:**

The fee will be charged to every applicant for over 5 year reactivation fee for a CRNA application.

**FEE OBJECTIVE:**

The fee should offset the identifiable costs incurred by the State Board of Nursing to process an application.

**FEE-RELATED ACTIVITIES AND COSTS:**

JOB TYPE	JOB CLASSIFICATION	TIME SPENT	TOTAL COST
CLERICAL STAFF REVIEW	Clerical Assistant 3	1.5hr	\$75.46
BOARD STAFF REVIEW	Clerical Supervisor 2	.25hr	\$14.02
BOARD COUNSEL REVIEW	Attorney 4	.25hr	\$30.16
CLERICAL STAFF REVIEW	Nurse Practice Advisor	.25hr	\$19.79
TOTAL ESTIMATED COST:			\$139.43
TRANSACTION FEE:			\$3.72
<b>PROPOSED FEE:</b>			<b>\$143.15</b>

**ANALYSIS, COMMENT, AND RECOMMENDATION:**

RECOMMENDATION It is recommended that a fee of \$143.00 be established for processing an application for an over 5 year reactivation fee for a CRNA application.

CLERICAL STAFF REVIEW: The clerical assistant reviews the application by ensuring all documents are received, complete and correct. The clerical staff locates any required documents which may include continuing national certification and proof of continued competency from the electronic mail file/resource account and uploads them to the application. If any documents are not received or are incorrect, the clerical assistant makes appropriate notations in the applicant's file through the licensing system and generates a discrepancy email. Questions regarding discrepancies are directed to the clerical supervisor, the nurse practice advisor or Board Counsel. Once the application is approved by the clerical supervisor, the nurse practice advisor or Board Counsel, the clerical assistant updates the licensing system and reactivates the license.

BOARD STAFF REVIEW: The clerical supervisor receives the application from the clerical assistant. The clerical supervisor reviews any discrepancies and either approves the application or forwards the application to the nurse practice advisor for review.

BOARD STAFF REVIEW: The nurse practice advisor reviews any applications that have any discrepancies. Once all issues are resolved, nurse practice advisor returns the application to the clerical staff and the license is reactivated.

BOARD COUNSEL REVIEW: Board Counsel reviews any applications that have education or legal discrepancies. Once all issues are resolved, Board Counsel returns the application to the clerical assistant and the license is reactivated.

**PA DEPARTMENT OF STATE  
FEE REPORT FORM**

AGENCY:

DATE:

CONTACT:

PHONE:

**FEE TITLE, RATE, AND ESTIMATED COLLECTIONS:**

TITLE:   
 CURRENT FEE (if applicable):   
 NUMBER OF APPLICATIONS ANNUALLY:

**FEE DESCRIPTION:**

The fee will be charged to every applicant for a restoration after active suspension or revocation of a CRNA application.

**FEE OBJECTIVE:**

The fee should offset the identifiable costs incurred by the State Board of Nursing to process an application.

**FEE-RELATED ACTIVITIES AND COSTS:**

JOB TYPE	JOB CLASSIFICATION	TIME SPENT	TOTAL COST
BOARD STAFF REVIEW	Administrative Assistant 2	.5hr	\$31.42
BOARD COUNSEL REVIEW	Attorney 4	.25hr	\$30.16
TOTAL ESTIMATED COST:			\$61.58
TRANSACTION FEE:			\$1.65
<b>PROPOSED FEE:</b>			<b>\$63.23</b>

**ANALYSIS, COMMENT, AND RECOMMENDATION:**

RECOMMENDATION It is recommended that a fee of \$63.00 be established for processing an application for a restoration after active suspension or revocation of a CRNA.

BOARD STAFF REVIEW: The administrative assistant reviews the application by ensuring all documents are received, complete and correct. The administrative assistant makes appropriate notations in the applicant's file through the licensing system. If any documents are not received or are incorrect, the administrative assistant makes notations in the licensing system and a discrepancy email is generated. Questions regarding discrepancies are directed to the board counsel. Once the application is approved by the administrative assistant and board counsel, staff updates the licensing system and issues the license.

BOARD COUNSEL REVIEW: Board counsel reviews any applications that have any discrepancies. Once all issues are resolved, board counsel returns the application to the administrative assistant and the license is issued.

**PA DEPARTMENT OF STATE  
FEE REPORT FORM**

AGENCY:

DATE:

CONTACT:

PHONE:

**FEE TITLE, RATE, AND ESTIMATED COLLECTIONS:**

TITLE:   
 CURRENT FEE (if applicable):   
 NUMBER OF APPLICATIONS ANNUALLY:

**FEE DESCRIPTION:**

The fee will be charged to every applicant for a verification of licensure for a CRNA.

**FEE OBJECTIVE:**

The fee should offset the identifiable costs incurred by the State Board of Nursing to process an application.

**FEE-RELATED ACTIVITIES AND COSTS:**

JOB TYPE	JOB CLASSIFICATION	TIME SPENT	TOTAL COST
CLERICAL STAFF REVIEW	Clerical Assistant 3	.5hr	\$25.15
CLERICAL STAFF REVIEW	Clerical Supervisor 2	.25hr	\$14.02

TOTAL ESTIMATED COST: \$39.17  
 TRANSACTION FEE: \$1.05  
**PROPOSED FEE: \$40.22**

**ANALYSIS, COMMENT, AND RECOMMENDATION:**

RECOMMENDATION It is recommended that a fee of \$40.00 be established for processing an application for a verification of licensure for a CRNA application.

CLERICAL STAFF REVIEW: The clerical assistant reviews the application by ensuring all documents are received, complete and correct. The clerical assistant makes appropriate notations in the applicant's file through the licensing system. The clerical assistant researches the license to be verified and prepares the verification with the appropriate information and sends it to the appropriate agency as requested. If any there are any discrepancies, the clerical assistant will forward to the clerical supervisor for review.

CLERICAL STAFF REVIEW: The clerical supervisor receives application with discrepancies from the clerical assistant. The supervisor reviews all of the discrepancies. Once all discrepancies are resolved, the clerical supervisor forwards the approved application to the clerical assistant. The clerical assistant prepares the application and sends it to the appropriate agency as requested.

**PA DEPARTMENT OF STATE  
FEE REPORT FORM**

AGENCY:

DATE:

CONTACT:

PHONE:

**FEE TITLE, RATE, AND ESTIMATED COLLECTIONS:**

TITLE:   
 CURRENT FEE (if applicable):   
 NUMBER OF APPLICATIONS ANNUALLY:

**FEE DESCRIPTION:**

The fee will be charged to every applicant for a verification of licensure with history for a CRNA.

**FEE OBJECTIVE:**

The fee should offset the identifiable costs incurred by the State Board of Nursing to process an application.

**FEE-RELATED ACTIVITIES AND COSTS:**

JOB TYPE	JOB CLASSIFICATION	TIME SPENT	TOTAL COST
CLERICAL STAFF REVIEW	Clerical Assistant 3	.5hr	\$25.15
PROTHONOTARY REVIEW	Prothonotary	.25hr	\$15.38

TOTAL ESTIMATED COST: \$40.53  
 TRANSACTION FEE: \$1.09  
**PROPOSED FEE: \$41.62**

**ANALYSIS, COMMENT, AND RECOMMENDATION:**

RECOMMENDATION It is recommended that a fee of \$42.00 be established for processing an application for a verification of licensure with history for a CRNA application.

CLERICAL STAFF REVIEW: The clerical assistant reviews the application by ensuring all documents are received, complete and correct. The clerical assistant makes appropriate notations in the applicant's file through the licensing system. The clerical assistant researches the license to be verified and prepares the verification with the appropriate information and sends it to the appropriate agency as requested. If any disciplinary history is noted on the license, the request is sent to the prothonotary for further processing.

PROTHONOTARY REVIEW: The prothonotary attaches any disciplinary actions to the verification prior to electronic transmission.




**FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU  
(Pursuant to Commonwealth Documents Law)**

**RECEIVED**

Independent Regulatory  
Review Commission

June 2, 2026

DO NOT WRITE IN THIS SPACE

<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: _____ (DEPUTY ATTORNEY GENERAL)</p> <p>_____ DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p><u>Bureau of Professional and Occupational Affairs and the State Board of Nursing</u> (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. <u>16A-5145</u></p> <p>DATE OF ADOPTION: _____</p> <p>BY: <u></u> Colby P. Hunsberger, DNP, RN, CNEcl</p> <p>TITLE <u>Chair, State Board of Nursing</u></p> <p>By: <u></u> ARION R. CLAGGETT</p> <p>TITLE <u>Acting Commissioner, BPOA</u> (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p> Digitally signed by Cynthia K. Montgomery DN: cn=Cynthia K. Montgomery, o, ou, email=cymontgome@pa.gov, c=US Date: 2026.04.15 15:05:36 -04'00'</p> <p>BY: _____ (Deputy General Counsel) (<del>Chief Counsel, Independent Agency</del>) (Strike inapplicable title)</p> <p><u>April 14, 2026</u> DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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**FINAL RULEMAKING**

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF NURSING**

**TITLE 49 PA CODE CHAPTER 21**

§§21.17, 21.501, 21.805, 21.1001-21.1041, and 21.1102

**CRNA and Fees**

The State Board of Nursing (board) amends §§ 21.501, 21.805 and 21.1102, adds §§ 21.1001—21.1041 and deletes § 21.17 (relating to anesthesia) to read as set forth in Annex A.

*Effective date*

This final-form rulemaking will be effective upon publication in the *Pennsylvania Bulletin* except for the deletion of § 21.17 which will be effective 1 year from publication of the final-form rulemaking in the *Pennsylvania Bulletin*. The additional 1 year will give applicants who are currently administering anesthesia under § 21.17 time to apply for and receive certification.

*Statutory authority*

The authority for this rulemaking is derived from multiple laws. Section 2.1(k) of The Professional Nursing Law (RN Law) (63 P.S. § 212.1(k)) sets forth the board's general rulemaking authority. The act of June 30, 2021, (P.L. 326, No. 60) (Act 60 of 2021) amended the RN Law by adding sections 8.8 and 8.9 (63 P.S. §§ 218.8 and 218.9) to recognize and license certified registered nurse anesthetists (CRNAs) in this Commonwealth. The amendments in this final-form rulemaking are required to update the board's existing regulations to implement Act 60 of 2021.

Under section 8.8 (b) of the RN Law, to qualify for initial CRNA certification an applicant is required to hold a master's degree, doctoral degree or post-master's certificate from an accredited education program in nurse anesthesia and hold current National certification as a CRNA from a board-recognized National certification organization that required passing of a National certifying examination in nurse anesthesia. Section 8.8(c) of the RN Law provides an additional pathway to licensure for applicants who do not have a graduate degree so long as the applicant meets the educational requirements for CRNAs that were in effect in this Commonwealth at the time the registered nurse (RN) completed a nurse anesthesia educational program and submits evidence of recertification as a CRNA from a board-recognized National certification

organization that required passing of a National certifying examination in nurse anesthesia. Additionally, under section 8.8(d) of the RN Law, the board may issue a certification as a CRNA to a licensed RN who completed a course of study equivalent to that required in this Commonwealth at the time the course was completed, or who is licensed or certified by another state, territory or possession of the United States or a foreign country as deemed equivalent to the certification requirements in this Commonwealth, and who has met all the requirements, including character, under the RN Law.

Regarding the fees to be imposed, section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P.S. § 279.1(a)(3) and (7)) authorizes the Commissioner of Professional and Occupational Affairs to issue all certificates and other official documents of the various professional and occupational examining boards and, unless otherwise provided by law, to fix the fees to be charged by the boards within the Bureau of Professional and Occupational Affairs. Additionally, section 11.2(d) of the RN Law authorizes the board to set fees for certifications.

Regarding licensure by endorsement, 63 Pa.C.S. § 3111 (relating to licensure by endorsement) requires licensing boards and commissions to issue a license, certificate, registration or permit to an applicant to allow practice in this Commonwealth provided the applicant meets the following criteria: holds a current license, certificate, registration or permit from another state, territory or country whose licensing requirements are substantially equivalent to or exceed the requirements in this Commonwealth; demonstrates competency; has not committed any act that constitutes grounds for refusal, suspension or revocation of a license, certificate, registration or permit to practice that profession or occupation in this Commonwealth, unless the board or commission determines such conduct is not an impediment to granting the license, certificate, registration or permit; is in good standing and has not been disciplined by the jurisdiction that

issued the license, certificate, registration or permit, unless the board or commission determines such conduct is not an impediment to granting the license, certificate, registration or permit; and the applicant pays fees, as established by regulation. Additionally, 63 Pa.C.S. § 3111(b) authorizes boards and commissions to issue a provisional license, certificate, registration, or permit while an applicant is satisfying remaining requirements for licensure by endorsement, for which the board must set by regulation the terms of expiration.

Regarding child abuse provisions, under 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law), specifically 23 Pa. C.S. § 6383(b)(2) (relating to education and training), the board is required to promulgate regulations to implement the mandatory reporting and education requirements for licensees of the board.

Regarding organ donation education, under 20 Pa. C.S. § 8628 (relating to requirement for physician and nurse training relative to organ and tissue donation and recovery), the board is required to implement the mandatory organ and tissue donation and recovery education requirement.

*Background and purpose*

CRNAs have been providing anesthesia care to patients in the United States for more than 150 years. They first became credentialed in 1956 and were granted direct reimbursement rights from Medicare in 1986. CRNAs work in hospitals; operating and delivery rooms; ambulatory surgical and outpatient care centers; physicians', dentists' and podiatrists' offices; and military facilities. The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) is the National certifying body for the initial, continued and subspecialty CRNA certification. The Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthesiology (COA) is Nationally recognized by the United

States Department of Education and the Council for Higher Education Accreditation as an accreditor of nurse anesthesia programs.

CRNAs will benefit from this regulation because their education, training and experience will be formally recognized in this Commonwealth. Licensure will remove barriers faced by CRNAs. For example, during the COVID-19 pandemic, CRNAs in this Commonwealth were unable to provide advanced, critical care services in the areas of patient intubation and monitoring extracorporeal membrane oxygenation that CRNAs from other states were permitted to perform. Also, CRNAs in this Commonwealth who currently serve in the military must secure certification in another state to provide anesthesia in the armed services of the United States. They cannot assist in rapid response teams in states affected by natural disasters because of their lack of formal credentials.

Currently, nurses who administer anesthesia in this Commonwealth are licensed as RNs and are authorized to administer anesthesia if properly educated with a graduate degree from a COA-accredited nurse anesthesia program, are Nationally certified by NBCRNA and the anesthesia is administered in cooperation with a surgeon or dentist. This rulemaking is needed to implement Act 60 of 2021 to recognize and license CRNAs. Under the regulations, with the combination of the board-approved accredited education and board-approved National certification, applicants may apply to the board for certification to practice as a CRNA in this Commonwealth.

To match current requirements for licensure by endorsement under 63 Pa.C.S. § 3111 and child abuse education and reporting requirements under 23 Pa.C.S. § 6383(b)(2) applicable to the other nurse licensure classes, the board is amending applicable provisions to clarify that these requirements are applicable to CRNAs.

*Summary and Response to Comments*

Notice of the proposed rulemaking was published at 55 *Pa.B.* 4360 (June 28, 2025). Publication was followed by a 30-day public comment period during which the board received a total of 118 comments. Commentators included professional associations representing nurse anesthetists and anesthesiologists, the Pennsylvania Association of Nurse Anesthetists (PANA) and the Pennsylvania Society of Anesthesiologists (PSA), respectively. The board received comments from nurse anesthesia educational programs in this Commonwealth (Programs) to include Allegheny School of Anesthesia/Duquesne University, Cedar Crest College Nurse Anesthesia Program, Drexel University Nurse Anesthesia Program, Geisinger Health System/Bloomsburg University of Pennsylvania Nurse Anesthesia, Independence Health System School of Anesthesia at Saint Vincent College, LaRoche University Doctor of Nurse Anesthesia Program, LaSalle University Nurse Anesthesia Program, St. Luke's University Health Network/DeSales University Nurse Anesthesia Program, Thomas Jefferson University, Jefferson School of Nursing's Nurse Anesthesia Program, University of Pennsylvania School of Nursing's Nurse Anesthesia Program, University of Scranton School of Nurse Anesthesia, UPMC Hamot School of Anesthesia/Gannon University, Villanova Doctorate Nurse Anesthesia Program, and York college of Pennsylvania/WellSpan Health Nurse Anesthetist Program. Additionally, the board received comments from CRNAs who provide anesthesia services in this Commonwealth and students in nurse anesthesia programs (SRNAs).

PANA, the Programs, CRNAs and SRNAs expressed unanimous support emphasizing that the regulation is long overdue given CRNAs' extensive education, training, National certification and expertise. PSA submitted comments and made suggestions, which are more fully discussed under the specific provision in this preamble.

The Independent Regulatory Review Commission (IRRC) submitted comments and recommendations to the board. The Professional Licensure Committee of the House of Representatives (HPLC) and the Consumer Protection and Professional Licensure Committee of the Senate (SCP/PLC) did not submit comments.

### Generally

PANA and individual CRNA commentators opined that this final rulemaking, “fully recognizes and licenses CRNAs as intended under Act 60 of 2021.” Both characterize the rulemaking as solidifying CRNA scope of practice, clarifying use of the CRNA title and establishing a licensure framework. PANA emphasized that administering “anesthetics when and where patients need it most, the unique expertise of CRNAs helps to strengthen our health-care delivery model and ensure communities stay healthy and safe through access to high-quality care.” One CRNA commentator explained that these regulations “allow CRNAs to practice to the full extent of [their] education and training, ultimately improving access to care, enhancing patient safety, supporting culturally competent care, and helping to reduce overall healthcare costs.” Commentators reference numerous “studies by nationally recognized health-care policy and research organizations [that] prove there is no statistical difference in patient outcomes when a nurse anesthetist provides treatment.” They note that “CRNAs are vital to maintaining workflow, staffing flexibility, and timely access to surgical services,” in today’s value-based but cost-conscious health care environment, especially in the military and rural and medically underserved areas. Both PANA and CRNA commentators clarify that CRNAs providing anesthesia care in these areas enables health care facilities “to offer obstetrical, surgical, pain management, trauma stabilization, and other services” without which, “many rural Americans [would be forced] to travel long distances for care.”

The Programs reflected that before the enactment of Act 60 of 2021, Pennsylvania was just one of two states that only recognize CRNAs as RNs. The Programs and SRNAs lamented that the lack of recognition as a CRNA resulted in many graduates moving to other states that recognized CRNAs causing a “brain drain.” The Programs opined that “[t]hese regulations will have an immediate effect on the profession by solidifying the state’s position as the top destination for nurse anesthesia education and creating a new incentive for students [they] educate and train to stay and practice here.”

Many CRNA commentators outlined their education and years of experience providing anesthesia services in various settings. PANA specifically highlighted that in addition to at least one year of clinical experience obtained as critical care nurses, CRNAs obtain 9,000 clinical hours in their nurse anesthetist programs. Despite this training and experience, some CRNA commentators mentioned that during the COVID-19 pandemic RNs providing anesthesia services in this Commonwealth were not permitted to provide anesthesia care in other states because they were not recognized as CRNAs in the Commonwealth. They express that the regulations would remedy this problem in the event of another emergency.

A few commentators mentioned that other states permit CRNAs to practice independently as their rationale for support of the regulations, and one commentator requested the board to empower CRNAs to practice independently. In that independent practice by CRNAs was not specifically included within the scope of Act 60 of 2021, the board does not have the authority to permit independent practice. Such authority must be granted by the General Assembly. As such, the board cannot implement this suggestion.

One CRNA noted that revisions to the RN Law and promulgation of the final regulations will reduce the CRNA shortage but objected to the use of certified anesthesiologist assistants

(CAAs) to address the shortage. CAAs fall outside the jurisdiction granted in sections 8.8 and 8.9 of RN Law and are not subject to regulation by the board. As the board does not possess authority over the practice of CAAs, no changes to the proposed rulemaking were made in response to this comment.

§ 21.17—[Anesthesia] {Reserved}

In its proposed rulemaking, the board noted that this provision would be effective 6 months from publication of the final-form rulemaking in the *Pennsylvania Bulletin* in order to give applicants who are currently administering anesthesia under this provision time to apply for and receive certification. IRRC questioned the reasonableness of this timeframe, specifically, whether the board will be able to process the anticipated applications within 6 months. IRRC also asked how the board plans to process applications during the transition period.

Currently, the board processing time to review and issue certified registered nurse practitioner (CRNP) or clinical nurse specialist (CNS) certificates is under 30 days. These license types are akin to CRNAs in that RN licensure is a prerequisite for certification. Except for initial combined RN/CRNA applications which award applicants an RN license and a certificate as a CRNA, more than the majority of the anticipated 3,500 applicants hold a single state or multistate license as an RN. As such, the education review needed is of the CRNA education, not both the RN and the CRNA education. Thus, the board believes that 6 months is sufficient time for existing RNs to obtain their certification as CRNAs. Nonetheless, owing to IRRC's concern that 6 months may not be sufficient and in order to assure that RNs will have more than enough time to apply for and receive certification from the board before § 21.17 is deleted, the board has changed the effective date of the deletion to 1 year from publication of the final-form regulation in the

*Pennsylvania Bulletin*. Despite this extension, the board will be prepared to accept certification applications when the regulations are published in the *Pennsylvania Bulletin*.

IRRC also questioned how the board will minimize confusion among the regulated community during the transition period when § 21.17 and new Subchapter J will coexist and how enforcement and compliance be handled during this period. Prior to publication of the final regulations, the board will post information on its website about the requirement for RNs who provide anesthesia services to obtain board certification within 1 year of publication of the regulation and the documentation that will be required to submit an application for certification. In addition, once the regulation is published, the board will notify RNs by email of the certification requirement. The board will also look to the impacted professional associations, PANA and PSNA, to assist with notifying affected licensees and applicants of the requirement to obtain certification from the board. The board believes that this combined approach will reduce any confusion. As for enforcement and compliance, because both §§ 21.17 and 21.1020 (relating to CRNA practice) permit the delivery of anesthesia services by RNs who meet the education and training requirements the board does not expect enforcement or compliance to differ during the overlap period.

§ 21.1001--Definition of “overall direction.”

Section 8.9(a) of the RN Law requires oversight of the anesthesia services and medical management of patient care provided by a CRNA by one of the four health care providers specifically enumerated in section 8.9(a) of the RN Law and reiterated in proposed § 21.1020(a)(1)-(4): anesthesiologists, medical and osteopathic physicians, podiatrists and dentists who are performing the procedure for which the anesthesia services are being provided. PSA commented that the definition for “overall direction” should be amended in three ways: (1) replace

“health care provider” with “qualified provider,” (2) add the requirement that the provider be present and available to the CRNA, and (3) add a clarification that CRNAs cannot practice independently in line with Representative Mentzer’s comments in the *Legislative Journal*. IRRC concurred with the first two suggestions noting that the proposed regulatory definition is inconsistent with the statutory definition.

Owing to the comments and the board’s review of the definition of “overall direction” in section 2(17) of the RN Law (63 P.S. § 212(17)), the board has amended the definition to add the statutory requirement that the provider be present and available and the term “qualified” before “health care provider.” In that the statutory language refers to “qualified individual” and not “qualified provider,” the board believes that reference to “qualified health care provider as identified under § 21.1020(a)(1)-(4) (relating to CRNA practice)” will provide clear guidance to CRNAs that overall direction must be provided by one of the four enumerated qualified health care providers. During the board’s discussion at the October 27, 2025, meeting, about the post-publication comments, PANA indicated that it did not oppose the amendments adopted by the board.

The board declines to add a prohibition against independent practice to the definition of “overall direction,” as PSA alone suggested, because section 8.9(b)(1) of the RN Law specifically addresses scope of practice and provides the authority for CRNAs to provide brief periods of care in the event of an emergency that temporarily prevents or interferes with the overall direction, as provided in § 21.1020(c).

#### § 21.1005(a)--Use of title

Section 21.1005 distinguishes between using the title CRNA and engaging in practice as a CRNA when board certification is inactive. Subsection (a) authorizes CRNAs who hold current or

inactive board certification to use the designation CRNA. Subsection (b) authorizes only CRNAs with current board certification to practice or offer to practice as a CRNA. Subsection (c) prohibits CRNAs whose RN licenses or CRNA certifications are inactive, lapsed, expired, or revoked or suspended from practicing or offering to practice as a CRNA.

IRRC recommended that the provision in subsection (a) allowing the use of the title CRNA while the CRNA certification is on inactive status be removed or the board provide an explanation as to how the public health and safety is protected by permitting CRNAs with inactive certificates to hold themselves out as CRNAs. As with Certified Registered Nurse Practitioners (CRNPs), the title CRNA is earned when National certification is obtained, not when certification is issued by the board. So long as a CRNA's National certification/recertification does not lapse, a CRNA may use the title CRNA. To clarify for other practitioners and the public that the title CRNA may be used regardless of whether the CRNA's board certification is inactive, similar to § 21.261(a) (relating to use of title; authorization to practice) pertaining to use of the title CRNP, the board includes subsection (a) in the regulations. Nonetheless, even though the title CRNA may be used when board certification is inactive, subsections (b) and (c) clarify that a CRNA may not practice or offer to practice as a CRNA unless the board certification is active. Because CRNAs with an inactive or revoked certificate may not practice or offer to practice, coupled with notice about the use of the title CRNA, the public health, safety and welfare of Pennsylvanians is protected.

The board has removed the additional reference to "registered nurse" for readability in § 21.1005(c). In its comment, PSA suggested adding a provision expressly prohibiting CRNAs from using the title "Nurse Anesthesiologist." The board declines to add this provision. Section 14(a)(9) of the RN Law (63 P.S. § 224(a)(9)) governs the ethical and professional obligations of licensees and certificate holders, and the board considers these statutory requirements sufficient.

§§ 21.1020 and 21.1021--CRNA practice and CRNA standards of conduct

Sections 21.1020 and 21.1021 address CRNA practice and CRNA standards of conduct. PSA commented that because CRNAs are only permitted to perform specific procedures involving anesthesia care and services, the terms “procedure” and “specific procedure” should be replaced throughout §§ 21.1020 and 21.1021 with “anesthesia care” or “anesthesia services” as the “procedure” is performed by the surgeon. IRRC concurred but recommended that “procedure” and “specific procedure” only be replaced in specific instances.

The board agrees with IRRC’s recommendation and has replaced “procedure” with “anesthesia service” in § 21.1020(a). Additionally, the board deletes references to procedure and specific procedure and replaces the references with anesthesia services or services. During the board’s discussion about the post-publication comments, PANA concurred with IRRC’s suggestion.

PSA also recommended inclusion of the following provision: “The CRNA must be credentialed to perform anesthesia care or anesthesia service in the health care facility in which the anesthesia service is being performed.” The board declines to add this provision. Credentialing and privileging of practitioners are functions of each health care facility and are governed by facility bylaws, medical staff processes, and applicable Department of Health requirements. These processes fall outside the scope of the board’s regulatory authority. Accordingly, no revisions have been made in response to this comment.

§ 21.1030—Biennial renewal of certification

Like 21.331(c) (relating to biennial renewal of certification), applicable to CRNPs, and 21.822(d) (relating to biennial renewal of certification), applicable to CNSs, proposed §

21.1031(c)(2) repeats the continuing education requirements for RN biennial renewal. IRRC recommended that the board delete paragraph (2) so as not to confuse CRNAs.

Including information about continuing education for CRNAs is important for three reasons: (1) while the continuing education required to renew the Commonwealth-issued RN license may be used to satisfy the requirement for CRNA certification, verification of completion is made separately on the RN and CRNA renewal applications; (2) CRNAs whose certifications are based on multistate RN licenses are still required to verify completion of the continuing education required in this Commonwealth at the time they renew their CRNA certifications and inclusion of the continuing education requirement would be instructive for this class of certificate holders to ensure that they meet Commonwealth-specific requirements; and (3) retaining the continuing education requirements makes the biennial renewal requirement provisions for CRNPs, CNSs and CRNAs similar. For these reasons, the board has not deleted paragraph (2) as recommended by IRRC.

Nonetheless, the board has added a reference to the organ and tissue donation and recovery process (organ donation) education in paragraph (2) in accordance with § 21.131(a.1) (relating to continuing education) required of all RNs by 20 Pa.C.S. § 8628 (relating to requirements for physician and nurse training relative to organ and tissue donation and recovery) to ensure CRNAs are aware of this mandatory continuing education. The organ donation education is also included in §§ 21.331(c)(6) and 21.822(f) (relating to biennial renewal of certification) for CRNPs and CNSs, respectively, published at 55 *Pa.B.* 7504 on November 1, 2025, and effective as of May 1, 2026.

§ 21.1031—Requirements of continuing education; § 21.1036(c)—CRNA responsibilities

Acknowledging that CRNAs whose certifications are on inactive status under § 21.1032(a) are not required to complete continuing education, IRRC recommended that the board amend § 21.1031(b)(1), like § 21.1036(c) (relating to CRNA responsibilities), to reflect that only CRNAs who continue to practice must meet the continuing education requirements and are subject to formal disciplinary action. The board concurs and has revised this provision to read: “A CRNA who fails to meet the continuing education requirements under § 21.1030(c) (relating to biennial renewal of certification) and continues to practice as a CRNA will be subject to formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 224(a)(3)) and § 21.131(h)(1) (relating to continuing education).” Concomitantly, so as not to be duplicative and because § 21.1036 solely addresses continuing education documentation, the board has removed the reference to failing to complete continuing education in § 21.1036(c).

IRRC also noted the lack of a requirement for specific anesthesia education beyond the education required to satisfy RN renewal. It questioned how the board ensures clinical competence of CRNAs to perform anesthesia service without requiring a set number of credit hours related to the provision of anesthesia services. During the board’s discussion about this issue raised by IRRC, PANA pointed to the education required for CRNAs to obtain National certification or recertification and the lack of a statutory requirement for anesthesia-specific continuing education as a condition of biennial renewal.

While § 21.1031 does not require specific anesthesia education as a condition of biennial renewal under § 21.1021(c)(3), CRNAs must demonstrate current National certification or recertification, which requires completing 100 hours of anesthesia specific continuing education in nurse anesthesia every 4 years and passing NBCRNA’s Continued Professional Certification Assessment (CPCA) every 8 years. Beginning in 2026, the CPCA is being replaced with the

NBCRNA's MAC (Maintaining Anesthesia Care) Check Program that requires completion of quarterly longitudinal assessments. In light of the National certification requirements in addition to the absence of mandatory anesthesia-specific continuing education under the RN Law, the board is satisfied that CRNAs' clinical competence is demonstrated without setting additional requirements for continuing education limited to anesthesia in § 21.1031.

§ 21.1032—Inactive Status and reactivation

Proposed § 21.1032 addressed inactive status and reactivation both after inactive status and as a result of discipline. IRRC's recommended that the board remove subsections (b) and (c) from § 21.1032 as those provisions address reactivation following discipline while subsection (a) addresses reactivation after voluntary placement on inactive status. Owing to IRRC's concerns, the board removed subsections (b) and (c) and inserted them in new § 21.1041 (relating to reactivation following discipline) to address reactivation following discipline.

§ 21.1033—Sources of continuing education

Section 21.1033 addresses sources of continuing education including pre-approved sources, the method by which a certificate holder may obtain approval for a course taken by a non-preapproved source, and the reevaluation and rescission of pre-approval sources. IRRC recommended that subsection (a) be amended to include a sentence that specifies that a list of Board-approved continuing education providers is available on the Board's website similar to the statement contained in § 21.1010(a)(2). The board concurs with this recommendation and added such a sentence in subsection (b).

In subsection (b) (as proposed, now subsection (c)), IRRC suggested that the board include specific references to the General Rules of Administrative Practice and Procedure (GRAPP) rather than a general reference. In the final- form rulemaking, the board has added references to 2 Pa.C.S.

§§ 501—508 and 701—704 (relating to administrative law and procedure) as well as 1 Pa. Code §§ 31.1—31.251.

In subsection (c) (as proposed, now subsection (d)), IRRC recommended that this subsection be amended to replace the word “course” at the end of the sentence if it is the board’s intent to grant credit for online study courses or serving as an instructor or speaker of a course, a clinical preceptor or an author of an article published in a refereed journal pursuant to subsections (d) and (e) (as proposed, now subsection (e) and (f)). Owing to IRRC’s recommendation, the board amended this subsection to add “or activities identified in subsections (e) and (f) after “course.” Similarly, the board has also added “or activity” after “course” or “courses,” as applicable, in §§ 21.1033, 21.1034, 21.1035 and 21.1036. The board will also revise its continuing education applications to replace “course” with “activity.”

#### § 21.1034—Requirements for continuing education courses

Owing to IRRC’s request that the board modify the title of the proposed provision to clarify that this is a provider requirement and not a licensee requirement, the board modified the title to read “Requirements for providers of continuing education courses and activities.” The board also amended the opening sentence by replacing “A continuing education course” with the phrase, “Providers of continuing education courses or activities.”

#### *Fiscal Impact and Paperwork Requirements*

The amendments will add application and biennial renewal fees for CRNAs. For purposes of this rulemaking, the board estimates that about 3,500 RNs may initially apply for certification as a CRNA, followed by 240 additional applicants annually representing graduates of CRNA programs. In consideration of the natural attrition per biennium, the board further estimates that it will renew 3,500 licenses biennially beginning in FY 27-28. RNs (and their associated

certifications) renew in four cohorts during a biennial renewal period; therefore, the renewal income for the CRNA certification would be received by the board during both years of the biennial period.

The fees may be paid by applicants and licensees while others may be paid by their employers should their employers choose to pay these fees.

Based upon the application fees, the board estimates the total economic impact per fiscal year is as follows:

FY 25-26: \$ 0  
FY 26-27: \$ 360,500  
FY 27-28: \$ 24,720  
FY 28-29: \$ 24,720  
FY 29-30: \$ 24,720  
FY 30-31: \$ 24,720  
Total: \$ 459,380

Based upon the above plus the \$106,750 in biennial renewal fees that will be collected each year starting in 2028-2029, the board estimates the economic impact as follows:

FY 27-28 and FY 28-29: \$ 106,750  
FY 29-30 and FY 30-31: \$ 213,500  
Total: \$ 320,250

The rulemaking will require the board to create and alter online applications and biennial forms to reflect the new licensure class. The amendments will not create additional paperwork for the regulated community or for the private sector as the requirement to maintain CE documentation is identical to the documentation requirement for RNs in § 21.131(c).

The regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

*Sunset Date*

The board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned. Additionally, the Department of State's Budget and Procurement Office provides the board with an annual report detailing the board's financial condition. In this way, the board continuously monitors the adequacy of its fee schedule.

### *Regulatory Review*

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on June 4, 2025, the board submitted a copy of the notice of proposed rulemaking and a copy of a Regulatory Analysis Form, published at 55 Pa.B. 4360 (June 28, 2025) to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Consumer Protection and Professional Licensure Committee of the Senate (SCP/PLC) and the Professional Licensure Committee of the House of Representatives (HPLC) for review and comment. A copy of this material is available to the public upon request.

Under section 5(c) of the Regulatory Review Act (71 P.S. § 745.5(c)), the board provided IRRC, SCP/PLC and HPLC with copies of the comments received on the regulation during the public comment period, as well as other documents when requested. In preparing this final-form rulemaking, the board has considered all comments received from IRRC and the public. The board received 118 public comments. The board received no comments from the SCP/PLC or HPLC.

Under section 5.1(a) of the Regulatory Review Act (71 P.S. § 745.5a(a)), on June 2, 2026, the board delivered this final-form rulemaking to IRRC, the SCP/PLC and HPLC. Under section 5.1(j.2) of the Regulation Review Act (71 P.S. § 745.5a(j.2)), the final-form rulemaking was deemed approved by the SCP/PLC and HPLC on \_\_\_\_\_, 2026. Under section 5.1(e) of the Regulatory Review Act (71 P.S. § 745.5a(e)), IRRC met on \_\_\_\_\_, 2026, and approved the final-form rulemaking.

*Additional Information*

Additional information may be obtained by writing to Cynthia Miller, Board Administrator, State Board of Nursing, P.O. Box 2649, Harrisburg, PA 17105-2649, [ST-NURSE@pa.gov](mailto:ST-NURSE@pa.gov).

*Findings*

The State Board of Nursing finds that:

- (1) Public notice of intention to adopt a regulation at 49 Pa. Code, Chapter 21, was given under sections 201 and 202 of the Act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201-1202) ), referred to as the Commonwealth Documents Law, and the regulations promulgated under those sections at 1 Pa. Code §§ 7.1 and 7.2 (relating to notice of proposed rulemaking required; and adoption of regulations).
- (2) A public comment period was provided as required by law and all comments received were considered in drafting this final-form rulemaking.
- (3) The amendments made to the final-form rulemaking do not enlarge the original purpose of the proposed rulemaking published at 55 *Pa.B.* 4360.
- (4) These amendments to the regulations of the State Board of Nursing are necessary and appropriate for the regulation of the practice of professional nurses in the Commonwealth.

*Order*

The board therefore ORDERS that:

- (A) The regulations of the State Board of Nursing, 49 Pa. Code, Chapter 21, are amended by adding §§ 21.1001—21.1041, amending §§ 21.501, 21.805 and 21.1102, and deleting § 21.17 to read as set forth in Annex A.
- (B) The board shall submit a copy of this final-form rulemaking to the Office of the Attorney General and the Office of General Counsel for approval as required by law.
- (C) The board shall submit this final-form rulemaking to IRRC, the HPLC and the SCP/PLC as required by law.
- (D) The board shall certify this this final-form rulemaking and shall deposit it with the Legislative Reference Bureau as required by law.
- (E) The regulations shall take effect immediately upon publication in the *Pennsylvania Bulletin* except for the deletion of § 21.17 (relating to anesthesia) which will be effective on \_\_\_\_\_. (*Editor's note: Insert date 1 year from publication of final-form rulemaking in the Pennsylvania Bulletin*).

Colby P. Hunsberger, DNP, RN, CNEcl  
Chair

Arion R. Claggett  
Acting Commissioner, Bureau of  
Professional and Occupational Affairs

## **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**

#### **RESPONSIBILITIES OF THE REGISTERED NURSE**

**§ 21.17. [Anesthesia] {Reserved}.**

**[The administration of anesthesia is a proper function of a registered nurse and is a function regulated by this section; this function may not be performed unless:**

- (1) The registered nurse has successfully completed the educational program of a school for nurse anesthetists accredited by the Council on Accreditation of Education Programs of Nurse Anesthesia of the American Association of Nurse Anesthetists.**
- (2) The registered nurse is certified as a Registered Nurse Anesthetist by the Council on Certification or on Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists.**
- (3) The certified nurse anesthetist is authorized to administer anesthesia in cooperation with a surgeon or dentist. The nurse anesthetist's performance shall be under the overall direction of the chief or director of anesthesia services. In situations or health care delivery facilities where these services are not mandatory, the nurse anesthetist's performance shall be under the overall direction of the surgeon or dentist responsible for the patient's care.**

**(4) Except as otherwise provided in 28 Pa. Code § 123.7(c) (relating to dental anesthetist and nurse anesthetist qualifications), when the operating/anesthesia team consists entirely of nonphysicians, such as a dentist and a certified registered nurse anesthetist, the registered nurse anesthetist shall have available to her by physical presence or electronic communication an anesthesiologist or consulting physician of her choice.**

**(5) A noncertified registered nurse who has completed an approved anesthesia program may administer anesthesia under the direction of and in the presence of the chief or director anesthesia services or a Board certified anesthesiologist until the announcement of results of the first examination given for certification for which she is eligible. If a person fails to take or fails to pass the examination, the person shall immediately cease practicing as a nurse anesthetist. If the applicant, due to extenuating circumstances, cannot take the first scheduled examination following completion of the program, the applicant shall appeal to the Board for authority to continue practicing.**

**(b) For purposes of this section, “cooperation” means a process in which the nurse anesthetist and the surgeon work together with each contributing an area of expertise, at their individual and respective levels of education and training.]**

## **Subchapter E. CHILD ABUSE REPORTING REQUIREMENTS**

### **§ 21.501. Definitions.**

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

*Acts*—The Professional Nursing Law (63 P.S. §§ 211—225); and the Practical Nurse Law (63 P.S. §§ 651—667).

*Board-regulated practitioner*—A registered nurse (RN), licensed practical nurse (LPN), certified registered nurse practitioner (CRNP), clinical nurse specialist (CNS) [or], licensed dietitian-nutritionist (LDN) **or certified registered nurse anesthetist (CRNA)**.

*Bodily injury*—Impairment of physical condition or substantial pain.

\* \* \* \* \*

## Subchapter H. CLINICAL NURSE SPECIALISTS

### GENERAL PROVISIONS

#### § 21.805. Fees.

(a) The following fees are charged by the Board:

\* \* \* \* \*

Restoration of certificate after suspension or revocation.....	\$ 60.00
<b>[Reactivation of inactive or lapsed certificate (5 years or longer).....</b>	<b>\$ 50.00]</b>
Verification of certification.....	\$ 45.00

\* \* \* \* \*

*(Editor's Note: Subchapter J is a new subchapter and is printed in regular type to enhance readability.)*

## Subchapter J. CERTIFIED REGISTERED NURSE ANESTHETISTS

Sec.

21.1001. Definitions.

- 21.1002. Fees.
- 21.1005. Use of title.
- 21.1010. Certification requirements.
- 21.1011. Application for certification.
- 21.1020. CRNA practice.
- 21.1021. CRNA standards of conduct.
- 21.1030. Biennial renewal of certification.
- 21.1031. Requirements of continuing education.
- 21.1032. Inactive status and reactivation.
- 21.1033. Sources of continuing education.
- 21.1034. Requirements for **providers of** continuing education courses **or activities**.
- 21.1035. Continuing education course approval.
- 21.1036. CRNA responsibilities.
- 21.1040. Penalties for violation.
- 21.1014. Reactivation following discipline.**

**§ 21.1001. Definitions.**

The following words and terms, when used in this subchapter, have the following meanings, unless the content clearly indicates otherwise:

*Act*—The Professional Nursing Law (63 P.S. §§ 211-225.5).

*Board*—The State Board of Nursing of the Commonwealth.

*Board-approved program*—An educational program accredited by the COA or other accrediting body deemed equivalent by the board or a course of study equivalent to education required under

§ 21.1010(a)(2), (b)(2) or (c) (relating to certification requirements) in this Commonwealth at the time the course of study was completed.

*COA— Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthesiology*—An organization recognized by the United States Department of Education as an accrediting agency for nurse anesthesia graduate programs.

*CRNA—Certified registered nurse anesthetist*—A licensed registered nurse in this Commonwealth who is certified by the board as a certified registered nurse anesthetist.

*Certification*—The authorization granted by the board to a registered nurse who has demonstrated the qualifications for recognition as a CRNA.

*NBCRNA*—The National Board of Certification and Recertification for Nurse Anesthetists.

*National certification*—The credential awarded by a board-recognized organization evidencing that a currently licensed registered nurse has completed an accredited nurse anesthesia program and passed a nurse anesthesia National certification examination.

*National certification organization*—An organization, including the NBCRNA, recognized by the board that has as one of its purposes the examination of individuals who will practice as CRNAs.

*Overall direction*—Oversight of anesthesia services and medical management of patient care by a **qualified** health care provider **as** identified under § 21.1020(a)(1)—(4) (relating to CRNA practice) **who is present and available onsite, but not necessarily present in the same procedure room as the CRNA performing anesthesia services for the duration of the services provided.**

**§ 21.1002. Fees.**

(a) The following fees are charged by the board:

Application for Certification as a CRNA.....\$ 103

Biennial renewal fee.....\$ 61

Restoration of certificate after suspension or revocation.....\$ 63

Verification of certification.....\$ 45

Verification of certification of license history.....\$ 42

Approval of each hour of CRNA continuing education activity by sources not listed under § 21.1033(a) (relating to sources of continuing education).....\$ 107

Renewal of approval of CRNA continuing education activity by sources not listed under § 21.1033(a) ..... \$ 33

(b) In addition to the application fee prescribed under subsection (a), which is payable directly to the board, a candidate for National certification shall pay the fee required by the National certification organization.

**§ 21.1005. Use of title.**

(a) A registered nurse who has satisfactorily met the requirements set forth in the act and this subchapter and holds current certification as a CRNA or whose certification is maintained on inactive status may use the designation “C.R.N.A.”

(b) Only an individual who holds current active certification may practice or offer to practice as a CRNA in this Commonwealth.

(c) A registered nurse may not practice or offer to practice as a CRNA during the time the [registered nurse’s CRNA] CRNA’s certification or registered nurse license is inactive, lapsed or expired. A registered nurse may not practice or offer to practice as a CRNA in this Commonwealth if the [registered nurse’s CRNA] CRNA’s certification or registered nurse license is revoked or suspended.

**§ 21.1010. Certification requirements.**

- (a) An applicant for certification shall meet the following requirements:
- (1) *Registered nurse license.* An applicant for certification shall hold a current, unrestricted license as a registered nurse in this Commonwealth.
  - (2) *Education.* An applicant for certification shall have completed a board-approved master's, post-master's or doctorate nurse anesthesia program accredited by the COA or other board-approved program that awarded an advanced degree or a course of study considered by the board to be equivalent to that required for certification in this Commonwealth at the time the course was completed. A list of board-approved programs is maintained on the board's website.
  - (3) *National certification.* An applicant for certification shall hold current National certification as a CRNA by the NBCRNA or another board-recognized National certification organization. A list of board-recognized National certification organizations is maintained on the board's website.
  - (4) *Mandatory training in child abuse recognition and reporting.* An applicant for certification shall have completed at least 3 hours of approved training in child abuse recognition and reporting under § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).
- (b) An applicant for certification who does not have a graduate degree under subsection (a)(2) shall meet the following requirements:
- (1) *Registered nurse license.* An applicant for certification shall hold a current, unrestricted license as a registered nurse in this Commonwealth.

(2) *Education.* An applicant for certification shall have successfully completed the educational program of a school for nurse anesthetists accredited by the COA which met the board's educational requirements for RNs to administer anesthesia prior to the enactment of section 8.8(c)(1) of the act (63 P.S. § 218.8(c)(1)).

(3) *National certification.* An applicant for certification shall submit evidence of recertification as a CRNA from the NBCRNA or another Board-recognized National certification organization.

(4) *Mandatory training in child abuse recognition and reporting.* An applicant for certification shall have completed at least 3 hours of training in child abuse recognition and reporting under § 21.508(a).

(c) An applicant for certification who holds a current, unrestricted license or certificate as a nurse anesthetist from another state, territory or possession of the United States or a foreign country shall meet the certification requirements equivalent to subsection (a) or (b) and the requirements under the act or meet the requirements of § 21.1102 (relating to licensure by endorsement under 63 P.S. § 3111).

**§ 21.1011. Application for certification.**

(a) An applicant for certification shall submit an application prescribed by the board including a verification of compliance with section 8.8(f) of the act (63 P.S. § 218.8(f)) regarding professional liability coverage.

(b) An applicant for certification shall include documentation satisfactory to the board of the following:

(1) Proof of completion of the educational requirements under § 21.1010(a)(2) or (b)(2)(relating to certification requirements).

- (2) Proof of current National certification or recertification under § 21.1010(a)(3) or (b)(3).
- (c) An applicant for certification who holds a license or certificate as a nurse anesthetist from another state, territory or possession of the United States or a foreign country shall, in addition to the documentation under subsection (b), provide the following:
  - (1) Verification of current, unrestricted licensure or certification as a nurse anesthetist issued by the proper licensing authority of another state, territory or possession of the United States or a foreign country.
  - (2) Copy of the licensure or certification requirements at the time the applicant was initially licensed or certified by another jurisdiction and a copy of the criteria under which the applicant was initially licensed or certified, obtained from the jurisdiction's board of nursing or licensing authority.
- (d) An applicant shall remit the fee set forth under § 21.1002 (relating to fees).
- (e) An applicant shall submit additional information as requested by the board. If the additional information is not provided within 12 months of the date of application, the applicant will be required to file a new application and remit the certification fee.

**§ 21.1020. CRNA practice.**

- (a) Except for circumstances identified in subsection (c), a currently certified CRNA may perform anesthesia services in cooperation with a physician, podiatrist or dentist involved in the procedure for which anesthesia is being provided if the **[procedure] anesthesia service** is performed under the overall direction of one of the following:
  - (1) A currently licensed medical or osteopathic physician who has completed an accredited residency training program in anesthesiology.

- (2) A currently licensed medical or osteopathic physician who is performing the procedure for which anesthesia is being provided.
  - (3) A currently licensed podiatrist who is performing the procedure for which anesthesia is being provided.
  - (4) A currently licensed dentist authorized to administer, supervise or direct the administration of anesthesia.
- (b) The physician, podiatrist or dentist identified in subsection (a) shall be present and available onsite but is not required to be present in the same procedure room as a CRNA performing anesthesia services for the duration of the services provided.
- (c) A CRNA may provide brief periods of care in the event of an emergency that temporarily prevents or interferes with the cooperation required in subsection (a).

**§ 21.1021. CRNA standards of conduct.**

- (a) A CRNA shall undertake [a specific procedure] **anesthesia services** only if the CRNA has the necessary knowledge, preparation, experience and competency to properly execute the [procedure] **anesthesia service** and the [procedure] **anesthesia service** is within the scope of practice of a CRNA. A CRNA shall comply with § 21.18 (relating to standards of nursing conduct).
- (b) A CRNA practicing in this Commonwealth shall maintain a level of professional liability coverage under section 8.8(f) of the act (63 P.S. § 218.8(f)).

**§ 21.1030. Biennial renewal of certification.**

- (a) The certification of a CRNA will expire at the same time as the CRNA's registered nurse license as provided under § 21.29 (relating to expiration and renewal of license).

- (b) Notice of application for renewal will be provided biennially to each active CRNA prior to the expiration date of the current biennial period.
- (c) As a condition of biennial renewal, a CRNA shall do all of the following:
- (1) Renew the CRNA's registered nurse license.
  - (2) Verify completion of a minimum of 30 hours of board-approved continuing education required to satisfy the renewal of the registered nurse license in the 2 years prior to renewal required under § 21.131(a) (relating to continuing education) including at least 2 hours of training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement) **and at least 2 of the 30 hours in board-approved continuing education in organ and tissue donation and recovery process one time within 5 years of licensure, renewal or reactivation in accordance with § 21.131(a.1) (relating to continuing education).**
  - (3) Demonstrate current National certification or recertification.
  - (4) Pay the required biennial renewal fee set forth under § 21.1002 (relating to fees).
  - (5) Verify compliance with section 8.8(f) of the act (63 P.S. § 218.8(f)) regarding professional liability coverage.

**§ 21.1031. Requirements of continuing education.**

- (a) A CRNA shall comply with this section and §§ 21.1032—21.1036.
- (b) Continuing education requirements shall be completed each biennial renewal cycle. The following apply:
- (1) A CRNA who **does not] fails to** meet the continuing education requirements under § 21.1030(c) (relating to biennial renewal of certification) **and continues to practice as a**

**CRNA** will be subject to formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 224(a)(3)) and § 21.131(h)(1) (relating to continuing education).

(2) The board may waive the requirements of continuing education in cases of illness or undue hardship. It is the duty of each CRNA who seeks a waiver to notify the board in writing and request the waiver at least 90 days prior to the end of the renewal period unless an emergency or hardship occurs within the 90-day period. The board will grant, deny or grant in part the request for a waiver.

**§ 21.1032. Inactive status and reactivation.**

[(a)] A CRNA who places a CRNA certification on inactive status is not required to meet the continuing education requirements under section 8.8(e) of the act (63 P.S. § 218.8(e)) during the period the certification is on inactive status. Upon application for reactivation of certification, the CRNA shall show proof of meeting the continuing education requirements for the biennial period immediately preceding the request for reactivation, and, if the certification has been lapsed or on inactive status for 5 years or longer, the CRNA must have a current, active registered nurse license, reactivated in accordance with the continued competency requirements under § 21.30a (relating to continued competency), and at least one of the following:

- (1) Proof of current National certification.
- (2) Evidence that the applicant has practiced as a CRNA in another jurisdiction for at least 3,600 hours within the last 5 years under a current license or certification.

**[(b) A CRNA whose certification has been suspended for 5 years or longer shall meet the requirements under § 21.131(e) (relating to continuing education) and any other requirements set forth by the board in the suspension order.]**

**[(c) A CRNA whose certification has been revoked shall meet all of the requirements for certification under § 21.1010(a) (relating to certification requirements) and any other requirements in the act, regulations or as set forth by the board in the revocation order.]**

**§ 21.1033. Sources of continuing education.**

(a) The following providers of continuing education and credentialing organizations have currently met the standards for course or activity approval for continuing education and, provided that these providers and credentialing organizations comply with §§ 21.1034 and 21.1035 (relating to requirements for continuing education courses; and continuing education course or activity approval), they are preapproved to offer creditable continuing education, subject to reevaluation under subsection **[(b)] (c)**:

- (1) Board-approved CRNA educational programs and CRNA educational programs approved by other state boards of nursing or that hold current accreditation issued by a National nursing accreditation organization.
- (2) National and international nursing organizations and their state and local affiliates.
- (3) National and international medical and osteopathic organizations and their state and local affiliates.
- (4) National pharmaceutical organizations and their state and local affiliates.
- (5) National nursing specialty organizations and programs accredited by National nursing accrediting associations.
- (6) Continuing education programs approved by other state boards of nursing for advanced practice nurses or CRNAs.

**(b) A list of board-approved providers is maintained on the board's website.**

**[(b)] (c)** The approval given to the providers and credentialing organizations in subsection (a) is subject to reevaluation. A rescission of provider or credentialing organization approval will be made under **2 Pa.C.S. §§ 501—508 and 701—704 (relating to administrative law and procedure) and** 1 Pa. Code [**Part II**] **§§ 31.1-35.251** (relating to General Rules of Administrative Practice and Procedure) or by amendment of this section.

**[(c)] (d)** CRNAs may obtain credit for continuing education offered by providers not indicated in subsection (a) if the provider obtains board approval of the continuing education prior to its implementation, or the CRNA obtains board approval of the continuing education prior to attending the continuing education. A continuing education provider or CRNA may obtain board approval of continuing education by submitting an application for approval, the fee under § 21.1002 (relating to fees) and the supporting documentation required by § 21.1035(b) at least 90 days prior to the course **or activities identified in subsections (e) and (f).**

**[(d)] (e)** CRNAs may obtain credit for correspondence courses, taped study courses and other independent or online study courses if the course is approved under subsection **[(c)] (d)**.

**[(e)] (f)** Up to 4 hours may be approved under subsection **[(c)] (d)** for service as a teacher in a nursing education program, preceptor providing direct clinical supervision in a specialty area, lecturer or speaker and for publication in a refereed journal or other scholarly publication relating to the CRNA's area of practice.

**[(f)] (g)** An hour for the purposes of CRNA continuing education is 50 minutes.

**[(g)] (h)** The board will apply § 21.132(b) (relating to continuing education hours) to determine the number of hours awarded for academic coursework.

**§ 21.1034. Requirements for providers of continuing education courses or activities.**

**[A continuing education course] Providers of continuing education courses or activities**

shall have all of the following:

- (1) An established mechanism to measure its quality, established criteria for selecting and evaluating faculty, and established criteria for the evaluation of each participant who completes the course **or activity**.
- (2) Adequate facilities with appropriate instructional materials to carry out continuing education programs.
- (3) Instructors whose area of expertise is in the subject matter being taught.

**§ 21.1035. Continuing education course or activity approval.**

(a) As a condition of approval, providers and credentialing organizations are required to provide CRNAs who complete continuing education courses **or activity** with a certificate of completion which contains the information listed under § 21.1036(a) (relating to CRNA responsibilities). Providers and credentialing organizations shall maintain records of continuing education course **or activity** attendance for at least 5 years.

(b) Providers referenced under § 21.1033(c)(relating to sources of continuing education) or CRNAs applying for individual approval under § 21.1033(c), when seeking board approval of a continuing education course **or activity** shall pay the required fee set forth under § 21.1002 (relating to fees) and complete and submit an application for course **or activity** approval which contains the following information:

- (1) The full name and address of the provider.
- (2) The title of the program.
- (3) The dates and location of the program.
- (4) The faculty names, titles, affiliations, degrees and areas of expertise.

- (5) The schedule of program, including the title of subject, lecturer and time allocated.
  - (6) The total number of hours requested.
  - (7) The method of certifying and assuring attendance, and a certificate of attendance to be provided to course **or activity** participants.
  - (8) The course **or activity** objectives.
  - (9) The target audience.
  - (10) The core subjects.
  - (11) The program coordinator.
  - (12) The instruction and evaluation methods.
  - (13) Other information requested by the board.
- (c) Upon approval of a continuing education course **or activity**, the board will assign a course **or activity** number and determine the number of hours awarded. The provider shall place the course **or activity** number on the certificate of attendance and shall provide CRNAs who successfully complete a course **or activity** with a certificate of attendance.
- (d) Continuing education courses **or activity** will be approved only in the instructor's demonstrated areas of expertise. Expertise may be demonstrated by the instructor's certification in the specialty area to be presented.
- (e) A separate application shall be submitted whenever a change is made to any information submitted under subsection (b), except for information related to a change in date or location, or both, of the program submitted under subsection (b)(3).

**§ 21.1036. CRNA responsibilities.**

- (a) A CRNA is required to maintain documentation of completion of continuing education courses **or activities**, including:

- (1) CRNA name.
- (2) Dates attended.
- (3) Continuing education hours.
- (4) Title of course **or activity**.
- (5) Course **or activity** provider.
- (6) Location of course **or activity**.
- (7) Course **or activity** number.

(b) Primary responsibility for documenting completion of the continuing education requirements rests with the CRNA. Documentation of completion of continuing education requirements must be maintained for 5 years. A certificate issued by the continuing education course **or activity** provider that contains the information listed in subsection (a) is acceptable documentation. Acceptable documentation of hours obtained through § 21.1033(c) or (e) (relating to sources of continuing education) consists of the board approval letter sent to the applicant.

(c) Falsification of information required under this section [**or failure to complete continuing education requirements by those who continue to practice as a CRNA,**] may result in the institution of formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 224(a)(3)).

**§ 21.1040. Penalties for violation.**

Certification as a CRNA may be suspended, revoked or otherwise restricted, and the board may order remedial measures when, after notice and opportunity to be heard, the board finds that the CRNA has violated the act or this subchapter, or engaged in any conduct prohibited for professional nurses.

**§ 21.1041. Reactivation following discipline.**

**(a) A CRNA whose certification has been suspended for 5 years or longer shall meet the requirements under § 21.131(e) (relating to continuing education) and other requirements set forth by the board in the suspension order.**

**(b) A CRNA whose certification has been revoked shall meet the requirements for certification under § 21.1010(a) (relating to certification requirements) and other requirements under section 15.2 of the act (63 P.S. § 225.2) as set forth by the board in the revocation order.**

### **Subchapter K. LICENSURE BY ENDORSEMENT UNDER 63 PA.C.S. § 3111**

#### **§ 21.1102. Licensure by endorsement under 63 Pa.C.S. § 3111.**

(a) *Requirements for issuance.* To be issued a license by endorsement under 63 Pa.C.S. § 3111 (relating to licensure by endorsement), an applicant shall satisfy all of the following conditions:

- (1) Have a current license, certification, registration or permit in good standing to practice the profession in another jurisdiction whose standards are substantially equivalent to or exceed those established under section 6(a) and (c) of The Professional Nursing Law (63 P.S. § 216(a) and (c)) and § 21.21 (relating to application for examination) pertaining to registered nurses; section 5 of the Practical Nurse Law (63 P.S. § 655) and § 21.158 (relating to qualifications of application for examination) pertaining to licensed practical nurses; section 8.1 of The Professional Nursing Law (63 P.S. § 218.1) and § 21.271 (relating to certification requirements) pertaining to certified registered nurse practitioners; section 6(b) and (c) of The Professional Nursing Law (63 P.S. § 216(b) and (c)) and § 21.721 (relating to qualifications for licensure) pertaining to dietitians-nutritionists; [and] section 8.5 of The Professional Nursing Law (63 P.S. § 218.5) and § 21.811 (relating to

qualifications for initial certification) pertaining to clinical nurse specialists; **and section 8.8(b) and (c) of The Professional Nursing Law (63 P.S. § 218.8(b) and (c)) and § 21.1011(b) (relating to application for certification) pertaining to certified registered nurse anesthetists.** The following apply:

\* \* \* \* \*



Pennsylvania  
Department of State

June 2, 2026

The Honorable George D. Bedwick., Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
Forum Place  
555 Walnut Street, Suite 804  
Harrisburg, PA 17101

Re: Final Rulemaking  
State Board of Nursing  
16A-5145: Certified Registered Nurse Anesthetists and Fees

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Nursing pertaining to 16A-5145: Certified Registered Nurse Anesthetists and Fees.

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, Chair  
State Board of Nursing

CPH/jps/wc  
Enclosures

cc: Arion Claggett, Acting Commissioner of Professional and Occupational Affairs  
K. Kalonji Johnson, Deputy Secretary for Regulatory Programs  
Robert Beecher, Policy Director, Department of State  
Andrew LaFratte, Deputy Policy Director, Department of State  
Miguel Ruiz, Assistant Deputy Secretary of Policy and Planning  
Jason C. Giurintano, Deputy Chief Counsel, Department of State  
Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State  
Judith Pachter Schulner, Board Counsel, State Board of Nursing  
State Board of Nursing

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**From:** Smeltz, Jennifer <jmsmeltz@pasen.gov>  
**Sent:** Tuesday, June 2, 2026 8:30 AM  
**To:** Christman, William  
**Subject:** RE: DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Stefano

RECEIVED

Independent Regulatory  
Review Commission

June 2, 2026

Received.

*Jen Smeltz, Executive Director  
Consumer Protection and Professional Licensure Committee  
Office of Senator Pat Stefano  
Phone: (717) 787-7175*

---

**From:** Christman, William <wchristman@pa.gov>  
**Sent:** Tuesday, June 2, 2026 8:25 AM  
**To:** Smeltz, Jennifer <jmsmeltz@pasen.gov>  
**Cc:** Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>  
**Subject:** DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Stefano  
**Importance:** High

ⓘ CAUTION : External Email ⓘ

**This Message Is From an External Sender**

This message came from outside your organization.

Please be advised that the State Board of Nursing is electronically delivering the below-identified final rulemaking today, **Tuesday, June 2, 2026**.

· **16A-5145 (Certified Registered Nurse Anesthetists and Fees)**

- This rulemaking implements the act of June 30, 2021, (P.L. 326, No. 60) (Act 60 of 2021), which amended the Professional Nursing Law (RN Law) to recognize and license certified registered nurse anesthetists (CRNAs). Currently, CRNAs are licensed as registered nurses (RNs) and are able to administer anesthesia if properly educated, Nationally certified and the anesthesia is administered in cooperation with a surgeon or dentist. Additionally, the State Board of Nursing (board) is adding CRNAs to update provisions relating to licensure by endorsement under 63 Pa.C.S. § 3111 and mandatory child abuse and organ and tissue donation and recovery education.

The board also updates fees for clinical nurse specialists (CNS) to reflect the board's current practice regarding reactivation fees. Additionally, the amendment to the CNS reactivation fee conforms the board's regulations with its current practice. The reactivation fee for CNS applicants is paid when the RN license is reactivated, so there is no reason to charge a second fee to the CNS applicant. The fee in the CNS regulation is duplicative and therefore is eliminated.

**The Board is requesting a written (email) confirmation of receipt of this delivery from the designated contact person(s) from your office for the Majority or Minority Chair of your office's effectuating the electronic delivery.**

Thank you for your attention to this matter.

RECEIVED

Sincerely,



William Christman | Legal Assistant II  
Office of Chief Counsel | Department of State  
Governor's Office of General Counsel  
2400 Thea Drive, Suite 201 | Harrisburg, PA 17110  
Mailing address: P.O. Box 69523 | Harrisburg, PA 17106-9523  
Office Phone 717.783.7200 | Fax: 717.787.0251  
[wchristman@pa.gov](mailto:wchristman@pa.gov) | [www.dos.pa.gov](http://www.dos.pa.gov)

Independent Regulatory  
Review Commission

June 2, 2026

**PRIVILEGED AND CONFIDENTIAL COMMUNICATION**

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**From:** Monoski, Jesse <Jesse.Monoski@pasenate.com>  
**Sent:** Tuesday, June 2, 2026 8:31 AM  
**To:** Christman, William; Dimm, Ian; Kelly, Joseph; Vazquez, Enid  
**Cc:** Roland, Joel; Worthington, Amber  
**Subject:** Re: DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Boscola

June 2, 2026

This has been received.

Thank you.

Jesse Monoski  
Office of Senator Lisa M Boscola

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**From:** Christman, William <wchristman@pa.gov>  
**Sent:** Tuesday, June 2, 2026 8:26:37 AM  
**To:** Monoski, Jesse <jesse.monoski@pasenate.com>; Dimm, Ian <ian.dimm@pasenate.com>; Kelly, Joseph <joseph.kelly@pasenate.com>; Vazquez, Enid <enid.vazquez@pasenate.com>  
**Cc:** Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>  
**Subject:** DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Boscola

■ EXTERNAL EMAIL ■

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Please be advised that the State Board of Nursing is electronically delivering the below-identified final rulemaking today, **Tuesday, June 2, 2026**.

· **16A-5145 (Certified Registered Nurse Anesthetists and Fees)**

- This rulemaking implements the act of June 30, 2021, (P.L. 326, No. 60) (Act 60 of 2021), which amended the Professional Nursing Law (RN Law) to recognize and license certified registered nurse anesthetists (CRNAs). Currently, CRNAs are licensed as registered nurses (RNs) and are able to administer anesthesia if properly educated, Nationally certified and the anesthesia is administered in cooperation with a surgeon or dentist. Additionally, the State Board of Nursing (board) is adding CRNAs to update provisions relating to licensure by endorsement under 63 Pa.C.S. § 3111 and mandatory child abuse and organ and tissue donation and recovery education.

The board also updates fees for clinical nurse specialists (CNS) to reflect the board's current practice regarding reactivation fees. Additionally, the amendment to the CNS reactivation fee conforms the board's regulations with its current practice. The reactivation fee for CNS applicants is paid when the RN license is reactivated, so there is no reason to charge a second fee to the CNS applicant. The fee in the CNS regulation is duplicative and therefore is eliminated.

**The Board is requesting a written (email) confirmation of receipt of this delivery from the designated contact person(s) from your office for the Majority or Minority Chair of your office's effectuating the electronic delivery.**

Thank you for your attention to this matter.

Sincerely,



William Christman | Legal Assistant II  
Office of Chief Counsel | Department of State  
Governor's Office of General Counsel  
2400 Thea Drive, Suite 201 | Harrisburg, PA 17110  
Mailing address: P.O. Box 69523 | Harrisburg, PA 17106-9523  
Office Phone 717.783.7200 | Fax: 717.787.0251  
[wchristman@pa.gov](mailto:wchristman@pa.gov) | [www.dos.pa.gov](http://www.dos.pa.gov)

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Independent Regulatory  
Review Commission

June 2, 2026

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**From:** Orchard, Kari L. <KOrchard@pahouse.net>  
**Sent:** Tuesday, June 2, 2026 9:45 AM  
**To:** Christman, William; Barton, Jamie; Brett, Joseph D.  
**Cc:** Roland, Joel; Worthington, Amber  
**Subject:** RE: DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Burns

June 2, 2026

Received. Thank you!

**Kari Orchard**

Executive Director (D) | House Professional Licensure Committee  
Chairman Frank Burns, 72<sup>nd</sup> Legislative District

---

**From:** Christman, William <wchristman@pa.gov>  
**Sent:** Tuesday, June 2, 2026 8:29 AM  
**To:** Orchard, Kari L. <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>; Brett, Joseph D. <JBrett@pahouse.net>  
**Cc:** Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>  
**Subject:** DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Burns  
**Importance:** High

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Sincerely,

William Christman | Legal Assistant II  
Office of Chief Counsel | Department of State  
Governor's Office of General Counsel  
2400 Thea Drive, Suite 201 | Harrisburg, PA 17110  
Mailing address: P.O. Box 69523 | Harrisburg, PA 17106-9523  
Office Phone 717.783.7200 | Fax: 717.787.0251  
[wchristman@pa.gov](mailto:wchristman@pa.gov) | [www.dos.pa.gov](http://www.dos.pa.gov)

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Review Commission

June 2, 2026

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---

**From:** Nicole Sidle <Nsidle@pahousegop.com>  
**Sent:** Tuesday, June 2, 2026 9:31 AM  
**To:** Christman, William  
**Subject:** RE: [EXTERNAL]: DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Emrick

June 2, 2026

Good Morning-  
This has been received. Thanks.

Nicole

---

**From:** Christman, William <wchristman@pa.gov>  
**Sent:** Tuesday, June 2, 2026 8:31 AM  
**To:** Nicole Sidle <Nsidle@pahousegop.com>; Cindy Sauder <Csauder@pahousegop.com>  
**Cc:** Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>  
**Subject:** [EXTERNAL]: DELIVERY NOTICE OF: REGULATION # 16A-5145 (Certified Registered Nurse Anesthetists and Fees) - Emrick  
**Importance:** High

Please be advised that the State Board of Nursing is electronically delivering the below-identified final rulemaking today, **Tuesday, June 2, 2026**.

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Sincerely,

William Christman | Legal Assistant II  
Office of Chief Counsel | Department of State  
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Mailing address: P.O. Box 69523 | Harrisburg, PA 17106-9523  
Office Phone 717.783.7200 | Fax: 717.787.0251  
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