

Regulatory Analysis Form		This space for use by IRRC
(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing		IRRC Number: 2426
(2) I.D. Number (Governor's Office Use) 16A-5119		
(3) Short Title CRNP Program Approval		
(4) PA Code Cite 49 Pa. Code §§ 21.361 - 21.377	(5) Agency Contacts & Telephone Numbers Primary Contact: Teresa Lazo-Miller - (717)783-7200 Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Department of State (717) 783-7200	
(6) Type of Rulemaking (check one) Proposed Rulemaking <input checked="" type="checkbox"/> Final Order Adopting Regulation Final Order, Proposed Rulemaking Omitted	(7) Is a 120-Day Emergency Certification Attached? <input checked="" type="checkbox"/> No Yes: By the Attorney General Yes: By the Governor	
(8) Briefly explain the regulation in clear and nontechnical language. Section 21.271(b) of the regulations of the State Board of Nursing and section 18.41(b) of the regulations of the State Board of Medicine provide that a registered nurse may obtain the status of a certified registered nurse practitioner by completing a course of study in a program administered by nursing and approved by the Boards. The regulation was approved by the State Board of Medicine prior to the enactment of Act 206 of 2002, which gave the State Board of Nursing exclusive authority to regulate CRNP programs. This proposed rulemaking sets forth criteria that must be met by educational institutions seeking approval for courses of study for certified registered nurse practitioner programs. The regulation sets criteria for the institution, faculty and program content.		
(9) State the statutory authority for the regulation and any relevant state or federal court decisions. The regulation is authorized by Section 6.1 of the Professional Nursing Law, Act of May 22, 1951 (P.L. 317, No. 1), <u>as amended</u>, (63 P.S. § 216.1), which authorizes the Board to establish standards for the operation and approval of nursing education programs.		

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(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

Although the regulation is not mandated by federal or state law, the Professional Nursing Law requires that programs for the training of nurses be approved by the Board, and the Board has not yet published regulations setting forth the criteria under which it will approve CRNP programs.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

The Board's current regulations do not address approval of CRNP programs, and program approval is done on a case-by-case basis. Because the Board does not have regulations addressing its criteria for CRNP programs, the approval process is often lengthy and involves an excessive amount of back and forth communication between the program sponsor and the Board. The regulation will inform educational institutions of the criteria employed by the Board in approving programs, and will standardize the education of CRNPs in the Commonwealth.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

Nonregulation could threaten public health because no standardized set of minimum qualifications exist regarding CRNP education in the Commonwealth. CRNPs practice at an advanced level of health care practice, so standardization of these educational programs is especially important.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

The regulation will benefit the administrators and faculty of institutions wishing to offer CRNP programs by setting out the criteria that will qualify a program for approval. The regulation will benefit prospective students by ensuring that the programs are offering the same minimum of education so that graduates are competitive across the Commonwealth. The regulation will benefit the general public by ensuring excellent educational programs for CRNPs.

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(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

The Board has identified no group that will be adversely affected by the regulation.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

All educational institutions wishing to offer CRNP programs in the Commonwealth will be required to comply with the regulation. The Board does not know how many CRNP programs may wish to be implemented. However, there are currently approximately 50 approved CRNP programs operating in the Commonwealth.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

Pursuant to the requirements of Executive Order 1996-1, input was requested from state and regional nursing associations and schools of nursing in the Commonwealth. Pre-draft input was requested from the following: American Association of Neuroscience Nurses, Emergency Nurses Association, GPC – Oncology Nursing Society, The Hospital and Healthsystem Association of Pennsylvania, Intravenous Nurse Society, Licensed Practical Nurses Association of Pennsylvania, Pennsylvania Association of Home Health Agencies, Pennsylvania Association of Private School Administrators, Pennsylvania Association of Non-Profit Homes for the Aging, Pennsylvania Association of Nurse Anesthetists, Pennsylvania Association of Practical Nursing Program Administrators, Pennsylvania Coalition of Nurse Practitioners, Pennsylvania College of Associate Degree Nursing, Pennsylvania Council of Operating Room Nurses, Pennsylvania Department of Health-Bureau of CH Systems, Pennsylvania Health Care Association, Pennsylvania Higher Education Nursing Schools Association, Pennsylvania League for Nursing, Inc., Pennsylvania Organization of Nurse Leaders, Pennsylvania Society of Gastroenterology Nurses and Associates, Pennsylvania State Nurses Association, School Nurse Section, Southwestern Pennsylvania Organization for Nurse Leaders, Pennsylvania Medical Society, Nurses of Pennsylvania, Pennsylvania Association of School Nurses and Practitioners, Pennsylvania Nurses Association, and Professional Nursing Resources, Inc.

(17) 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.

There are no costs or savings to the regulated community (nurses) because the regulation is directed at institutions that offer CRNP educational programs. Some CRNPs who teach in programs may experience the cost of maintaining National certification; however, it is anticipated that the institution employing these CRNPs as professors will pay these costs.

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(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

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

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

There are no costs or savings anticipated to state government in implementing the regulation.

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

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Savings						
COSTS:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated						
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

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(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -98-99	FY -99-00	FY -00-01 AS OF 12/31/01	BUDGETED FY 01-02
State Board of Nursing	\$3,922,622.16	\$4,514,839.67	\$4,934,157.00	\$4,827,000.00

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

As there are no costs associated with the regulation; the benefit of having published standards outweighs the cost of the regulation.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

Because the Professional Nursing Law mandates that the Board implement binding standards of conduct through the promulgation of regulations, no non-regulatory alternatives were considered.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

Extensive input regarding this regulation was received from the Board's educational consultants, and this input was considered and incorporated in the proposed regulation.

One of the most debated requirements of the proposed regulation was whether the program director must have an earned doctorate degree at the time the program is established. In order to allow institutions greater flexibility in hiring a director, and give currently-approved institutions adequate time to comply with the regulation, the Board determined that a director with a specific plan to complete doctoral degree could serve as the director of the program. See § 21.364(b).

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(24) 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 regulation.

No federal standards exist for the training of CRNPs.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

Sixteen state boards of nursing, including those in Maryland and Delaware, approve educational programs for nurse practitioners. Pennsylvania has, by far, the largest number of nurse practitioner programs, 52, followed by New York, 45, Michigan, 25 and Connecticut, 9. Twenty states require the MSN for nurse practitioners, including New Jersey, New York, Ohio and West Virginia.

The Board's proposed regulation is consistent with the regulations in Maryland, Delaware and New York and will not put Pennsylvania at a competitive advantage. The regulations all provide for minimum faculty qualifications, student-faculty ratios, surveys of programs, provisional or conditional and full approval, etc. The regulations all provide for the relationship between the nursing education program and the college or university housing the program, and specify requirements for student records and the school bulletin. The regulations also all provide for specific curriculum content, educational facilities, including clinical settings, and offices for staff. See Code of Delaware Regs § 24-1900(4.0); Code of Maryland Regulations §§ 10.27.03.01-10.27.03.19; N.Y. Educ. Regs. part 52.

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

The regulation will not affect any existing or proposed regulation of the Board or other state agencies.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

The Board welcomes the participation of schools of nursing and other interested parties and sets meeting times upon request at its monthly meetings. Meeting dates for 2003 are as follows: March 20-21, April 24, May 29-30, June 26, July 28-29, September 18-19, October 23 and December 4-5.

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(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

The regulation does not change existing reporting requirements. Educational institutions wishing to implement a CRNP program must currently submit a written plan to the Board. The regulation specifies information that must be included in the plan submitted to the Board. Section 21.375(b)(1)(i) requires that institutions maintain student records for 50 years. This is the standard time period for maintaining academic records.

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

No specifically affected groups have been identified.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulation would become effective upon final publication in the Pennsylvania Bulletin.

(31) Provide the schedule for continual review of the regulation.

The Board continuously monitors its regulations, and the Advanced Practice Committee of the Board meets at least 4 times per year to review regulations related to advanced practice nursing.

31, 1988—the application is not considered filed with the Board until it is complete—the following:

(i) Four academic years totaling at least 32 months and 4,000 hours of instruction in medical curriculum. Regular attendance shall be verified. Credit will not be given towards this requirement for instruction which was obtained in other than an accredited or unaccredited medical college, except for clinical rotations assigned under the auspices of the medical college in which the applicant was enrolled while he participated in the clinical rotations.

(ii) Seventy-two weeks of clinical rotations in an institution which has a graduate medical training program in the clinical area for which credit is sought, or, if the institution is not within the United States, is either a formal part of a medical college or has a formal affiliation with a medical college.

(3)] Satisfy the requirements in § 16.12 (relating to general qualifications for licenses and certificates).

* * * * *

[Pa.B. Doc. No. 04-1634. Filed for public inspection September 3, 2004, 9:00 a.m.]

STATE BOARD OF NURSING

[49 PA. CODE CH. 21]

Certified Registered Nurse Practitioner Program Approval

The State Board of Nursing (Board) proposes to add §§ 21.361–21.377 (relating to approval of certified registered nurse practitioner programs).

Effective Date

The proposed rulemaking will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

Statutory Authority

The proposed rulemaking is authorized under sections 6.1 and 8.1 of the Professional Nursing Law (act) (63 P. S. §§ 216.1 and 218.1).

Background and Need for the Proposed Rulemaking

In 1974, the General Assembly, in amendments to the act and the Medical Practice Act of 1974, authorized the Board and the State Board of Medical Education and Licensure (now the State Board of Medicine) to jointly promulgate regulations which would authorize qualified nurses to perform acts of medical diagnosis and prescribe medical, therapeutic or corrective measures.

In 1997, the Board and the State Board of Medicine jointly promulgated regulations granting certified registered nurse practitioner (CRNP) status to certain professional nurses (RNs). Section 21.271(b) (relating to currently licensed; course of study and experience; continuing education) and § 18.41(b) (relating to currently licensed; course of study and experience; continuing education) of the State Board of Medicine's regulations provide that "[t]he applicant [for certification] shall have successfully completed a course of study consisting

of at least 1 academic year in a program administered by nursing in an institution of higher education as approved by the Boards."

The act of December 9, 2002 (P. L. 1567, No. 206) (Act 206) amended section 2.1 of the act (63 P. S. § 212.1) to give the Board exclusive jurisdiction over CRNPs, including CRNP education. Prior to the enactment of Act 206, these regulations were approved for publication as proposed rulemaking by both the Board and the State Board of Medicine. Section 6.1 of the act authorizes the Board to establish standards for the operation and approval of nursing education programs for RNs. Section 8.1(b)(1)(i), added by Act 206, requires the Board to approve CRNP education programs.

Description of Proposed Rulemaking

In developing the proposed rulemaking, the Board utilized the regulatory scheme developed for approving schools of nursing for RNs. The following is a section by section analysis of the proposed additions pertaining to CRNP education.

§ 21.361. Approval of programs.

Section 21.361 provides that the Board will approve CRNP programs that require a bachelor's degree for admission and that culminate in a master's degree in nursing or postmaster's certificate. The requirement of a bachelor's degree for admission is consistent with criteria established by the National League of Nursing (League), the organization that provides standardized guidelines for nursing education throughout the United States. This requirement is also consistent with section 8.1(b) of the act, added by section 3 of Act 206, which provides for a 2-year period before all approved programs must culminate in a master's or postmaster's degree. Section 21.361 also provides that the Board will approve RN to MSN (master of science in nursing) and RN to ND (doctorate degree in nursing) and other experimental or accelerated programs that culminate with at least a master's degree. This provision serves to permit nontraditional CRNP programs for RNs who obtained their education through an associate degree or diploma program to become approved for CRNP education. Finally, § 21.361 provides that the goal of approved programs is to prepare the RN to function as a nurse practitioner.

§ 21.362. Annual reports and compliance reviews; list of approved programs.

Section 21.362 sets forth the requirements that approved programs complete an annual report and conduct a compliance review triennially. This requirement is consistent with the requirements imposed by the Board on other nursing education programs. See § 21.31 (relating to surveys; list of approved schools). In response to the information provided in the compliance review sent to the Board, the Board will send each program a written report of recommendations or requirements. Finally, § 21.362 provides that the Board will annually publish a list of approved programs. The same procedures are already established for other nursing education programs. See § 21.31.

§ 21.363. Approval process.

Section 21.363 details the two types of approval status granted to nursing education programs. Approved programs are initially placed on full approval status. A program may be placed on provisional approval if it is not in compliance with the Board's regulations. The same procedures are already established for other nursing education programs. See § 21.33 (relating to types of approval).

§ 21.364. Removal from approved list; discontinuance of CRNP program.

Section 21.364 details the procedure the Board will follow if it determines that a program should be placed on provisional approval or disapproved. The procedure includes a right to a hearing and the right to cure the program's deficiencies. These same procedures are already established for other nursing education programs. See § 21.34 (relating to removal from approved list).

§ 21.365. Establishment.

Section 21.365 provides the criteria under which a program must be established, and the information proposed programs must submit to the Board to become approved programs. The program must be developed and maintained under a regionally or Nationally accredited university or college; must be under the direction of a CRNP with a current Pennsylvania license and an earned doctorate degree (or plan to complete doctoral preparation); may be under the school's nurse educational program; and must submit information to the Board about the program's administration. These provisions are consistent with the criteria imposed on other nursing education programs. See § 21.51 (relating to establishment).

§ 21.366. Organizational requirements.

Section 21.366 sets forth the organizational requirements for programs that are seeking Board approval. The program must be a definable entity within the institution with adequate funding. The college or university under which the program operates shall make resources available to the program and interact with the program and the program's faculty in accordance with university policies. These organizational requirements are consistent with the organizational requirements for other nursing education programs. See §§ 21.61 and 21.62 (relating to baccalaureate and associate degree programs; organizational requirements; and diploma programs; organizational requirements).

§ 21.367. Faculty requirements for certified registered nurse practitioner programs.

This section sets forth the requirements for faculty in the program and the program's clinical courses. Faculty shall demonstrate expertise and maintain expertise in the subject area they are teaching; clinical faculty shall have at least 2 years of nurse practitioner experience and shall maintain clinical competency through ongoing clinical practice. These requirements are consistent with the League guidelines for CRNP programs and requirements for other nursing programs. See §§ 21.71 and 21.74 (relating to faculty and staff requirements for baccalaureate and associate degree programs; and faculty and staff requirements for diploma programs).

§ 21.368. Faculty policies.

Section 21.368 relates the faculty policies and provides that faculty shall be employed by and responsible to the college or university, that CRNP faculty shall be governed by college- or university-wide policies, that faculty duties shall be defined in writing and that CRNP faculty hours must be consistent with the faculty hours in other college or university programs. These requirements are consistent with those imposed on other nursing education programs. See §§ 21.72 and 21.75 (relating to faculty policies).

§ 21.369. General curriculum requirements.

Section 21.369 relates to the general curriculum requirements for CRNP programs. The curriculum must be

developed, implemented and evaluated by the program's faculty to include the knowledge, attitudes, skills and abilities necessary to practice as a CRNP. The curriculum must include both theoretical and clinical experiences, and instructional strategies must be appropriate to the program. The curriculum must include both general nursing courses and advanced nursing practice courses, including pharmacology. Section 21.369(c)(3) details requirements for clinical courses, including that students complete a minimum of 500 clinical hours. Section 21.369(c)(4) details requirements for advanced pharmacology courses. This section also provides that the program's clinical facilities must provide students with a variety of clinical experiences. Finally, the curriculum must prepare graduates for CRNP practice. These requirements are consistent with League guidelines for the education of CRNPs and Board requirements for other nursing programs. See § 21.81 (relating to general curriculum requirements).

§ 21.370. Evaluation.

Section 21.370 sets forth the requirements for the annual evaluation of the CRNP program conducted by the program and submitted to the Board under § 21.361(a). The evaluation must be conducted by faculty, administrators and students and include teacher effectiveness and curriculum. In addition, outcomes must be measured 1 and 3 years postgraduation. These requirements are consistent with those imposed on other nursing education programs. See § 21.82 (relating to curriculum evaluation).

§ 21.371. Curriculum changes requiring Board approval.

Section 21.371 provides that the Board approve curriculum changes that are substantial changes in program objectives, course content or instruction that affect the integration of material into the total curriculum and changes that confer a new or different certification specialty. Because Act 206 provides that, in 2 years, nurse practitioner certification may only be granted to nurses who hold certification from a Board-recognized National certification organization which required passing of a National certifying examination in the particular clinical specialty area, the Board anticipates that many programs will reorganize under Nationally-recognized certification specialties. These requirements are consistent with those imposed on other nursing education programs. See § 21.83 (relating to curriculum changes requiring Board approval).

§ 21.372. CRNP program philosophy; purposes and objectives.

Section 21.372 relates to the CRNP program philosophy. The section provides that the program must adopt a clear statement of the program's philosophy and purposes, and that the philosophy and purposes must be developed and reviewed by the faculty and consistent with the acceptable social, educational and CRNP standards. These requirements are consistent with the League guidelines and Board regulations for other nursing education programs. See §§ 21.84, 21.86 and 21.88 (relating to baccalaureate curriculum philosophy; purposes and objectives; associate degree curriculum philosophy; purposes and objectives; and diploma curriculum philosophy; purposes and objectives).

§ 21.373. Facility and resource requirements.

Section 21.373 provides that the support of the college or university must be adequate to meet the CRNP program's needs for physical plant, library resources and clinical areas. These requirements are consistent with

financial and resource requirements placed on other schools of nursing. See § 21.91 (relating to facility and resource requirements).

§ 21.374. Selection and admission standards.

Section 21.374 relates to the selection and admission standards for CRNP programs. Programs may admit currently licensed RNs holding a baccalaureate degree, or its equivalent, who meet the admissions requirements to the college or university's graduate program. The Board regulates the admission standards of other nursing programs. See §§ 21.101 and 21.102 (relating to selection and admission standards; and admission of classes). The League guidelines require a baccalaureate degree for admission to a CRNP program.

§ 21.375. Advanced standing.

This section provides that a CRNP program must have a written policy, consistent with that of the college or university, regarding granting advanced standing. This requirement is consistent with the requirement placed on other nursing schools. See § 21.103 (relating to transfer of students or advanced standing).

§ 21.376. Program records.

Section 21.376 details the requirements for keeping the program's records. Student records must be maintained in locked files on forms specifically designed for the program, and must be kept for 50 years. Faculty records must include the Pennsylvania display license and certification, educational records and documentation of continuing education. Administrative records must include affiliation agreements, minutes of meetings, annual reports, follow-up studies of graduates, budgets and written policies. Finally, the school bulletin must be comprehensive and current, include refund policies and policies related to admission, promotion, retention, transfer, advanced placement and dismissal. These requirements are consistent with the requirements applied to other nursing education programs. See §§ 21.121–21.125 (relating to records).

§ 21.377. Custody of records.

This section relates to the custody of records and provides for transfer of records to the college or university if the program closes. If the college or university closes, the Board must be provided with information as to where the records are to be kept. This section is consistent with § 21.125 (relating to custody of records), which applies to other nursing programs.

The Board sent this proposed rulemaking to numerous nursing associations and hospital systems. These organizations were: American Association of Neuroscience Nurses; Emergency Nurses Association; GPC—Oncology Nursing Society; The Hospital and Healthsystem Association of Pennsylvania; Intravenous Nurse Society; Licensed Practical Nurses Association of Pennsylvania; Pennsylvania Association of Home Health Agencies; Pennsylvania Association of Private School Administrators; Pennsylvania Association of Non-Profit Homes for the Aging; Pennsylvania Association of Nurse Anesthetists; Pennsylvania Association of Practical Nursing Program Administrators; Pennsylvania Coalition of Nurse Practitioners; Pennsylvania College of Associate Degree Nursing; Pennsylvania Council of Operating Room Nurses; Pennsylvania Department of Health-Bureau of CH Systems; Pennsylvania Health Care Association; Pennsylvania Higher Education Nursing Schools Association; Pennsylvania League for Nursing, Inc.; Pennsylvania Organization of Nurse Leaders; Pennsylvania Society of Gastroenterology Nurses and Associates; Pennsylvania State Nurses Association; School

Nurse Section, Southwestern Pennsylvania Organization for Nurse Leaders; Pennsylvania Medical Society; Nurses of Pennsylvania; Pennsylvania Association of School Nurses and Practitioners; Pennsylvania Nurses Association; and Professional Nursing Resources, Inc. In addition, the Board considered the impact the proposed rulemaking would have on the regulated community and on public safety and welfare.

Fiscal Impact and Paperwork Requirements

The proposed rulemaking will have no adverse fiscal impact on the Commonwealth or its political subdivisions because the costs of the Board's activities are supported by fees charged to licensees and others who benefit from specific activities of the Board. In this case, the fees for approval of CRNP programs will be identical to the fees charged for approval of RN programs. The proposed rulemaking will impose no additional paperwork requirements upon the Commonwealth or political subdivisions. CRNP educational programs will be required to submit documentation regarding their programs for the Board's review. In addition, these programs will be required to submit a brief annual report and more comprehensive triennial report to the Board, as is currently required of RN education programs.

Sunset Date

The Board continuously monitors the cost effectiveness of its regulations. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on August 23, 2004, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure Committee. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board, the General Assembly and the Governor of comments, recommendations or objections raised.

Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding this proposed rulemaking to Ann Steffanic, Board Administrator, State Board of Nursing, P. O. Box 2649, Harrisburg, PA 17105 within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*.

JANET SHIELDS, CRNP,
Chairperson

Fiscal Note: 16A-5119. No fiscal impact; (8) recommends adoption.

Annex

TITLE 49. PROFESSIONAL AND VOCATIONAL
STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL
AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter C. CERTIFIED REGISTERED NURSE
PRACTITIONERSAPPROVAL OF CERTIFIED REGISTERED NURSE
PRACTITIONER PROGRAMS

§ 21.361. Approval of programs.

(a) The Board will consider for approval CRNP programs which require, at a minimum, a baccalaureate degree in nursing for admission and which culminate with a master's degree in nursing or postmaster's certificate.

(b) The Board will consider for approval Registered Nurse (RN) to MSN (Master of Science in Nursing), RN to N.D. (Nursing Doctorate), experimental or accelerated programs that culminate with at least a master's degree in nursing.

(c) The Board will consider for approval those programs with a primary goal to prepare the RN to function as a nurse practitioner in an expanded role in a particular specialty area and perform acts of medical diagnosis, prescription of medical therapeutic or corrective measures in collaboration with a physician licensed to practice medicine in this Commonwealth.

§ 21.362. Annual reports and compliance reviews;
list of approved programs.

(a) Approved programs must complete an annual report to the Board on a form provided by the Board. The annual report must update information regarding the program's administration, faculty, curriculum and student enrollment.

(b) Approved programs must conduct a compliance review of CRNP programs at least once every 3 years. The compliance review must be submitted to the Board on a form provided by the Board. The compliance review must include information regarding accreditation, administration, clinical sites, faculty, curriculum, testing, educational resources and student body of the program.

(c) The Board will send a written report of recommendations or requirements, or both, based on the CRNP program's compliance review, to the CRNP program. The Board will conduct an announced or unannounced site compliance visit at its discretion.

(d) Lists of approved CRNP programs will be compiled and published annually (the approved list) and will be made available for distribution. The approved list will consist of programs on full approval status and programs on provisional approval status.

§ 21.363. Approval process.

(a) A program that meets the requirements of §§ 21.361, 21.365—21.369 and 21.372—21.375 will be granted full approval status.

(b) The Board will place a CRNP program on provisional approval status if, as evidenced by the compliance review or other information, the program is not in compliance with the Board's regulations. The Board will require progress reports or other information deemed

necessary for the evaluation of a program on provisional approval status. Two years will be the maximum time allowed for the correction of the deficiencies that resulted in the program being placed on provisional approval status. If the program on provisional approval status is not in compliance within this designated time, the CRNP program will be removed from the approved list.

(c) The Board may return a CRNP program on provisional approval status to full approval status if the program attains and maintains the acceptable standards in §§ 21.365—21.378, and adheres to the policies and regulations of the Board.

§ 21.364. Removal from approved list; discontinuance of CRNP program.

(a) The Board will give at least 30 days notice of intent to remove a CRNP program from full approval status to provisional approval status or from provisional approval status to removal from the approved list and will provide an opportunity for the program's officials to present documentation, within 10 days of notification of intent to remove, to show why approval should not be withdrawn. The Board will hold a hearing, within 30 days of the submission of documentation, at which the program official may appear and present additional evidence to show cause as to why approval should not be withdrawn. The 30-day period for holding a hearing may be waived by consent of the parties. Failure to hold a hearing within 30 days will not be cause to withdraw the notice of intent to remove.

(b) Programs wishing to discontinue must follow the procedures in § 21.41 (relating to discontinuance of a program of nursing).

§ 21.365. Establishment.

(a) A CRNP program must be developed and maintained under the authority of a regionally or Nationally accredited university or college.

(b) A CRNP program must be under the direction of a faculty member who holds an active certification as a Pennsylvania CRNP and an earned doctorate degree or a specific plan for completing doctoral preparation. The length of appointment of temporary and acting directors of CRNP programs may not exceed 1 year.

(c) A university or college may conduct CRNP programs within the graduate program of the university or college where it resides, if the college or university has a professional nurse program and the philosophy of the parent institution encompasses dual programs of education. A college or university desiring to establish a program of nursing is required to:

(1) Submit a proposal to the Board, at least 12 months prior to the first intended admission of students, which includes the following:

(i) Sufficient statistical data to support the need for a certified registered nurse practitioner program within the community and to assure availability of an adequate number of interested candidates.

(ii) Letters of intent from the cooperating agencies indicating positive commitment to the CRNP program and the availability of sufficient clinical resources to meet the educational requirements of the CRNP program.

(iii) The projected cost of the CRNP program including costs for faculty, clinical teaching resources, educational supplies, office supplies, and the like, and sufficient evidence of stable financial support.

(2) Employ the director of the CRNP program prior to the intended admission date of students.

(d) The planned CRNP educational program proposal must include:

(1) A statement of the organization and administrative policies of the college or university.

(2) A statement of the administrative structure and functions of the nursing school.

(3) A statement of the educational preparation and nursing experience of faculty members employed.

(4) A statement of the philosophy, purposes and objectives of the program, which are congruent with the philosophy of the university or college.

(5) A statement of the curriculum, based on sound educational concepts, and including detailed course descriptions, objectives, and descriptions of the relevant clinical practice related to the specialty area.

(6) A statement of admissions policies.

(7) A statement identifying the National educational standards and guidelines used in the development of the nursing practitioner program.

(8) Statements of financial viability for 5 years.

(9) A description of the clinical facilities.

(e) Following the review of the CRNP program proposal and before final Board action is taken to grant permission to recruit students, an initial facility survey may be made by the designee of the Board.

§ 21.366. Organizational requirements.

(a) The CRNP program must be a definable entity distinguishable from other educational programs and services within the institution.

(b) Relationships with central administrative officers, interrelationships among other disciplines and services of the college or university, and representation on college or university councils and committees for faculty in a CRNP program must be consistent with the interaction and responsibilities accorded to other faculty members of the college or university.

(c) Adequate funds must be allocated and properly budgeted for the sound and effective operation of the CRNP program.

(d) Policies in effect for faculty members of the CRNP program must be those in effect for faculty members throughout the college or university.

(e) The resources, facilities and services of the college or university must be available to and used by the CRNP program and be adequate to meet the needs of the faculty and students.

§ 21.367. Faculty requirements for certified nurse practitioner programs.

(a) The minimum faculty requirements submitted under § 21.365(d)(3) (relating to establishment) for the program are:

(1) Qualified faculty members teaching in their areas of specialized practice encompassed within the curriculum.

(2) Additional faculty members as needed to insure an educationally effective student-faculty ratio.

(b) Faculty qualifications for clinical courses in the CRNP program are as follows:

(1) Faculty members shall provide evidence of expertise in their subject areas, and when appropriate, be currently licensed and certified in this Commonwealth and hold and maintain National certification. Faculty members already employed in a CRNP program who do not hold National certification in their area of specialization shall obtain National certification, if available, by _____. (*Editor's Note: The blank refers to a date 2 years after adoption of this proposal.*)

(2) Faculty members shall have at least 2 years of clinical nurse practitioner experience.

(3) Faculty members shall give evidence of maintaining expertise in their clinical or functional areas of specialization.

(4) Faculty members shall maintain currency in clinical practice through ongoing clinical practice.

(5) Faculty members shall meet specialty requirements for continuing competency in accordance with their educational program responsibilities.

§ 21.368. Faculty policies.

(a) The faculty shall be employed by and be responsible to the college or university.

(b) Policies, including personnel policies in effect for CRNP program faculty, must be those in effect for faculty members throughout the college or university.

(c) Functions and responsibilities of each faculty member must be defined in writing.

(d) Teaching hours of CRNP faculty must be consistent with the policies of the college or university.

§ 21.369. General curriculum requirements.

(a) The curriculum must be developed, implemented and evaluated by the faculty and be based on the philosophy and objectives of the school.

(b) The curriculum must be organized and developed to include the knowledge, attitudes, skills and abilities necessary for practice as a CRNP and in accordance with this chapter as related to CRNP practice.

(c) The curriculum must provide for both clinical and theoretical experiences. The curriculum must have the following components incorporated into each CRNP program:

(1) *Graduate nursing core.* The graduate nursing core must include the following content:

- (i) Research.
- (ii) Health care policy and organization.
- (iii) Ethics.
- (iv) Professional role development.
- (v) Theoretical foundations of nursing practice.
- (vi) Human diversity and social issues.
- (vii) Health promotion and disease prevention.

(2) *Advanced nursing practice core.* The advanced nursing practice core must include the following content:

- (i) Advanced health/physical assessment.
- (ii) Advanced Physiology and Pathophysiology.
- (iii) Advanced pharmacology.

(3) *Specialty content.* The CRNP student shall receive sufficient clinical experience to provide depth and breadth in a given specialty or with designated populations, geared to nurse practitioner practice. Clinical hours must

meet at least National certification requirements with a minimum of 500. Additional hours must be provided for specialties that provide care to multiple age groups (for example, family CRNPs) or for those who will practice in multiple care settings. When defining additional clinical hours, the complexity of the specialty content, as well as the need for clinical experience to enhance retention and skills, shall be considered. The expected graduate competencies must be the key determinant of the clinical component.

(4) *Advanced pharmacology.*

(i) CRNP program graduates shall have a well-grounded understanding of pharmacologic principles, which includes the cellular response level. This area of core content must also include both pharmacotherapeutics and pharmacokinetics of broad categories of pharmacologic agents. Advanced pharmacology must be taught in a separate or dedicated 3-credit or 45-hour course. Pharmacology content must also be integrated into the other content areas identified in the advanced practice nursing core. Additional application of this content must also be presented within the specialty course content and clinical experiences of the program to prepare the CRNP to practice within a specialty scope of practice.

(ii) The purpose of this content is to provide the graduate with the knowledge and skills to assess, diagnose and manage (including the prescription of pharmacologic agents) a patient's common health problems in a safe, high quality, manner.

(iii) The course work must provide graduates with the knowledge and skills to:

(A) Comprehend the pharmacotherapeutics of broad categories of drugs.

(B) Analyze the relationship between pharmacologic agents and physiologic/pathologic responses.

(C) Understand the pharmacokinetics and pharmacodynamics of broad categories of drugs.

(D) Understand the motivations of clients in seeking prescriptions and the willingness to adhere to prescribed regimens.

(E) Safely and appropriately select pharmacologic agents for the management of client health problems based on client variations, the problem being managed, and cost effectiveness.

(F) Provide comprehensive and appropriate client education in relation to prescribed pharmacologic agents.

(G) Analyze the effects of single and multiple drug regimens on the client's health and functioning.

(H) Understand the variety of State legal requirements for CRNP prescriptive authority.

(I) Fulfill legal requirements for writing prescriptions as a CRNP in this Commonwealth in accordance with §§ 21.283—21.287 (relating to CRNP practice).

(5) *Professional role content.* The course work must provide graduates with curriculum in:

(i) Management of client health/illness status.

(ii) The nurse-client relationship.

(iii) The teaching-mentoring function.

(iv) Professional role.

(v) Managing and negotiating health care delivery systems.

(vi) Monitoring and ensuring the quality of health care practice.

(d) The instructional strategies must be appropriate and consistent with the program's philosophy, mission and objectives.

(e) The clinical facilities of the CRNP program must provide a variety of experiences with sufficient quality and quantity. Clinical experiences must be consistent with the scope of practice.

(f) CRNP courses and curriculum must be organized to continue the development of values, understandings, knowledge and skills needed in all aspects of practice as a CRNP and emphasize specialty areas.

(g) The ratio of students to faculty must insure optimal learning opportunities in clinical laboratory sessions and must be consistent with the objectives of the CRNP courses.

(h) The curriculum for CRNP programs must give evidence of providing learning experiences which will prepare graduates for CRNP practice. The standards of practice are defined and delineated by the profession and §§ 21.18 and 21.284 (relating to standards of nursing conduct; and prescribing and dispensing parameters).

(i) Course syllabi that identify all aspects of each course must be developed and readily available.

§ 21.370. *Evaluation.*

(a) As part of the CRNP program approval process, the CRNP program must submit an outline of, and appropriate time line for, its planned evaluative process. The evaluative process must include, at a minimum, the following:

(1) A self-evaluation process completed by faculty, administrators and students of the CRNP program evidencing input into the CRNP program by faculty, administrators and students. The self-evaluative process must include:

(i) Peer evaluation of teacher effectiveness.

(ii) Student evaluation of teaching and program effectiveness.

(iii) Periodic evaluation of the program by faculty, students and graduates of the program.

(iv) Periodic evaluation of the program's human and fiscal resources, program policies, facilities and services.

(2) Provisions for the program's curriculum evaluation process, completed by faculty, students, and graduates of the program. The curriculum must:

(i) Assess the program's effectiveness relative to current standards of practice.

(ii) Assess the program's effectiveness relative to current trends in education and health care.

(iii) Assess the program's effectiveness in attaining program objectives

(iv) Demonstrate that curriculum changes have been evaluated by the CRNP program faculty and are consistent with core competencies in the CRNP specialties.

(3) Provision for ongoing student evaluative process that assesses the student's progress toward and ultimate achievement of program objectives. The student evaluative process must:

(i) Be evident in the course outlines provided to students at the beginning of each course.

(ii) Include documentation of faculty-supervised performance evaluation of students.

(iii) Utilize evaluation tools that reflect nurse practitioner National competencies in the specialty areas.

(iv) Include student evaluation of the quality of clinical experiences.

(b) Programs must measure outcomes of graduates at 1-year and 3-year intervals postgraduation.

§ 21.371. Curriculum changes requiring Board approval.

Curriculum changes that require Board approval include changes in:

(1) Program objectives, course content or instruction that affect the integration of material into the total curriculum.

(2) An approved program which deem a new or different certification specialty title for graduates of that program require approval as a new CRNP education program.

§ 21.372. CRNP program philosophy; purposes and objectives.

(a) A clear statement of philosophy and purposes of the CRNP program, consistent with the philosophy and purposes of the college or university, must be formulated and adopted.

(b) The philosophy, purposes and objectives of the CRNP program must be developed and clearly stated by the faculty and be reviewed and revised at stated time intervals by this group.

(c) The philosophy and purposes of the CRNP program must be consistent with currently accepted social, educational and CRNP standards.

§ 21.373. Facility and resource requirements.

(a) The support of the college or university must be adequate to meet CRNP program needs and include the following:

(1) Faculty and staff offices.

(2) Classrooms, conference rooms and laboratories.

(3) Administrative and secretarial support.

(4) Interactive information systems (computer/technical support) sufficient to develop, manage and evaluate the program.

(b) There must be current, appropriate, adequate and available learning resources to include audio/visual equipment, computers and library materials.

(c) The CRNP program must provide appropriate clinical resources and experience for students, including:

(1) Space for faculty's and students' needs.

(2) Exposure of appropriate duration to a patient population sufficient in number to insure that the student can meet program goals.

(3) Faculty to provide adequate supervision and evaluation.

(i) Supervision of all students in the clinical areas is the responsibility of the CRNP program faculty.

(ii) One program faculty member shall supervise no more than 6 students in a clinical course. If faculty are providing onsite preceptorship, the maximum ratio is two

students per faculty member. If faculty are managing their own caseload of patients, the maximum ratio is one student per faculty member.

(iii) Onsite clinical preceptors may include: advanced practice nurses who are currently licensed, physicians who are currently licensed and CRNPs who are currently licensed and certified. One preceptor may supervise no more than one student at any one time.

§ 21.374. Selection and admission standards.

(a) Policies and procedures related to the selection and admission of students are the responsibility of the individual program. Consideration must be given to scholastic aptitude, academic achievement, personal qualities and physical and emotional health necessary to fulfill the objectives of the program.

(b) Students admitted to CRNP programs shall meet the requirements for admission to the university or college for a master's degree in nursing programs and additional requirements that may be established for the CRNP program.

(c) Students admitted to CRNP programs shall have successfully completed the equivalent of a baccalaureate degree in nursing from an accredited institution of higher learning in a nursing program.

(d) Students admitted to CRNP programs shall be currently licensed as a registered nurse (RN) or, if enrolled in an RN to Master of Science in Nursing (MSN) or RN to Nursing Doctorate (ND) program shall complete all competencies for undergraduate requirements prior to taking graduate courses.

§ 21.375. Advanced standing.

The school must have a written policy consistent with its philosophy and objectives concerning criteria for granting advanced standing. The policy of master's degree programs must be consistent with that of the college or university.

§ 21.376. Program records.

(a) The program must employ a record system that ensures the operation of the program. Records must be maintained in locked files which assure their safe-keeping.

(b) Each nursing faculty shall select record forms specifically for the CRNP program that include the following:

(1) Student records, including the permanent record, containing both clinical and theoretical experience and achievement, must be kept for 50 years.

(2) Faculty records, including the following:

(i) "Display portion" of current Pennsylvania nursing licenses and CRNP certification.

(ii) Records of preparation and experience, including official college transcripts.

(iii) Current record of continuing education activities.

(iv) Record of National certification, if applicable.

(3) Administrative records, including the following:

(i) Affiliation agreements with cooperating agencies.

(ii) Minutes of meetings.

(iii) Annual reports.

(iv) Follow-up studies of graduates.

(v) Budgets.

(vi) Current written policies.

- (4) School bulletin, including the following:
 - (i) Comprehensive and current information.
 - (ii) Clearly defined refund policies governing fees and tuition paid by the students.
 - (iii) Clearly defined policies relating to admission, promotion, retention, transfer, advanced placement and dismissal.

§ 21.377. Custody of records.

(a) When a program closes, the college or university is responsible for the safekeeping of the records of students for at least 50 years after graduation of the last class.

(b) If the college or university also closes, advice should be obtained from the Board concerning the permanent safekeeping and availability of the records of the school of nursing.

(c) The Board shall be informed in writing concerning the permanent placement of these records.

[Pa.B. Doc. No. 04-1635. Filed for public inspection September 3, 2004, 9:00 a.m.]

[49 PA. CODE CH. 21] Temporary Practice Permits

The State Board of Nursing (Board) proposes to add §§ 21.7 and 21.149 (relating to temporary practice permits) to read as set forth in Annex A.

Effective Date

The proposed rulemaking will be effective upon final-form publication in the *Pennsylvania Bulletin*.

Statutory Authority

The proposed rulemaking is authorized under sections 2.1(k) and 4.1 of the Professional Nursing Law (act) (63 P. S. §§ 212.1(k) and 214.1) and sections 3.1 and 17.6 of the Practical Nurse Law (63 P. S. §§ 653.1 and 667.6).

Background and Need for the Proposed Rulemaking

Over the past 2 years, the Board has experienced a great increase in the number of applications for temporary practice permit (TPP) extensions, specifically among individuals seeking extensions to TPPs for currently-licensed nurses. Section 14.1 of the act and section 17.6 of the Practical Nurse Law authorize the Board to issue a TPP to a person who holds a current license issued by another state, territory or possession of the United States.

Qualifications for licensure vary from state to state. In this Commonwealth, individuals who have graduated from a school of nursing that is not approved by the Board (that is, a nursing education program outside this Commonwealth) shall have their educational program evaluated to determine if it is equivalent to the education required for licensure in this Commonwealth. In addition, an individual shall have passed the licensure examination (NCLEX-RN for professional nurses or NCLEX-PN for practical nurses). See section 7 of the act (63 P. S. § 217) and section 16 of the Practical Nurse Law (63 P. S. § 656).

In reviewing the applications for extension, the Board discovered that the vast majority of applicants have not timely completed their applications for licensure. The statute requires that an applicant file an application for

licensure at the same time as the application for a TPP. Submission of an application for licensure triggers the review of the applicant's nursing education program for equivalency, because one of the supporting documents submitted is a transcript of the individual's course work in his nursing education program. Upon review of the requests for extension of TPPs, the Board has discovered that applicants fail to provide the Board with required supporting documents in their license applications. The Board has identified this failure to provide supporting documentation as the reason these nurses experience delays in obtaining licensure. This proposed rulemaking sets forth time limits by which an applicant shall request supporting documentation for licensure. These time limits should dramatically reduce the requests for extensions to TPPs.

The Board seeks to reduce multiple or lengthy extensions to TPPs for several reasons. First, until an applicant has completed the application for licensure, the Board has not reviewed the applicant's qualifications to practice nursing. Therefore, it is possible that some applicants for licensure may practice in this Commonwealth for a period of time before the Board has determined whether the individual meets the statutory qualifications, which may in turn pose a threat to public health and safety. Second, the statute does not provide a mechanism by which the Board can discipline an individual who holds a TPP for misconduct. The Board can demand the return of the TPP and, if the person does apply for licensure, any misconduct while holding a TPP may provide sufficient grounds to deny licensure. However, the Board cannot require that the TPP holder participate in educational programs or place the TPP on probation.

Section 21.7 and 21.149 are virtually identical except that § 21.7 applies to professional nurses and § 21.149 applies to practical nurses. Therefore, the Board will describe only § 21.7. Subsection (a) applies to TPPs for graduate nurses and subsection (b) applies to TPPs for currently licensed nurses.

Description of the Proposed Rulemaking

Section 21.7(a)(1) mirrors section 4.1 of the act in requiring an individual who has graduated from an approved nursing program who wishes to practice as a graduate nurse prior to taking the licensing examination to apply for a TPP. In addition, § 21.7(a)(1) mirrors the statutory restriction that a TPP is valid for up to 1 year and expires if the TPP holder fails the licensing examination.

Section 21.7(a)(2) requires that the TPP holder submit an application for licensure by examination to the Board and register with the professional testing organization at least 90 days prior to the expiration date of the TPP. This provision is based on the 90-day validity period of the "authorization to test." In other words, once an applicant has been approved to take the licensing examination, that approval is valid for 90 days.

Section 21.7(a)(3) provides that a TPP holder who wishes to apply for an extension of the TPP shall apply for the extension at least 60 days prior to the date the TPP is set to expire. In addition, the applicant for extension shall provide the Board with a detailed explanation of the need for the extension. Finally, § 21.7(a)(3) notifies these applicants that the Board will only grant an extension in cases of illness or extreme hardship. The 60-day time period allows the Board sufficient time to process and consider a request for an extension at a meeting of the Board.

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU**

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State Board of Nursing
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 16A-5119

DATE OF ADOPTION: _____

BY: Janet N. Shields
Janet Hunter Shields, MSN, CRNP, CS

TITLE: Chairperson
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

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BY: DAVID J. DEVERES

NOV 22 2005

DATE OF APPROVAL

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(Chief Counsel,
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- [] Check if applicable
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**FINAL RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
49 PA. CODE, §§ 21.361 - 21.377
CERTIFIED REGISTERED NURSE PRACTITIONER PROGRAM APPROVAL**

The State Board of Nursing (Board) adopts §§ 21.361-21.377, (relating to approval of certified registered nurse practitioner programs) to read as set forth in Annex A.

Statutory Authority

The amendments are authorized under sections 6.1 and 8.1 of the Professional Nursing Law (act) (63 P.S. §§ 216.1 and 218.1).

Background and Purpose

Notice of Proposed Rulemaking was published at 34 Pa. B. 4890 (September 4, 2004). Publication was followed by a 30-day public comment period; however, the Board did not receive comments from the general public. On October 5, 2004, the House Professional Licensure Committee (HPLC) submitted a comment for a typographical correction, which has been made. On November 3, 2004, the Independent Regulatory Review Commission (IRRC) submitted comments and suggestions to the Board.

Summary of Comments and Responses to Proposed Rulemaking

§ 21.361. General criteria for approval of programs.

IRRC commented that the phrase “experimental or accelerated programs” in § 21.361(b) should be defined. The Board has changed the phrase to “pilot or accelerated programs,” but has not added a definition. The Board intends to permit non-traditional programs, such as those operating at Drexel University and the University of Pittsburgh, to submit applications for approval without regulatory impediment. A statutory change was required to permit a diploma professional nursing program in transition to degree-granting nursing education program to apply to the Board for approval. Act 99 of 2002 (effective September 29, 2002) amended section 6 of the Professional Nursing Law (63 P.S. § 216) to authorize the Board to approve nursing education “programs in transition from approved diploma to degree granting programs.”

IRRC next commented that § 21.361(c) was unwieldy as drafted. The Board has shortened subsection (c) by moving some information into subsection (b). The Board added a new subsection (d) which includes information formerly in subsection (b).

§ 21.362. Annual reports and compliance reviews, list of approved programs.

IRRC suggested that the final-form regulation should specify how long a CRNP program would be given to comply with recommendations of the Board under § 21.362(c). The Board has amended § 21.362(c) to provide that the Board will include compliance deadlines with its recommendations. The Board also amended subsection (d) to accurately reflect that the Board's list of approved programs will include programs on initial as well as full and provisional approval status.

§ 21.363. Approval process.

IRRC asked what "other information" the Board could consider when determining whether to place a program on provisional approval status under § 21.363(b). The Board declines to specify acceptable information in the regulation because doing so has the potential to limit the information that might be useful to the Board in considering whether to place a program on provisional status.

IRRC next asked when and how often a program on provisional approval status would be required to submit progress reports to the Board. The time frame varies depending on each individual school's situation and the type and extent of changes needed to come into compliance with the Board's regulations. The Board has added language to § 21.363(b) to notify schools that the Board will require progress reports at its discretion.

§ 21.364. Removal from approved list; discontinuance of CRNP program.

The Board changed the word "wishing" to "planning" in § 21.364(b).

§ 21.365. Establishment.

IRRC questioned whether it was necessary to include both regional accreditation and National accreditation in § 21.365(a). Regional accreditation is awarded to the college or university by entities approved by the U.S. Department of Education. National accreditation is awarded to the nursing education program by one of several accreditation services. The Board has amended the regulation to specifically name the national accrediting bodies. IRRC also suggested that the Board amend § 21.51 of its regulations. The Board finds that such an amendment is beyond the scope of proposed rulemaking. Because medical schools are situated within accredited colleges or universities, a medical school could apply to the Board for approval to institute a CRNP educational program.

IRRC next asked whether § 21.365(b) required the CRNP program director to hold a doctoral degree in a specific area or field. It does not. IRRC also asked for clarification on the language "a specific plan for completing doctoral preparation." The Board has amended the language to clarify

that the program director must have both a specific plan to complete the doctoral degree within 5 years and evidence effort toward completion of the degree. Most universities require doctoral candidates to complete their degrees within 7 years. The 5-year time frame assumes the program director has already enrolled in a doctoral degree program. The Board has adopted IRRC's suggestion of the term "degree" rather than "preparation".

§ 21.367. Faculty requirements for certified registered nurse practitioner programs.

Regarding § 21.367(b)(1), IRRC asked about the phrases "evidence of expertise" and "when appropriate." Evidence of expertise may be shown in many ways – through National certification, independent research and writing or work experience. Certification is only required "when appropriate" because it is common for some CRNP courses to be taught by individuals who hold credentials other than CRNP certification. For example, individuals who hold doctorate degrees in pharmacy, rather than a master's degree in nursing, teach many advanced pharmacology courses. Other courses are taught by medical or osteopathic doctors rather than by CRNPs.

The Board also deleted the requirement, in § 21.367(b)(2), that faculty members have at least two years of clinical nurse practitioner experience. There is a shortage of individuals that meet the requirements to become faculty members and the Board believes that eliminating this requirement will allow more qualified individuals who are qualified to teach to become faculty members. Subsequent paragraphs were renumbered accordingly.

§ 21.369. General curriculum requirements.

IRRC questioned whether it was necessary to mention advanced pharmacology in both §§ 21.369(c)(2) and (c)(4). The three pillars of advanced practice nursing are advanced health and physical assessment, advanced physiology and pathophysiology and advanced pharmacology. For this reason, advanced pharmacology must be listed in § 21.369(c)(2). The Board provides for specific regulation of the advanced pharmacology curriculum in § 21.369(c)(4). The Board does not believe that this minor duplication will provoke any confusion.

IRRC also noted that § 21.369(g) should reference § 21.373(c)(3)(ii) to specify student to faculty ratios. The Board has added the cross-reference.

§ 21.376. Program records.

The Board amended § 21.376(b)(2)(i) to account for faculty members, such as medical doctors, who have licenses or certifications other than a nursing license or CRNP certification.

Miscellaneous Comments

Finally, IRRC raised two typographical concerns, which have been corrected. In addition, IRRC questioned whether the word “nationally” should be capitalized. The Legislative Reference Bureau capitalized this word prior to publication. The Board defers to the Bureau’s knowledge of proper regulatory style.

Fiscal Impact and Paperwork Requirements

The amendments will have no adverse fiscal impact on the Commonwealth or its political subdivisions. The amendments will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector. CRNP programs already apply to the Board for approval and submit information as set forth in this rulemaking. The Board did not previously promulgate the regulation because CRNP educational programs were jointly regulated with the State Board of Medicine, and joint rulemaking was not feasible. A program seeking Board approval pays an application fee under § 21.5. The Board intends to promulgate regulations to update its fees and will provide a separate fee for CRNP program approval at that time.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), the Board submitted copies of the notice of proposed rulemaking, published at 34 Pa. B. 4890, on September 4, 2004, to IRRC, the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) and the HPLC for review and comment.

Publication of the notice of proposed rulemaking was followed by a 30-day public comment period during which the Board received no written comments from the public. In preparing the final-form regulation, the Board has considered the comments received from IRRC and the HPLC. The SCP/PLC did not submit comments.

Under section 5.1(j.2) of the Regulatory Review Act (71 P.S. § 745.5a(j.2)), this final-form regulation was approved by the HPLC on _____, and was (deemed) approved by the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act (71 P.S. § 745.5a(e)), IRRC met on _____, and approved the final-form regulation.

Additional Information

Further information may be obtained by contacting Ann Steffanic, Administrative Assistant, State Board of Nursing, P.O. Box 2649, Harrisburg, PA 17105-2649, or from the Department of State’s website, www.dos.state.pa.us.

Findings

The State Board of Nursing finds that:

1. Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 709, No. 240 (45 P.S. §§ 1201 – 1202) and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 – 7.2.
2. A public comment period was provided as required by law and all comments were considered.
3. The amendments to the final-form rulemaking do not enlarge the purpose of proposed rulemaking published at 34 Pa. B. 4890.
4. This final-form rulemaking is necessary and appropriate for administering and enforcing the authorizing acts identified in this Preamble.

Order

The State Board of Nursing, acting under its authorizing statutes, orders that:

- (A) The regulations of the Board, 49 Pa. Code §§ 21.361-21.377, are amended to read as set forth in Annex A.
- (B) The Board shall submit this order and Annex A to the Office of General Counsel and the Office of Attorney General as required by law.
- (C) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.
- (D) This order shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

Janet Hunter Shields, CRNP, MSN, CS

ANNEX A

PENNSYLVANIA ADMINISTRATIVE CODE

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

SUBCHAPTER C. CERTIFIED REGISTERED NURSE PRACTITIONERS

* * *

**APPROVAL OF CERTIFIED REGISTERED NURSE
PRACTITIONER PROGRAMS**

§ 21.361. GENERAL CRITERIA FOR Approval of programs.

- (a) ~~The Board will consider for approval~~ A CRNP programs ~~which~~ MUST require, at a minimum, a baccalaureate degree in nursing for admission and ~~which~~ MUST culminate with a master's degree in nursing or post-master's certificate.
- (b) ~~The Board will consider for approval Registered Nurse (RN) to M.S.N. (Master of Science in Nursing), R.N. to N.D. (Nursing Doctorate), experimental or accelerated programs that culminate with at least a master's degree in nursing.~~ A CRNP PROGRAM

MUST PREPARE THE REGISTERED NURSE (RN) TO FUNCTION AS A NURSE PRACTITIONER IN AN EXPANDED ROLE IN A PARTICULAR SPECIALTY.

- (c) ~~The Board will consider for approval those programs with a primary goal to prepare the RN to function as a nurse practitioner in an expanded role in a particular specialty area and perform acts of medical diagnosis, prescription of medical, therapeutic or corrective measures in collaboration with, and under the direction of, a physician licensed to practice medicine in this Commonwealth.~~

A CRNP PROGRAM MUST PREPARE THE REGISTERED NURSE TO PERFORM ACTS OF MEDICAL DIAGNOSIS AND PRESCRIPTION OF MEDICAL, THERAPEUTIC OR CORRECTIVE MEASURES IN COLLABORATION WITH A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE COMMONWEALTH.

- (D) A CRNP PROGRAM MAY BE FORMED AS A MASTER'S PROGRAM, AN RN TO MASTER'S PROGRAM, AN RN TO NURSING DOCTORATE PROGRAM OR A PILOT OR ACCELERATED PROGRAM THAT CULMINATES WITH AT LEAST A MASTER'S DEGREE IN NURSING.

§ 21.362. Annual reports and compliance reviews; list of approved programs.

- (a) Approved programs must complete an annual report to the Board on a form provided by the Board. The annual report must update information regarding the program's administration, faculty, curriculum and student enrollment.
- (b) Approved programs must conduct a compliance review of CRNP programs at least once every 3 years. The compliance review must be submitted to the Board on a form provided by the Board. The compliance review must include information regarding accreditation, administration, clinical sites, faculty, curriculum, testing, educational resources and student body of the program.
- (c) The Board will send a written report of recommendations or requirements, or both, INCLUDING COMPLIANCE DEADLINES, based on the CRNP program's compliance review, to the CRNP program. The Board will conduct an announced or unannounced site compliance visit at its discretion.
- (d) Lists of approved CRNP programs will be compiled and published annually (the approved list) and will be made available for distribution. The approved list will consist of programs on INITIAL, full, approval status and programs on provisional approval status.

§ 21.363. Approval process.

- (a) A program that meets AND MAINTAINS the requirements of §§ 21.361, 21.365-21.369 and 21.372-21.375 will be granted full approval status.
- (b) The Board will place a CRNP program on provisional approval status if, as evidenced by the compliance review or other information, the program is not in compliance with the Board's regulations. ~~The~~ AT ITS DISCRETION, THE Board will require progress reports or other information deemed necessary for the evaluation of a program on provisional approval status. Two years will be the maximum time allowed for the correction of the deficiencies that resulted in the program being placed on provisional approval status. If the program on provisional approval status is not in compliance within this designated time, the CRNP program will be removed from the approved list.
- (c) The Board may return a CRNP program on provisional approval status to full approval status if the program attains and maintains the acceptable standards in §§21.365 - 21.377, and adheres to the policies and regulations of the Board.

§21.364. Removal from approved list; discontinuance of CRNP program.

- (a) The Board will give at least 30 days notice of intent to remove a CRNP program from full approval status to provisional approval status or from provisional approval status to removal from the approved list and will provide an opportunity for the program's

officials to present documentation, within 10 days of notification of intent to remove, to show why approval should not be withdrawn. The Board will hold a hearing, within 30 days of the submission of documentation, at which the program official may appear and present additional evidence to show cause as to why approval should not be withdrawn. The 30 day period for holding a hearing may be waived by consent of the parties. Failure to hold a hearing within 30 days will not be cause to withdraw the notice of intent to remove.

- (b) Programs ~~wishing~~ PLANNING to discontinue must follow the procedures in §21.41 (relating to discontinuance of a program of nursing).

§ 21.365. Establishment.

- (a) A CRNP program must be developed and maintained under the authority of a regionally ~~or Nationally~~ accredited university or college OR SHALL HAVE CURRENT ACCREDITATION BY THE CREDENTIALING COMMISSION FOR NURSE EDUCATION OR THE NATIONAL LEAGUE OF NURSING.
- (b) A CRNP program must be under the direction of a faculty member who holds an active certification as a Pennsylvania CRNP and an earned doctorate degree or a specific plan ~~for completing doctoral preparation~~ AND EVIDENCE TOWARD COMPLETION OF

THE DOCTORAL DEGREE WITHIN 5 YEARS. The length of appointment of temporary and acting directors of CRNP programs may not exceed 1 year.

- (c) A university or college may conduct CRNP programs within the graduate program of the university or college where it resides, if the college or university has a professional nurse program and the philosophy of the parent institution encompasses dual programs of education. A college or university desiring to establish a program of nursing is required to:

- (1) Submit a proposal to the Board, at least 12 months prior to the first intended admission of students, which includes the following:

- (i) Sufficient statistical data to support the need for a certified registered nurse practitioner program within the community and to assure availability of an adequate number of interested candidates.
- (ii) Letters of intent from the cooperating agencies indicating positive commitment to the CRNP program and the availability of sufficient clinical resources to meet the educational requirements of the CRNP program.

- (iii) The projected cost of the CRNP program including costs for faculty, clinical teaching resources, educational supplies, office supplies, and the like, and sufficient evidence of stable financial support.
 - (2) Employ the director of the CRNP program prior to the intended admission date of students.
- (d) The planned CRNP educational program proposal must include:
- (1) A statement of the organization and administrative policies of the college or university.
 - (2) A statement of the administrative structure and functions of the nursing school.
 - (3) A statement of the educational preparation and nursing experience of faculty members employed, WHICH MUST CONFORM TO §21.367(B) (RELATING TO FACULTY REQUIREMENTS FOR CERTIFIED REGISTERED NURSE PRACTITIONER PROGRAMS).
 - (4) A statement of the philosophy, purposes and objectives of the program, which are congruent with the philosophy of the university or college.

- (5) A statement of the curriculum, based on sound educational concepts, and including detailed course descriptions, objectives, and descriptions of the relevant clinical practice related to the specialty area.
 - (6) A statement of admissions policies.
 - (7) A statement identifying the National educational standards and guidelines used in the development of the nursing practitioner program.
 - (8) Statements of financial viability for 5 years.
 - (9) A description of the clinical facilities.
- (e) Following the review of the CRNP program proposal and before final Board action is taken to grant permission to recruit students, an initial facility survey may be made by the designee of the Board.

§ 21.366. Organizational requirements.

- (a) The CRNP program must be a definable entity distinguishable from other educational programs and services within the institution.
- (b) Relationships with central administrative officers, interrelationships among other disciplines and services of the college or university, and representation on college or university councils and committees for faculty in a CRNP program must be consistent with the interaction and responsibilities accorded to other faculty members of the college or university.
- (c) Adequate funds must be allocated and properly budgeted for the sound and effective operation of the CRNP program.
- (d) Policies in effect for faculty members of the CRNP program must be those in effect for faculty members throughout the college or university.
- (e) The resources, facilities and services of the college or university must be available to and used by the CRNP program and be adequate to meet the needs of the faculty and students.

§ 21.367. Faculty requirements for certified nurse practitioner programs.

(a) The minimum faculty requirements submitted under § 21.365(d)(3) (Relating to establishment) for the program are:

(1) Qualified faculty members teaching in their areas of specialized practice encompassed within the curriculum.

(2) Additional faculty members as needed to insure an educationally effective student-faculty ratio.

(b) Faculty qualifications for clinical courses in the CRNP program are as follows:

(1) Faculty members shall provide evidence of expertise in their subject areas, and when appropriate, be currently licensed and certified in this Commonwealth and hold and maintain National certification. Faculty members already employed in a CRNP program who do not hold National certification in their area of specialization shall obtain National certification, if available, by _____ (Editor's note: The blank refers to a date 2 years after adoption of this proposal.).

- (2) Faculty members shall have at least 2 years of clinical nurse practitioner experience.
- (3) Faculty members shall give evidence of maintaining expertise in their clinical or functional areas of specialization.
- (43) Faculty members shall maintain currency in clinical practice through ongoing clinical practice.
- (54) Faculty members shall meet specialty requirements for continuing competency in accordance with their educational program responsibilities.

§ 21.368. Faculty policies.

- (a) The faculty shall be employed by and be responsible to the college or university.
- (b) Policies, including personnel policies in effect for CRNP program faculty, must be those in effect for faculty members throughout the college or university.
- (c) Functions and responsibilities of each faculty member must be defined in writing.

- (d) Teaching hours of CRNP faculty must be consistent with the policies of the college or university.

§ 21.369. General curriculum requirements.

- (a) The curriculum must be developed, implemented and evaluated by the faculty and be based on the philosophy and objectives of the school.
- (b) The curriculum must be organized and developed to include the knowledge, attitudes, skills and abilities necessary for practice as a CRNP and in accordance with this chapter as related to CRNP practice.
- (c) The curriculum must provide for both clinical and theoretical experiences. The curriculum must have the following components incorporated into each CRNP program:
- (1) Graduate nursing core. The graduate nursing core must include the following content:
- (i) Research.
 - (ii) Health care policy and organization.
 - (iii) Ethics.

- (iv) Professional role development.
- (v) Theoretical foundations of nursing practice.
- (vi) Human diversity and social issues.
- (vii) Health promotion and disease prevention.

(2) Advanced nursing practice core. The advanced nursing practice core must include the following content:

- (i) Advanced health/physical assessment.
- (ii) Advanced physiology and pathophysiology.
- (iii) Advanced pharmacology.

(3) Specialty content. The CRNP student shall receive sufficient clinical experience to provide depth and breadth in a given specialty or with designated populations, geared to nurse practitioner practice. Clinical hours must meet at least National certification requirements with a minimum of 500. Additional hours must be provided for specialties that provide care to multiple age groups (for example, family CRNPs) or for those who will practice in multiple care settings. When defining additional clinical hours, the complexity of the specialty content, as well as the need for clinical experience to enhance retention and skills, shall be

considered. The expected graduate competencies must be the key determinant of the clinical component.

(4) Advanced pharmacology.

(i) CRNP program graduates shall have a well-grounded understanding of pharmacologic principles, which includes the cellular response level. This area of core content shall also include both pharmacotherapeutics and pharmacokinetics of broad categories of pharmacologic agents. Advanced pharmacology must be taught in a separate or dedicated 3-credit or 45-hour course. Pharmacology content must also be integrated into the other content areas identified in the advanced practice nursing core. Additional application of this content must also be presented within the specialty course content and clinical experiences of the program to prepare the CRNP to practice within a specialty scope of practice.

(ii) The purpose of this content is to provide the graduate with the knowledge and skills to assess, diagnose and manage (including the prescription of pharmacologic agents) a patient's common health problems in a safe, high quality, manner.

(iii) The course work must provide graduates with the knowledge and

skills to:

- (A) Comprehend the pharmacotherapeutics of broad categories of drugs.
- (B) Analyze the relationship between pharmacologic agents and physiologic/pathologic responses.
- (C) Understand the pharmacokinetics and pharmacodynamics of broad categories of drugs.
- (D) Understand the motivations of clients in seeking prescriptions and the willingness to adhere to prescribed regimens.
- (E) Safely and appropriately select pharmacologic agents for the management of client health problems based on client variations, the problem being managed, and cost effectiveness.
- (F) Provide comprehensive and appropriate client education in relation to prescribed pharmacologic agents.

- (G) Analyze the effects of single and multiple drug regimens on the client's health and functioning.
 - (H) Understand the variety of State legal requirements for CRNP prescriptive authority.
 - (I) Fulfill legal requirements for writing prescriptions as a CRNP in this Commonwealth in accordance with §§ 21.283-21.387 (relating to CRNP practice).
- (5) Professional role content. The course work must provide graduates with curriculum in:
- (i) Management of client health/illness status.
 - (ii) The nurse-client relationship.
 - (iii) The teaching-mentoring function.
 - (iv) Professional role.
 - (v) Managing and negotiating health care delivery systems.
 - (vi) Monitoring and ensuring the quality of health care practice.

- (d) The instructional strategies must be appropriate and consistent with the program's philosophy, mission and objectives.
- (e) The clinical facilities of the CRNP program must provide a variety of experiences with sufficient quality and quantity. Clinical experiences must be consistent with the scope of practice.
- (f) CRNP courses and curriculum must be organized to continue the development of values, understandings, knowledge and skills needed in all aspects of practice as a CRNP and emphasize specialty areas.
- (g) The ratio of students to faculty must insure optimal learning opportunities in clinical laboratory sessions, and must be consistent with the objectives of the CRNP courses, AND COMPLY WITH § 21.373(C)(3)(II) (RELATING TO FACILITY AND RESOURCE REQUIREMENTS).
- (h) The curriculum for CRNP programs must give evidence of providing learning experiences which will prepare graduates for CRNP practice. The standards of practice are defined and delineated by the profession and §§ 21.18 and 21.284 (relating to standards of nursing conduct; and prescribing and dispensing parameters).

- (i) Course syllabi that identify all aspects of each course must be developed and readily available.

§ 21.370. Evaluation.

- (a) As part of the CRPN program approval process, the CRNP program must submit an outline of, and appropriate time line for, its planned evaluative process. The evaluative process must include, at a minimum, the following:

- (1) A self-evaluation process completed by faculty, administrators and students of the CRNP program evidencing input into the CRNP program by faculty, administrators and students. The self-evaluative process must include:

- (i) Peer evaluation of teacher effectiveness.
- (ii) Student evaluation of teaching and program effectiveness.
- (iii) Periodic evaluation of the program by faculty, students and graduates of the program.
- (iv) Periodic evaluation of the program's human and fiscal resources, program policies, facilities and services.

(2) Provisions for the program's curriculum evaluation process, completed by faculty, students, and graduates of the program. The curriculum must:

- (i) Assess the program's effectiveness relative to current standards of practice.
- (ii) Assess the program's effectiveness relative to current trends in education and health care.
- (iii) Assess the program's effectiveness in attaining program objectives.
- (iv) Demonstrate that curriculum changes have been evaluated by the CRNP program faculty and are consistent with core competencies in the CRNP specialties.

(3) Provision for ongoing student evaluative process that assesses the student's progress toward and ultimate achievement of program objectives. The student evaluative process must:

- (i) Be evident in the course outlines provided to students at the beginning of each course.
- (ii) Include documentation of faculty-supervised performance evaluation of students.

- (iii) Utilize evaluation tools that reflect nurse practitioner National competencies in the specialty areas.
 - (iv) Include student evaluation of the quality of clinical experiences.
- (b) Programs must measure outcomes of graduates at 1-year and 3-year intervals postgraduation.

§21.371. Curriculum changes requiring Board approval.

Curriculum changes that require Board approval include changes in:

- (1) Program objectives, course content or instruction that affect the integration of material into the total curriculum.
- (2) An approved program which deems a new or different certification specialty title for graduates of that program requires approval as a new CRNP education program.

§ 21.372. CRNP program philosophy; purposes and objectives.

- (a) A clear statement of philosophy and purposes of the CRNP program, consistent with the philosophy and purposes of the college or university, must be formulated and adopted.
- (b) The philosophy, purposes and objectives of the CRNP program must be developed and clearly stated by the faculty and be reviewed and revised at stated time intervals by this group.
- (c) The philosophy and purposes of the CRNP program must be consistent with currently accepted social, educational and CRNP standards.

§ 21.373. Facility and resource requirements.

- (a) The support of the college or university must be adequate to meet CRNP program needs and include the following:
 - (1) Faculty and staff offices.
 - (2) Classrooms, conference rooms and laboratories.

- (3) Administrative and secretarial support.
- (4) Interactive information systems (computer/technical support) sufficient to develop, manage and evaluate the program.
- (b) There must be current, appropriate, adequate and available learning resources to include audio/visual equipment, computers and library materials.
- (c) The CRNP program must provide appropriate clinical resources and experience for students, including:
 - (1) Space for faculty's and students' needs.
 - (2) Exposure of appropriate duration to a patient population sufficient in number to insure that the student will meet program goals.
 - (3) Faculty to provide adequate supervision and evaluation.
 - (i) Supervision of all students in the clinical areas is the responsibility of the CRNP program faculty.

- (ii) One program faculty member shall supervise no more than ~~6~~ SIX students in a clinical course. If faculty are providing on-site preceptorship, the maximum ratio is two students per faculty member. If faculty are managing their own caseload of patients, the maximum ratio is one student per faculty member.

- (iii) Onsite clinical preceptors may include: advanced practice nurses who are currently licensed, physicians who are currently licensed and CRNPs who are currently licensed and certified. ~~One preceptor shall supervise no more than one student at any one time.~~

§ 21.374. Selection and admission standards.

- (a) Policies and procedures related to the selection and admission of students are the responsibility of the individual program. Consideration must be given to scholastic aptitude, academic achievement, personal qualities and physical and emotional health necessary to fulfill the objectives of the program.

- (b) Students admitted to CRNP programs shall meet the requirements for admission to the university or college for a master's degree in nursing programs and additional requirements that may be established for the CRNP program.

- (c) Students admitted to CRNP programs shall have successfully completed the equivalent of a baccalaureate degree in nursing from an accredited institution of higher learning in a nursing program.
- (d) Students admitted to CRNP programs shall be currently licensed as a registered nurse (RN) or, if enrolled in an RN to Master of Science in Nursing (MSN) or RN to Nursing Doctorate (ND) program, shall complete all competencies for undergraduate requirements prior to taking graduate courses.

§ 21.375. Advanced standing.

The school must have a written policy consistent with its philosophy and objectives concerning criteria for granting advanced standing. The policy of master's degree programs must be consistent with that of the college or university.

§ 21.376. Program records.

- (a) The program must employ a record system that ensures the operation of the program. Records must be maintained in locked files which assure their safe keeping.

- (b) Each nursing faculty shall select record forms specifically for the CRNP program that include the following:
- (1) Student records, including the permanent record, containing both clinical and theoretical experience and achievement, must be kept for 50 years.
 - (2) Faculty records, including the following:
 - (i) "Display portion" of current Pennsylvania ~~nursing~~ licenses and CRNP ~~certification~~ CERTIFICATIONS.
 - (ii) Records of preparation and experience, including official college transcripts.
 - (iii) Current record of continuing education activities.
 - (iv) Record of National certification, if applicable.
 - (3) Administrative records, including the following:
 - (i) Affiliation agreements with cooperating agencies.

- (ii) Minutes of meetings.
 - (iii) Annual Reports.
 - (iv) Follow-up studies of graduates.
 - (v) Budgets.
 - (vi) Current written policies.
- (4) School bulletin, including the following:
- (i) Comprehensive and current information.
 - (ii) Clearly defined refund policies governing fees and tuition paid by the students.
 - (iii) Clearly defined policies relating to admission, promotion, retention, transfer, advanced placement and dismissal.

§ 21.377. Custody of records.

- (a) When a program closes, the college or university is responsible for the safekeeping of the records of students for at least 50 years after graduation of the last class.
- (b) If the college or university also closes, advice should be obtained from the Board concerning the permanent safekeeping and availability of the records of the school of nursing.
- (c) The Board shall be informed in writing concerning the permanent placement of these records.



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
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February 23, 2006


The Honorable John R. McGinley, Jr., Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Final Regulation
State Board of Nursing
16A-5119: Certified Registered Nurse Practitioner Education Program Approval

Dear Chairman McGinley:

The Board has not received any comments from the public with regard to the proposed rulemaking.

Sincerely,


Joanne L. Sorensen, RN, MS, Chairman
State Board of Nursing

JLS:TLM:apm

Enclosure

cc: Albert H. Masland, Chief Counsel
Department of State
Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Joyce McKeever, Deputy Chief Counsel
Department of State
Cynthia Montgomery, Regulatory Counsel
Department of State
Herbert Abramson, Senior Counsel in Charge
Department of State
Teresa Lazo-Miller, Counsel
State Board of Nursing
State Board of Nursing



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February 23, 2006

The Honorable John R. McGinley, Jr., Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101


Re: Final Regulation
State Board of Nursing
16A-5119: Certified Registered Nurse Practitioner Education Program Approval

Dear Chairman McGinley:

Enclosed is a copy of a final rulemaking package of the State Board of Nursing pertaining to the approval of Certified Registered Nurse Practitioner educational programs.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,


Joanne L. Sorensen, RN, MS, Chairman
State Board of Nursing

JLS:TLM:apm

Enclosure

cc: Albert H. Masland, Chief Counsel
Department of State
Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Joyce McKeever, Deputy Chief Counsel
Department of State
Cynthia Montgomery, Regulatory Counsel
Department of State
Herbert Abramson, Senior Counsel in Charge
Department of State
Teresa Lazo-Miller, Counsel
State Board of Nursing
State Board of Nursing

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-5119

SUBJECT: State Board of Nursing: Certified Registered Nurse Practitioner (C.R.N.P.)
Program Approval

AGENCY: DEPARTMENT OF STATE

TYPE OF REGULATION

Proposed Regulation

X Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation

a. With Revisions

b.

Without Revisions

FILING OF REGULATION

DATE

SIGNATURE

DESIGNATION

2/23/06 *Sandra J. Harper*

HOUSE COMMITTEE ON PROFESSIONAL LICENSURE

2/23/06 *Mary Walmer*

SENATE COMMITTEE ON CONSUMER PROTECTION &
PROFESSIONAL LICENSURE

2/23/06 *M. Helms*

INDEPENDENT REGULATORY REVIEW COMMISSION

ATTORNEY GENERAL (for Final Omitted only)

LEGISLATIVE REFERENCE BUREAU (for Proposed only)

November 23, 2005