

Regulatory Analysis Form

(Completed by Promulgating Agency)

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

(1) Agency

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

(2) Agency Number: 16A

Identification Number: 5142

**INDEPENDENT REGULATORY
REVIEW COMMISSION****RECEIVED**

JAN 17 2019

Independent Regulatory
Review Commission

IRRC Number:

3222

(3) PA Code Cite:

49 Pa. Code §§ 21.5, 21.147, 21.253, 21.705 and 21.805(4) Short Title: **Fees**

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

Primary Contact: **Judith Pachter Schulder, Counsel, State Board of Nursing, Department of State; (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; jschulder@pa.gov**Secondary Contact: **Cynthia K. Montgomery, Deputy Chief Counsel, Department of State (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; cymontgome@pa.gov**

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

☒ **PROPOSED REGULATION**☐ Final Regulation☐ Final Omitted Regulation☐ Emergency Certification Regulation;☐ Certification by the Governor☐ Certification by the Attorney General

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

This rulemaking amends §§ 21.5, 21.147, 21.253, 21.705 and 21.805 (relating to fees) to increase application fees and biennial renewal fees and add additional fees for licensed practical nurses (LPNs), registered nurses (RNs), Certified Registered Nurse Practitioners (CRNPs), Licensed Dietitian-Nutritionists (LDNs), and Clinical Nurse Specialists (CNSs) as well as new and increased fees relating to approval of nursing education programs.

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

Section 11.2(a) and (b) of the Professional Nursing Law (RN Law) (63 P.S. § 221.2(a) and (b)) and section 17.5(a) and (b) of the Practical Nurse Law (LPN Law) (63 P.S. § 667.5(a) and (b)) require the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties are not sufficient to meet expenditures over a 2-year period. Additionally, section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P. S. § 279.1(3) and (7)) authorizes the Commissioner to issue all certificates and other official documents of the various professional and occupational examining boards and, unless otherwise provided by law, to fix the fees to be charged by the boards within the Bureau of Professional and Occupational Affairs.

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

Yes. Section 11.2 of the RN Law and section 17.5 of the LPN Law mandate a fee increase when expenditures outpace revenue.

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

Under section 11.2(a) of the RN Law and section 17.5(a) of the LPN Law, the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. In addition, these acts provide that the Board shall increase fees if the revenue raised by fees, fines and civil penalties is not sufficient to meet expenditures over a 2-year period. The Board raises approximately 80 percent of its revenue through biennial renewal fees. The remaining 20 percent of its revenue comes from other fees, fines and civil penalties. If revenue is inadequate to meet the minimum enforcement efforts required, section 11.2(b) of the RN Law and section 17.5(b) of the LPN Law require the Bureau of Professional and Occupational Affairs (Bureau), after consultation with the Board, to increase the fees such that adequate revenues are raised to meet the required enforcement effort.

The Board receives an annual report from the Department of State's Bureau of Finance and Operations (BFO) regarding the Board's income and expenses. On February 23, 2015, BFO advised the Board that it would be necessary to raise its biennial renewal fees to meet current and projected expenses and recommended an increase for RNs, LPNs and LDNs. BFO noted that the Board has incurred significant increases in legal, hearing examiner and enforcement and investigation expenses. The Board attributes these increases to the rapid rise in the number of disciplinary matters that have resulted based upon the criminal information that the Board receives from the Pennsylvania Justice Network (JNET), the disciplinary information it receives from the National Council of State Boards of Nursing's NURSIS verification databases, as well as self-reports by licensees required by §§ 21.29a and 21.156b (relating to reporting of crimes and disciplinary action). BFO expects these increases to continue as these information-generating methods have resulted in increased open cases, the performance of additional mental and physical examinations by contractors on behalf of the Board, and increased investigations and data collection by the Bureau of Enforcement and Investigation.

Unlike the licensees of other licensing Boards within the Bureau, RNs, CRNPs and CNSs biennially renew in four cohorts over the biennial period (April and October each year) in addition to the biennial renewal for LPNs (June of even-numbered years) and LDNs (September of even-numbered years). During their conversations, BFO and the Board discussed the fact that, other than an increase in biennial renewal fees for the licensure classes in 2010, none of the Board's other applications and services had been analyzed to determine whether the Board was recouping the actual costs associated with the services being provided. The Board noted that some of its application fees had not been increased since about 1987. BFO suggested that rather than promulgating the recommended biennial renewal fee increase, the Board may wish to review its operations and determine whether the application fees sufficiently covered the costs of the services being provided. Thereafter, if necessary, the amount of the biennial renewal increases could be determined.

As a result of these discussions, the Bureau's Revenue Office and Board staff conducted a review of the operations conducted by the Board. The fees for services for licensees, applicants and nursing education programs were analyzed to determine if the fees reflected the actual cost of providing the services. Actual cost calculations are based upon the following formula:

$$\begin{array}{c} \text{number of minutes to perform the function} \\ \times \\ \text{pay rate for the classification of the personnel performing the function} \\ + \\ \text{a proportionate share of administrative overhead} \end{array}$$

The analysis determined that current fees do not accurately reflect the actual cost of processing the following applications and services: licensure by examination, licensure by endorsement, re-examination, initial and extension of graduate nurse and temporary practice permits (TPPs), review and challenge of examinations, reactivation (after 5 years), restoration (following revocation or suspension), verification of licensure with and without histories, approval of new nursing education programs, review of stand-alone courses requiring Board approval, review of non-preapproved continuing education activities, review of nursing education program annual reports and curriculum changes after initial approval, and survey visits of new nursing education programs.

Following the Board's review of all of the services being provided by the Board and the costs associated with those services, on September 16, 2016, BFO again met with the Board and provided an updated recommendation regarding biennial fee increases. BFO offered three options for increases to RN, LPN and LDN biennial renewal fees: \$27, \$45 or \$50. The Board determined that: (1) the lower recommendations would not stem the deficits appropriately, (2) CRNPs with prescriptive authority authorizations (CRNP-PA) and CNSs should also pay increased renewal fees as there are additional costs associated with these additional authorizations/licenses, (3) LPNs should pay a lower renewal fee accounting for the disparity in the number of LPNs and the Board's disciplinary and administrative workload related to LPNs, and (4) the CRNP-PA renewal fee should be 50% of the determined CRNP renewal fee. The Board asked BFO to offer another recommendation based on this discussion. BFO returned to the Board's October 27, 2016, meeting to present its revised recommendation, at which time the Board agreed to initiate the rulemaking process to raise fees accordingly.

During BFO's presentations in 2015, 2016, 2017 and again at its January 19, 2018, meeting, BFO reported that the Board would face an inability to meet its obligations if fees were not increased. Using the most recent fiscal information, BFO advised the Board that for the biennial period that included FY 2013-2014 and FY 2014-2015, the Board's 2-year expenditures were \$23,444,076 and its revenue was \$22,056,032, for an operating deficit of \$1,388,044. For the biennial period FY 2015-2016 and 2016-2017, the Board's 2-year expenditures were \$28,659,470 and its revenue was \$22,376,417, for an operating deficit of \$6,283,053. These operational deficits have depleted the Board's reserves, leaving the Board with a negative balance of \$415,132 at the end of FY 2015-2016 and a negative balance of \$4,821,865.67 at the end of FY 2016-2017. BFO estimates a projected negative balance of \$6,908,865.67 at the conclusion of FY 2017-2018 and \$11,241,865.67 by the end of FY 2018-2019. Without a fee increase, BFO projects accumulating deficits increasing to approximately \$57,000,000 by the end of FY 2026-2027.

However, if the application and renewal fees are increased as proposed, BFO projects biennial revenues of \$41,027,000, while projected expenditures for the next 5 biennial periods are projected at \$31,698,000 for FY 2019-2020 and FY 2020-2021, \$33,776,000 for FY 2021-2022 and FY2022-2023, \$36,728,000 for FY 2023-2024 and 2024-2025 and \$39,725,000 for FY 2025-2026 and 2026-2027. These increases would permit the Board to recoup the accumulated deficits and result in a positive balance in the Board's account, estimated at approximately \$15,000,000 by the end of FY 2026-2027 (an amount that is less than one year's operating budget).

Accordingly, BFO recommended, and the Board agreed, to amend a total of 68 fees, consisting of 39 existing application fees, 6 existing biennial renewal fees and 23 new and existing fees for education-related services, some of which had previously not resulted in a charge to applicants or licensees. The Board sent the proposal to its stakeholders on November 4, 2016, inviting their input. On January 31, 2017, the Board reviewed the stakeholder comments and voted to adopt the fees in proposed form. The Board believes that the proposed fees will be adequate to cover operating expenses through at least FY 2027-2028.

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

There are no applicable federal licensure standards.

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

According to a 2017 Licensure Member Board Profile (MBP) of the National Council of State Boards of Nursing (NCSBN), 30 boards of nursing have RN and LPN licensure by examination fees between \$51-\$100, 17 boards have fees between \$101-\$150, four boards' fees are \$151-\$200 and four boards' fees are more than \$201. For RN and LPN licensure by endorsement, 20 boards of nursing have RN and LPN licensure by examination fees between \$51-\$100, 22 boards have fees between \$101-\$150, seven boards' fees are \$151-\$200 and four boards' fees are more than \$201. Twenty boards of nursing have CRNP certification by examination fees between \$51-\$100, 17 boards have fees between \$101-\$150, six boards' fees are \$151-\$200 and seven boards' fees are more than \$201. Nineteen boards of nursing have CRNP certification by endorsement fees between \$51-\$100, 18 boards have fees between \$101-\$150, eight boards' fees are \$151-\$200 and six boards' fees are more than \$201.

As of September 18, 2018, the fee for RN and LPN licensure (including both examination and endorsement) is \$75 in Ohio, \$100 in Maryland, \$156 in Delaware, \$143 in New York, \$230 in Massachusetts, \$75 in Maine, \$260 in Vermont, \$70 in West Virginia, \$180 in Connecticut, \$135 in Rhode Island, \$120 in New Hampshire and \$200 in New Jersey (includes the application fee and initial licensure fee). The RN and LPN temporary permit fee is \$60 in New Jersey, \$40 in Maryland and Delaware, \$20 in New Hampshire and \$35 in New York. CRNP certification is \$100 in Ohio and New Jersey, \$85 in New York, \$150 in Massachusetts, \$100 in Maine, \$75 in Vermont, \$35 in West Virginia, \$200 in Connecticut, \$145 in Rhode Island, \$139.75 in New Hampshire and \$132 in Delaware. CNS certification is \$50 in Maryland, \$150 in Ohio and Massachusetts, \$100 in Maine, \$75 in Vermont, \$35 in West Virginia, \$132 in Delaware, \$200 in Connecticut, \$145 in Rhode Island, \$260 in New Jersey, \$139.75 in New Hampshire and is \$80 in New York. The LDN licensure fee in

New York is \$294, \$125 in Ohio, \$196 in Massachusetts, \$182 in Delaware, \$75 in New Hampshire and \$300 in Maryland. Only a few states charge a fee for the issuance of a prescriptive authority: New Jersey charges \$20, Ohio charges \$50 and Massachusetts charges \$150.

According to the 2017 NCSBN Licensure MBP, 31 boards of nursing have RN and LPN renewal fees between \$51-\$100, 17 boards have fees between \$101-\$150 and seven boards' fees are \$151-\$200 or below \$50. Twenty-two boards of nursing have CRNP renewal fees between \$51-\$100, 14 boards have fees between \$101-\$150, five boards' fees are \$151-\$200, four boards are above \$201 and seven boards' fees are below \$50.

The RN and LPN renewal fee is \$65 in Ohio, \$73 in New York, \$120 in New Jersey and Massachusetts, \$140 in Vermont, \$80 in New Hampshire, and \$136 in Maryland. In Maine the RN renewal fee is \$75 and the LPN renewal fee is \$50. In West Virginia, the RN renewal fee is \$67 and the LPN renewal fee is \$40. In Connecticut, the RN renewal fee is \$160 and the LPN renewal fee is \$70. The CRNP renewal fee is \$35 in New York, \$160 in New Jersey, \$180 in Massachusetts, \$100 in Maine and New Hampshire, \$120 in Connecticut, \$130 in Ohio and \$74 in Maryland. The LDN renewal fee is \$179 in New York, \$130 in Massachusetts, \$170 in Rhode Island and \$576 in Maryland. The CNS renewal fee is \$30 in New York, \$160 in New Jersey, \$135 in Ohio and \$100 in Maine and New Hampshire. Delaware announces the amount of its renewal fees at the time of renewal.

The verification of licensure fee is \$20 in New York, \$25 in New Jersey, \$15 in Ohio and Massachusetts, \$35 in Delaware and \$30 in Maine, Vermont, Connecticut, Rhode Island and New Hampshire. Only Massachusetts, Delaware and Rhode Island charge a verification of licensure with history. In Massachusetts the fee is \$30, in Delaware the fee is \$45 and in Rhode Island the fee is \$50. No other states charge fees for review and challenge the examination scores, restoration fees after suspension or revocation or fees for certification of scores.

As for nursing education program fees, according to the 2017 NCSBN Education MBP, only 23 Boards have the authority to charge program fees generally; 21 do not have this authority. In this region, New York, Massachusetts, Maine, Vermont, Connecticut and Rhode Island do not have this authority. Ohio only has the authority to charge a \$1,000 fee related to continuing education, but no other program fees.

According to the 2017 NCSBN Education MBP, of the states that are permitted to charge an initial new program fee, five states charge less than \$500, ten states charge between \$500-\$1500, three states charge between \$1501-\$2500, four states charge between \$2501-\$5000 and one state charges between \$5,000-\$10,000. Delaware charges a new program fee of \$2,750 for each new education program and a \$1,000 fee for each new refresher program. New Hampshire charges \$1,000 for each new program and \$1,000 for each site visit. West Virginia Board charges a new program fee of \$50 and a renewal of approval of non-preapproved continuing education sponsors of \$25.

Even the states who charge a program fees, not every service is charged. In West Virginia and Delaware, no fee is charged for review of curriculum revisions, review of annual compliance report, site visits and evaluation of continued competency programs or IV therapy curricula and programs. Within this region, only West Virginia and Pennsylvania are required to make site visits every 3-4 years; other states are either not required to make visits, or to make visits only as needed or every 5 or more years.

Comparing the proposed fees with fees of other states, the Board believes that the rulemaking will not put Pennsylvania at a competitive disadvantage with other states, especially since the proposed fees reflect actual costs to process the applications and to perform the related services.

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

This rulemaking will not affect other regulations of the Board or other state agencies.

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

In addition to discussing the proposal following each of BFO's presentations on February 23, 2015, September 16 and October 27, 2016, January 31, 2017, and January 19, 2018, during the Board's regularly scheduled meetings, in preparing this proposed rulemaking, the Board shared a draft of the proposed amendments with stakeholders and interested parties on November 4, 2016. See Attachment A for the list of specific persons and/or groups who were involved. The Board discussed the pre-draft comments at its January 31, 2017 meeting.

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

All applicants for licensure and certification, nursing education programs and licensees of the Board will be affected by the rulemaking. As of January 19, 2018, there are approximately 221,633 RNs, 54,210 LPNs, 12,371 CRNPs, 4,304 LDNs, 232 CNSs and 12,542 CRNP-PA authorizations, for a total of approximately 305,292 licensees who will be required to pay more to renew their licenses/certifications/authorizations when they expire. There are also 217 nursing education programs who will be required to pay more for review of their educational changes. Additionally, there are approximately 38,895 applications filed with the Board annually accounting for 10,250 applications for licensure by examination, 5,150 applications for licensure by endorsement, 1,400 reexamination applications, 3,740 initial and TPP/GPP extension applications, 450 reactivation applications, 38 restoration applications, 426 applications for verifications of licensure/certifications, 12,135 applications for verifications of licensure/certifications with histories, 300 LDN licensure applications, 1,350 CRNP certification applications, 3,300 prescriptive authority authorizations, 30 CNS certification applications, and 326 applications involving nursing education programs.

According to the Pennsylvania Department of Labor and Industry, based on data collected in 2014, the majority of RNs work in general medical & surgical hospitals (51.0%), while a minority work in physician offices (8.2%), home health care services (7.3%), nursing care facilities (5.9%), or outpatient care centers (4.9%). Other RNs are employed by specialty hospitals (including psychiatric and substance abuse hospitals), community care facilities for the elderly, elementary & secondary schools, and employment placement agencies. Likewise, according to the Pennsylvania

Department of Labor & Industry, the majority of LPNs work in nursing care facilities (25.4%), general medical & surgical hospitals (14.8%), community care facilities for the elderly (13.5%), home health care services (11.7%) and physician offices (10.5%). Other LPNs work for employment placement agencies (3.6%), local government agencies, residential mental health facilities, outpatient care centers and state government, excluding education and hospitals. For LDNs, many jobs are in general medical and surgical hospitals (22%), nursing care facilities (14%), and outpatient care centers (8.5%). Other LDNs work in individual and family services (7.7%), community care facilities for the elderly (7.1%), and was self-employed, specialty hospitals (excluding psychiatric and substance abuse) and offices of physicians.

The majority of CRNPs work for offices of physicians (51.4%) while a minority work for general medical and surgical hospitals (16.8%), outpatient care centers (6.5%) and are self-employed (1.9%). Others work in pharmaceutical and medicine manufacturing, professional and commercial equipment and supplies merchant wholesalers, insurance carriers, management, scientific and technical consulting services, scientific research and development services and management of companies and enterprises. The majority of CNSs work for general medical and surgical hospitals (51%) while a minority work in offices of physicians (8.2%), home health care services (7.3%), and nursing care facilities (5.9%). Other CNSs work for outpatient care centers, specialty hospitals (including psychiatric and substance abuse hospitals), community care facilities for the elderly, elementary & secondary schools, and the federal government.

According to the Small Business Administration (SBA), there are approximately 1,003,722 businesses in Pennsylvania; of which 999,591 are small businesses; and 4,131 are large businesses. Of the 999,591 small businesses, 225,382 are small employers (those with fewer than 500 employees) and the remaining 774,209 have no employees. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

For the business entities listed above, small businesses are defined in Section 3 of Act 76 of 2012, which provides that a small business is defined by the U.S. Small Business Administration's (SBA) Small Business Size Regulations under 13 CFR Ch. 1 Part 121. Specifically, the SBA has established these size standards at 13 CFR 121.201 for types of businesses under the North American Industry Classification System (NAICS).

In applying the NAICS standards to the types of businesses where RNs, LPNs, CRNPs, CRNPs and LDNs work, a small business in general medical and surgical hospitals is one with \$38.5 million or less in average annual receipts, while a small business in offices of physicians is one with \$11.0 million or less in average annual receipts. A small business in home health care services is one with \$15.0 million or less in average annual receipts, while nursing care facilities (skilled nursing facilities) is one with \$27.5 million or less in annual receipts. According to the NAICS, small businesses in outpatient care centers have \$20.5 million or less in average annual receipts. Also according to the NAICS, small businesses in community care facilities for the elderly (if they are for-profit facilities) would be included as either continuing care retirement communities with \$27.5 million in average annual receipts or assisted living facilities for the elderly with \$11.0 million in average annual receipts. (However, if the community care facilities for the elderly are nonprofit facilities, the SBA would not characterize them as small businesses.) Employment placement agencies are considered small businesses if they have \$7.0 million or less in annual receipts. Residential mental health facilities have \$15.0 million or less in average annual receipts, and

elementary and secondary schools are considered small businesses if they have \$11.0 million or less in average annual receipts.

Colleges, universities, and professional schools are considered small businesses if they have \$27.5 million or less in average annual receipts, professional and management development training schools are considered small businesses if they have \$11 million or less in average annual receipts, and technical and trade schools are considered small businesses if they have \$15 million or less in average annual receipts.

The Board does not collect data regarding the size of businesses where its licensees work. Based upon the definitions above, many RNs, LPNs, CRNPs, CNSs and LDNs probably work in small businesses in this Commonwealth. Similarly, a majority of the nursing education programs are considered small businesses. However, the regulation's impact, aside for the costs impose upon the nursing education programs should not extend to those businesses as there are no direct costs that would be passed on to the licensee's employer.

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

All applicants for licensure and certification, nursing education programs and licensees of the Board will be affected by the rulemaking. As of January 19, 2018, there are approximately 221,633 RNs, 54,210 LPNs, 12,371 CRNPs, 4,304 LDNs, 232 CNSs and 12,542 CRNP-PA authorizations, for a total of approximately 305,292 licensees who will be required to pay more to renew their licenses/certifications/authorizations when they expire. There are also 217 Board-approved nursing education programs who will be required to pay more for review of their educational changes. Additionally, there are approximately 38,895 applications filed with the Board annually accounting for 10,250 applications for licensure by examination, 5,150 applications for licensure by endorsement, 1,400 reexamination applications, 3,740 initial and TPP/GPP extension applications, 450 reactivation applications, 38 restoration applications, 426 applications for verifications of licensure/certifications, 12,135 applications for verifications of licensure/certifications with histories, 300 LDN licensure applications, 1,350 CRNP certification applications, 3,300 prescriptive authority authorizations, 30 CNS certification applications, and 326 applications involving nursing education programs.

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

All applicants for licensure and certification, nursing education programs and licensees of the Board will be affected by the rulemaking. As of January 19, 2018, there are approximately 221,633 RNs, 54,210 LPNs, 12,371 CRNPs, 4,304 LDNs, 232 CNSs and 12,542 CRNP-PA authorizations, for a total of approximately 305,292 licensees who will be required to pay more to renew their licenses/certifications/authorizations when they expire. There are also 217 nursing education programs who will be required to pay more for review of their educational changes. Additionally, there are approximately 38,895 applications filed with the Board annually including 10,250 applications for licensure by examination, 5,150 applications for licensure by endorsement, 1,400 reexamination applications, 3,740 initial and TPP/GPP extension applications, 450 reactivation applications, 38 restoration applications, 426 applications for verifications of licensure/certifications, 12,135 applications for verifications of licensure/certifications with histories, 300 LDN licensure applications, 1,350 CRNP certification applications, 3,300 prescriptive authority authorizations, 30 CNS certification applications, and 326 applications involving nursing education services. This increase is necessary to ensure the fiscal integrity of the Board and to assure that the Board's mandate to protect the health, safety and welfare of the public is carried out. This new fee structure is beneficial for licensees generally as the costs associated with each application is paid by the applicant rather than distributed among the Board's licensees.

The Board does not expect this rulemaking to have any other financial, economic or social impact on individuals, small businesses, businesses or labor communities or other public or private organizations.

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

The increase is mandated by section 11.2 of the RN Law and section 17.5 of the LPN Law, which require the Board to increase fees by regulation to meet or exceed projected expenditures if revenues raised by fees, fines and civil penalties imposed under the act are not sufficient to meet expenditures over a 2-year period. The rulemaking would benefit every citizen of the Commonwealth in that it would ensure the fiscal integrity of the Board and allow the Board to carry out its mission. The costs to applicants and licensees is outweighed by the Board's duty to license and regulate nursing in the public interest.

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

RNs will be required to pay a \$57 increase in their biennial renewal fee, LPNs will pay an additional \$16 in their biennial renewal fee, CRNPs, LDNs and CNSs will pay an additional \$6 in their biennial renewal fee and CRNPs with prescriptive authority will pay an additional \$16 for each prescriptive authority authorization per biennium totaling approximately \$13,657,583. Additionally, other applicants and nursing education programs will pay the new or increased fees totaling approximately \$3,179,530. Thus, the estimated biennial increase to revenues is projected at \$16,837,113 or approximately \$8,418,556.50 per year. It is anticipated that the fees will begin in FY 18-19. There are no other costs or savings to the regulated community associated with compliance with the rulemaking.

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

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

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

The Board will incur a minimal cost to revise its print and online application forms and online renewal platform to indicate the increased and new fees. The Board would incur no other increase in administrative costs by implementing the rulemaking. There are no other costs or savings to state government associated with implementation of the rulemaking.

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

This rulemaking will not require any additional recordkeeping nor will there be any legal, accounting or consulting procedures required for implementation of the proposed rulemaking. There will be additional paperwork related to some of the new fees being imposed. However, the new fees associated with nursing education program survey visits and compliance report review will require no additional paperwork, as these fees are being imposed to cover the Board's costs associated with services that are already being provided and paperwork that is already required.

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

Yes. New and amended forms are required for implementation of the rulemaking.

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

New and revised forms including the proposed fees are attached. See Attachment B.

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

	Current FY Year (17-18)	FY +1 Year (18-19)	FY +2 Year (19-20)	FY +3 Year (20-21)	FY +4 Year (21-22)	FY +5 Year (22-23)
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
Total Savings	N/A	N/A	N/A	N/A	N/A	N/A
COSTS:						
Regulated Community	N/A	\$4,209,278	\$8,418,556	\$8,418,557	\$8,418,556	\$8,418,557
Local Government						
State Government						
Total Costs	N/A	\$4,209,278	\$8,148,556	\$8,418,557	\$8,418,556	\$8,418,557
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses	N/A	N/A	N/A	N/A	N/A	N/A

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

Program	FY -3 (2014-2015)	FY -2 (2015-2016)	FY -1 (2016-2017)	Current FY (2017-2018)
State Board of Nursing	(actual) \$12,525,439.83	(actual) \$13,942,029.18	(actual) \$14,717,441.37	(budgeted) \$15,082,000.00

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

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

(a) All "small businesses" as that term is defined by the Regulatory Review Act and the SBA, that employ licensees would be subject to the rulemaking. The Board does not collect data relating to the size of the businesses that employ its licensees. Please also see the response to Question 15.

(b) There are no projected reporting or recordkeeping costs required for compliance. There are only negligible additional administrative costs required to complete applications for new and increased fees. Regarding nursing education programs fees specifically, the new fees are associated with reporting and recordkeeping that is already required (curriculum revisions and annual compliance reports) for which no fee had been imposed despite the significant costs to the Board.

(c) The probable effect on impacted small businesses may be an increase in the application and biennial renewal fees for each licensee employed by the small businesses should the businesses choose to pay these fees for their employees. For nursing education programs, the programs, rather than the licensee population, will have to absorb the new and increased fees. It could be anticipated that the nursing education programs may recoup the fees through increased student tuition.

(d) Originally, as presented by BFO, the Board was considering only amending the biennial renewal fee, but undertook an evaluation of all of its fees so as to not disproportionately impact current licensees rather than applicants and nursing education programs. Based upon a review of all its fees, the Board determined that the proposed fees are the only way for the Board to recover the accrued deficit by fiscal year 2020-2021 and avoid an operating deficit through at least fiscal year 2027-2028.

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

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

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

The Board initially considered only increasing biennial renewal fees for RNs, LPNs and LDNs, as suggested by BFO. The Board rejected this proposal and determined that it was time to conduct an analysis of existing application fees and fees for services to determine if they should be increased as part of this proposal. After determining what the necessary application fees should be, BFO offered three options for increases to RN, LPN and LDN biennial renewal fees: \$27, \$45 or \$50. Thereafter, the Board determined that: (1) the lower recommendations would not stem the deficits appropriately; (2) CRNPs with prescriptive authority authorizations and CNSs should also pay increased renewal fees as there are additional costs associated with these additional authorizations/licenses; (3) LPNs should pay a lower renewal fee accounting for the disparity in the number of LPNs and the Board's disciplinary and administrative workload related to LPNs; and (4) the CRNP prescriptive authority renewal fee should be 50% of the determined CRNP renewal fee. The Board asked BFO to offer another recommendation based on this discussion. BFO returned to the Board's October 27, 2016, meeting to present its revised recommendation, at which time the Board agreed to initiate the rulemaking process to raise fees accordingly.

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

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

- a) & b) All applicants pay the application fees at the time the application is submitted and all licenses renew biennially. The Board did not consider less stringent reporting requirements or deadlines for small businesses or for licensees who work for small businesses.**
- c) There are no compliance or reporting requirements that could be consolidated or simplified. The application and biennial renewal processes are the same whether a particular licensee or applicant is, or is employed by, a small business or a large business.**
- d) The regulations do not contain design or operational standards that need to be altered for small businesses.**
- e) To exclude any applicants or licensees from the requirements contained in the rulemaking based on the size of the business would not be consistent with public health and welfare because it would prevent the Board from obtaining adequate revenue to meet projected expenditures and it would not be able to carry out its legislative mandate.**

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

This rulemaking is not based upon any scientific data, studies, or references. NCSBN Member Board Profiles are found on NCSBN's website at www.ncsbn.org.

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

- A. The length of the public comment period: **30 days from publication in the PA Bulletin**
- B. The date or dates on which any public meetings or hearings will be held: **The proposal was discussed at public Board meetings on in 2015, 2016, 2017 and 2018. No specific date has been scheduled for future discussions. The Board holds regularly scheduled meetings and considers public comment at those meetings. A schedule is provided in item (30) below.**
- C. The expected date of delivery of the final-form regulation: **Summer of 2019**
- D. The expected effective date of the final-form regulation: **Upon publication in the PA Bulletin as final.**
- E. The expected date by which compliance with the final-form regulation will be required: **Upon publication in the PA Bulletin as final**
- F. The expected date by which required permits, licenses or other approvals must be obtained: **N/A**

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

The Board regularly evaluates the effectiveness of its regulations. Additionally, the Board regularly reviews requests by licensees and members of the public to amend its regulations causing the Board to evaluate the regulations' impact and necessity. The Board reviews all regulatory proposals at regularly scheduled meetings. The remaining 2018 Board meeting date is December 6, 2018. During 2019, the Board will meet on the following dates: January 18, March 1, April 17, June 6, July 25, September 12, October 24 and December 5, 2019.

ORGANIZATION	FIRST NAME	LAST NAME	E-MAIL
Abington Memorial Hospital	Jennifer	Specht	jispecht@ariahealth.org
Allegany College of Maryland	Deborah	Costello	dcostello@allegany.edu
Alvernia University	Mary Ellen	Symanski	marvelien.symanski@alvernia.edu
Aria Health School of Nursing	Andrea	Mann	amann@ariahealth.org
BKP HealthCare Resources	Barbara	Piskor	bkpiskor@comcast.net
Bloomsburg University	Michelle	Ficca	mficca@bloomsu.edu
Bloomsburg University - CRNP	Kimberly	Oliszewski	kolszews@bloomsu.edu
Bucks County Community College	Michelle	Rue	michelle.rue@bucks.edu
Bucks County Community College -RN	Claire	Keane	claire.keane@bucks.edu
Butler County Community College	Patricia	Mihalcin	patricia.mihalcin@bc3.edu
Career Technology Center of Lackawanna County	Laura	Kanavy	lkanavy@ctclc.edu
Carlow University	Clare	Hopkins	cmhopkins@carlow.edu
Carlow University - CRNP	Karen	Cummins	kcummins@carlow.edu
Cedar Crest College	Wendy	Robb	wirobb@cedarcrest.edu
Central Pennsylvania Institute of Science & Technology	Jane	Irwin	jairwin@cpi.edu
Central Susquehanna LPN Career Center	Carol	Barbarich	CBarbarich@cssu.org
Chamberlain College of Nursing	Diane	Smith-Levine	dsmithlevine@chamberlain.edu
Chester County Intermediate Unit	Patricia	Knecht	NancyB@cciu.org
Citizens School of Nursing	Lynne	Rugh	lrugh@wpahs.org
Clarion / Edinboro Universities - CRNP	Debbie	Ciesielka	dciesielka@clarion.edu
Clarion County Career Center	Ann	Stanonis-Manes	astanonis@clarioncte.org
Clarion University of Pennsylvania - Venango Campus - RN	Shelly	Moore	smoore@clarion.edu
Clearfield County Career & Technology Center	Cheryl	Krieg	ckrieg@ccctc.org
Community College Beaver County	Shelly	Moore	smoore@ccbc.edu
Community College of Allegheny County	Kathy	Mayle	kmayle@ccac.edu
Community College of Allegheny County - Allegheny	Rosalena	Thorpe	rthorpe@ccac.edu
Community College of Philadelphia	Barbara	McLaughlin	bmclaughlin@ccp.edu
Conemaugh Valley Memorial Hospital	Lisa	Devineni	ldevineni@conemaugh.org
Crawford County Career & Technology Center	Rebecca	Parker	rparker@crawfordctc.org
Delaware County Community College	Sharvette	Law Philmon	sphilmon@dccc.edu
Delaware County Technical School	Kathleen	McNamara	kmcnamara@ddciu.org
Department of Education Postsecondary and Adult Education	Patricia	Landis	plandis@pa.gov

DeSales University	Mary Elizabeth	Doyle-Tadduni	MaryElizabeth.DoyleTadduni@desales.edu
DeSales University - CRNP	Carol	Mest	carol.mesi@desales.edu
District 1199C Training & Upgrading Fund	Nancy	York	nyork@1199ctraining.org
Drexel University - CRNP	Dr. Kimberlee	Montgomery	kae33@drexel.edu
Drexel University College of Nursing & Health Professions	Faye	Meloy	fap25@drexel.edu
Duquesne University School of Nursing	Mary	Glasgow	saraceno@duq.edu
East Stroudsburg University	Laura	Waters	lwaters@esu.edu
Eastern Center for Arts & Technology	Carol	Duell	cduell@eastech.org
Eastern University	Diane	Delong	ddelong@eastern.edu
Edinboro University Department of Nursing	Thomas	White	twite@edinboro.edu
Emergency Nurses Association	Merlann	Malloy	enawile@aol.com
Erie Business Center	Dawn	Johnson	dawn.johnson@eriebc.edu
Falcon Institute of Health & Science	Patricia	Piscitelli	Info@falconlhs.com
Fayette County Career & Technology Institute	LouAnn	Patterson	lapatterson@fayettecti.org
Fortis Institute, Erie	Deborah	Budney	dbudnev@fortisinstitute.edu
Fortis Institute, Scranton	Kathis	Ruhbusch	kruhbusch@fortisinstitute.edu
Franklin County Career & Technology Center	Janyce	Collier	jcollier@wilson.edu
Gannon University	Kathleen	Patterson	patterson018@gannon.edu
Gannon University - CRNP	Dr. Lisa	Pontzer Quinn	gulin002@gannon.edu
Geisinger	Alison	Mowery MSN CRNP	amowery@geisinger.edu
Geisinger	Cynthia K	Matzko RN MSN	cmatzko@geisinger.edu
Geisinger-Lewistown Hospital; School of Nursing (RN Diploma)	Mary Ann	Brown	mbrown2@geisinger.edu
Greater Altoona Career and Technology Center	Rebecca	Kelly	becky.kelly@gacac.edu
Greater Johnstown Career & Technology Center	Kelly	Hoffmann	khoffman@gjctc.org
Greene County Career & Technology Center	Wendy	Bouchard	bouchardw@grcvt.org
Gwynedd Mercy University; Frances Maguire School of Nursing	Andrea	Hollingsworth	hollingsworth.a@gmercycu.edu
Gwynedd-Mercy College	Velia	McCabe	mmcabe.v@gmc.edu
Gwynedd-Mercy University - CRNP	Dr. Denise	Vanacore	vanacore.d@gmercycu.edu
Hanover Public School District	Brenda	Campbell	bcampbell@hanoverpublic.org
Harcum College	Frances	Schuda	fschuda@harcum.edu
Harcum College	Gloria	Gross	ggross@harcum.edu
Harrisburg Area Community College	Susan	Leib	sleib@hacc.edu
Harrisburg Area Community College - RN	Ronald	Rebuck	rerebuck@hacc.edu

Hazleton Area Career Center	Marcella	Morgan	morganm@hasdk12.org
Health Dialog, Inc.	Sue	Reskiewicz RN	sreskiewicz@healthdialog.com
Holy Family University	Cynthia	Russell	crussell@holivfamily.edu
Huntingdon County Career & Technology Center	Kimberly	Huff	khuff5@verizon.net
IMA Consulting	Mary	Kinneman	mkinneman@comcast.net
Immaculata University	Stephanie	Trinkl	stinkl@immaculata.edu
Indiana County Technology Center	Diana L	Rupert	drupert@ictc.edu
Indiana University of Pennsylvania Department of Nursing &	Theresa	Gropelli	tgropell@iup.edu
Institute for Caregiver Education	Annette	Sanders	asanders@caregivereducation.org
Jameson Memorial Hospital	Jayne	Sheehan	jsheehan@jamesonhealth.org
Jefferson County-Dubois Area Vocational Technical School	Brenda	Hodge	bahodge@jefftech.us
JNESO	Joan	Campagna	joanc1020@outlook.com
Joseph F McCloskey SON at Schuylkill Health	Angela	Pasco	apasco@schuylkillhealth.com
Kaplan Career Institute; Practical Nursing Program (PN)	Mary Ellen	Gallagher	mary.gallagher@kaplan.edu
La Roche College	Terri	Liberto	terri.liberto@laroche.edu
La Salle University	Kathleen	Czekanski	czekanski@lasalle.edu
La Salle University - CRNP	Dr. Mary	Wilby	wilby@lasalle.edu
Lancaster County Career and Technology Center	Carolyn	Voorhees	cvoorhees@lcctc.org
Lebanon County Career & Technology Center	Andrea	Frantz	afrantz@lcctc.k12.pa.us
Lehigh Carbon Community College	Barbara	Lupole	blupole@lccc.edu
Lehigh Valley Hospital Med Evac	Barry M	Mitchneck RN MSN CEN	barry.mitchneck@lvh.com
Lenape Area Vocational Technical School	Kimberly	Doms	domsklm@lenape.k12.pa.us
Lincoln Technical Institute	Carolyn	Maxham	cmaxham@lincolntech.edu
Lincoln Technical Institute	Jennifer	Holzer	jholzer@lincolntech.com
Lincoln Technical Institute	Tina	VanBuren	tvnburen@lincolntech.com
Lincoln University	Joyce	Taylor	jtaylor@lincoln.edu
Lock Haven University - Clearfield Campus	Kim	Owens	kowens@lhup.edu
Luzerne County Community College	Deborah	Vilegi-Peters	nglidden@luzerne.edu
Mansfield University Nursing Program at Robert Packer Hospital	Jamie	Klesh	jklesh@mansfield.edu
Marywood University	Judith	Williams	jwilliams@marywood.edu
Mercer County Career Center	Victoria	Schwabenbauer	vschwabenbauer@mccc.tcc.pa.us
Mercy Hospital School of Nursing	Angela	Balistreri	balistreria@upmc.edu

Mercyhurst University - PN	Marion	Monahan	mmonahan@mercyhurst.edu
Mercyhurst University - RN	Catherine	Stiller	cstiller@mercyhurst.edu
Messiah College Department of Nursing	Ann Bernadette	Woods	nwoods@messiah.edu
Midwives Alliance of Pennsylvania	Christy		christy@pamidwivesalliance.org
Midwives Alliance of Pennsylvania	Nicole		nicole@pamidwivesalliance.org
Mifflin-Juniata Career & Technology Center	Alicia	Lentz	alentz@mjcpcn.org
Millersville University - CRNP	Dr. Jenny	Monn	jmonn@millersville.edu
Misericordia University	Cynthia	Malloux	cmallou@misericordia.edu
Misericordia University - CRNP	Dr. Brenda	Pavill	bpavill@misericordia.edu
Montgomery County Community College	Linda	Roy	lroy@mc3.edu
Moravian College	Kerry	Cheever	kerry.cheever@moravian.edu
Moravian College - CRNP	Dr. Ann Marie	Szoke	szokea@moravian.edu
Mount Aloysius College	Regina	Barr	rbarr@mtaloy.edu
Neumann University	Kathleen	Hoover	hooverk@neumann.edu
Neumann University - CRNP	Dr. Mary	Powell	powellm@neumann.edu
Northampton Community College	Mary Jean	Osborne	mosborne@northampton.edu
Northeastern Hospital	Bernice	Brennan	bernice.brennan@tuhs.temple.edu
Northern Tier Career Center	Margaret	Johnson	mjohnson@ntccschool.org
Ohio Valley General Hospital	Kristen	Rogers	kr Rogers@ohiovalleyhospital.org
PA Academy of Nutrition & Dietetics	Ilona	Garrity	garrityir@gmail.com
PA Action Coalition	Sylvia	Hill	shill@paactioncoalition.org
PA Association of Nurse Anesthetists	Marylou	Taylor	MLT50@zoominternet.net
PA Association of Private School Administrators	Aaron	Shenck	aaron@papsa.org
PA Association of Private School Administrators	Richard	Dumaresq	ccdg@aol.com
PA Association of Private School Administrators	Sue	Cameron	tc4552@aol.com
PA Association of School Nurses and Practitioners	Sue	Drake	pasnap@pasnap.org
PA Coalition of Nurse Practitioners			pcnp@pacnp.org
PA Health Care Association	Gail	Weidman	gweidman@pcha.org
PA Higher Education Nursing Schools Association	Laurie	Murray	lmurray@cedarcrest.edu
PA League for Nursing, Inc.	Joan	Panchal	japanchal@aol.com
PA Society for Physician Assistants	Kitty	Martin	kittymartinpspa@aol.com
PA Society for Physician Assistants	Susan	DeSantis, PA-C	pspa@pspa.net
PA State Nurses Association	Betsy	Snook, Med, BSN, RN	panurse@psna.org
PA State Nurses Association	Margaret	Campbell	panurses@psna.org

PADONA		Franchesca	Charney	padonaltc@aol.com
Patient Safety Authority		Sherry	Yancosek	fcharney@pa.gov
Penn Commercial Business/Technical School		Susan	Schrand	svancosek@penncommercial.edu
Pennsylvania Coalition of Nurse Practitioners		Cheryl	Grab	sschrand@pacnp.org
Pennsylvania College of Health Sciences; (RN AD)		Sandra	Richmond	cgrab@paccollege.edu
Pennsylvania College of Technology (Credit)		Natalie	DeLeonardis	cpaulham@pct.edu
Pennsylvania College of Technology (Non-Credit)		Pamela	Hughes	ndeleonad@pct.edu
Pennsylvania Institute of Health & Technology		Margie	Hamilton	phughes@piht.edu
Pennsylvania Institute of Technology		Angela	Boateng	mhamilton@pit.edu
Pennsylvania Medical Society		Kathie	Simpson	aboateng@pamedsoc.org
Pennsylvania Peer Nurse Assistance Program		T.	Moore	ksimpson@pnnp.org
Pennsylvania State Nurses Association		Dr. Madeline	Mattern	tmoore@pnnp.org
Pennsylvania State University - CRNP		Heather	Clark	mfm107@psu.edu
Pennsylvania State University - Lehigh Valley Campus		Paula	Millone-Nuzzo	hic12@psu.edu
Pennsylvania State University -School of Nursing		Suzanne	Kuhn	pxm38@psu.edu
Pennsylvania State University -School of Nursing, Altoona		Raymonde	Brown	skk6@psu.edu
Pennsylvania State University; College of Health & Human Development		Melissa A	Lever	alp18@psu.edu
Philadelphia Coordinated Health Care, SE Region Health Care		Jacqueline	Heyward	mdisipio@pmhcc.org
Pittsburgh Technical Institute		Roslyn	Mathew	lever.jacqueline@pti.edu
Princeton Information Technology Center		Jinsy		information@pti.edu
Prism Career Institute; Practical Nursing Program (PN)				lmathew@prismcareerinstitute.edu
Professional Nursing Resources				Christine@pronursingresources.com
PSEA				ggall@psea.org
PSNA				panurses@panurses.org
PSNA		Aislynn	Moyer	amoyer@psna.org
PSU - Berks Campus		Louise	Frantz	lxs209@psu.edu
PSU - Hazleton Campus		Noreen	Schlegel	Noreen.Schlegel@lvh.com
Reading Area Community College		Amelia	Capotosta	acapotosta@racc.edu
Reading Hospital School of Health Sciences		Deborah	Williamson	deborah.williamson@readinghealth.org
Reading Hospital School of Health Sciences		Sherry	Murphy	sherry.murphy@readinghealth.org
Robert Morris University		Valerie	Howard	howardv@rmu.edu
Robert Morris University - CRNP		Dr. Susan	Van Cleve	vancleve@rmu.edu
Roxborough Memorial Hospital		Paulina	Marra Powers	PMarra-Powers@primehealthcare.com
Saint Francis University; Dept of Nursing (RN BSN)		Rita	Trofino	rtrofino@francis.edu

Schuylkill Technology Center - North Campus	Cindy	Schucker	schuc@stcenters.org
SEIU Healthcare.	Deborah	Bonn RN	deb.bonn@nursealliancepa.org
Sharon Regional Health System	Tracy	Ryan	trvan@srhs-pa.org
Somerset County Technology Center	Aimee	Younkin	ayounkini@sctc.net
St. Luke's School of Nursing	Sandra	Mesics	mesicss@slhn.org
Stateside Associates	Amy	Goldlust	amg@stateside.com
Stateside Associates	Stephanie	Frank	sf@stateside.com
Susquehanna County Career and Technology Center	Denise	Gieski	denise.gieski@elklakeschool.org
Temple University	Pat	DiGiacomo	patdigia@temple.edu
Temple University - CRNP	Dr. Ann M.	Kriebbel-Gasparro	amkg@temple.edu
The Hospital & Healthsystem Association of Pennsylvania	Mary	Marshall	Mmarshall@haponline.org
The University of Scranton	Dona	Carpenter	dona.carpenter@scranton.edu
The Western PA Hospital School of Nursing	Nancy E	Cobb RN MSN CNE	necobb@wpahs.org
Thomas Jefferson University: Jefferson School of Nursing (R)	Beth Ann	Swan	beth.swan@jefferson.edu
University of Pennsylvania - CRNP	Valerie	Cotter	cottervt@nursing.upenn.edu
University of Pennsylvania - CRNP	Dr. Deborah	Becker	debecker@nursing.upenn.edu
University of Pennsylvania - CRNP	Dr. Judy	Verger	jiv@nursing.upenn.edu
University of Pennsylvania - CRNP	Dr. Teri	Lipman	lipman@nursing.upenn.edu
University of Pennsylvania - CRNP	Dr. Ann	O'Sullivan	osull@nursing.upenn.edu
University of Pennsylvania - CRNP	Dr. Wendy	Grube	wgrube@nursing.upenn.edu
University of Pennsylvania School of Nursing	Anne	Fine	annefink@nursing.upenn.edu
University of Pittsburgh - CRNP	Dr. Donna	Nativio	dgn@pitt.edu
University of Pittsburgh - CRNP	Dr. Hee	Young Lee	heelee@pitt.edu
University of Pittsburgh - CRNP	Dr. Kathy	Magdic	kma100@pitt.edu
University of Pittsburgh at Bradford	Tammy	Haley	tmh24@pitt.edu
University of Pittsburgh at Titusville	Louise	Schwabenbauer	lschwabe@pitt.edu
University of Pittsburgh Medical Center	Debra A	Santarelli RN BSN MS	santarellida@upmc.edu
University of Pittsburgh School of Nursing	Jacqueline	Dunbar-Jacob	bc39@pitt.edu
University of Scranton - CRNP	Dr. Mary Jane	Hanson	maryjane.hanson@scranton.edu
UPMC Shadyside Hospital	Linda	Kmetz	kmietzl@upmc.edu
UPMC St. Margaret	Cheryl	Como	comoca@upmc.edu
Venango County Area Vocational Technical School	Cynthia	Cornelius	ccornelius@vtc1.org
Villanova University	M. Louise	Fitzpatrick	rose.odriscoll@villanova.edu
Villanova University - CRNP	Dr. Elizabeth	Blunt	Elizabeth.blunt@villanova.edu

Washington Health System School of Nursing	Susan Gaye	Falletta	gfalletta@washingtonhospital.org
Waynesburg University	Nancy	Mosser	nmosser@waynesburg.edu
Wellspan Health	Amy	Nelson	anelson@wellspan.org
West Chester University Department of Nursing	Charlotte	Mackey	cmackey@wcupa.edu
Western Area Career and Technology Center	Justin	Trunzo	jtrunzo@wactc.net
Western Pennsylvania Hospital School of Nursing	Carol	Haus	chaus@wpahs.org
Westmoreland County Community College	Ruth	Irwin	adnprogram@wccc.edu
Westmoreland County Community College	Ruth	Irwin	pnprogram@wccc.edu
Widener University	Rose	Schwartz	thswanson@widener.edu
Widener University - CRNP	Dr. Paula	Grey	paq0203@mail.widener.edu
Wilkes Barre Area Career and Technical Center; Practical Nursing Program (PN)	Mary Beth	Pacuska	mpacuska@wbpracsq.com
Wilkes University	Deborah	Zbegner	deborah.zbegner@wilkes.edu
Wilson College	Carolyn	Hart	carolyn.hart@wilson.edu
York College of Pennsylvania	Karen	March	kmarch@ycp.edu
York College of Pennsylvania - CRNP	Dr. Susan	Scherr	sscherr@ycp.edu
York County School of Technology	Beckie	Shelton	bshelton@vtech.edu
	Adele	Spegman	aspegman@msn.com
	Alison	Stacy	alisonstacy@outlook.com
	Angi	Depatto	angeladepatto@yahoo.com
	Angie	Armbrust	aarmbrust@wintergroupa.com
	Arnold	Albert	AAAlbertND@aol.com
	Arthur F	Richer	aricher@geisinger.edu
	Barb	Burrell	bab44@psu.edu
	Barbara	Boneaberger RN MNEd CNE	barb@libcom.com
	Barbara	Conklin	BConklin@jneso.org
	Bernie	Gerard	bgerard@hpae.org
	Brad	March	saven529@comcast.net
	Carissa	Mulder	cbm@stateside.com
	Carrie	Alexander	Carrie.Alexander@idealimage.com
	Dale	Gustitus	dkgustitus@geisinger.edu
	Debbie	Kowit	pennsylvania@compub.org
	Debra	Wantz-Bucher	dwantz@geisinger.edu
	Denise	Seigart	dseigart@stevenson.edu

Diane	Krasner	dlkrasner@aol.com
Dolly	Callahan-Roberts	DCALLAHANROBERTS@geisinger.edu
Donna R	Pauling	nursie03@gmail.com
Eileen	Hill	ehillm@verizon.net
Emily	Bell	emily.bell@clymerlaw.com
Emily	Randle	emily@pennanurses.org
Gale	Shalongo	galeshalongo@aol.com
George	Mikuscak, Ed.D	gmikuscak@wwic.edu
Gretchen Hope Miller	Heery FNP BC	heerychr@ptd.net
Gwynne	Maloney-Saxon	gsaxon@geisinger.edu
Heather	Blair	hblair125@gmail.com
Jacob	Hegeman	jeh@stateside.com
Janet	Shields	jsields@hmc.psu.edu
Jeannine	Miller	Jeannine.N.Miller@lvhn.org
Jesse	Roberts	jr@stateside.com
Joan	Miller	joangluc@starband.net
Joanna	Bosch	joanna.bosch@gmail.com
Joanne	Rogers	irogers1@ptd.net
Jonna	Pascual	jonna.pascual@gmail.com
Karen	Reinert	kreinert@panurses.org
Karen	Kaskie	yokaskie@gmail.com
Kathie		Kathie521@aol.com
Kathleen	Pagana	kpaganal@comcast.net
Kelly	Kuhns	kelly.kuhns@millersville.edu
Kelly	Shultz	trschultz@windstream.net
Kendra	Snuffer	ksnuffer@ridgepolicygroup.com
Kristin	DiSandro	kdisandro@ineso.org
Laura	Schafer	les@stateside.com
Lisa	Young	lcy@stateside.com
Lori	Koehler	Lak929@gmail.com
Lorraine	Bock	Lorrainecnp@Kuhncom.net
Lynn S	Freeze	lfreeze@geisinger.edu
Marilyn E	Zrust, MSN, RN	lmzrust@aol.com
Mark	Vessella	mvessella@fhccp.org

Pre-Draft Solicitation Stakeholders
16A-5130: Fees

11/04/16

Marlene	Tremmel	MTremmel@pahouse.net
Mary	Dalplaz	mdalplaz@bloomu.edu
Melanie	Duffy	mduffy@PINNACLEHEALTH.org
Morgan	Plant	Mrgnplant@aol.com
Ms. May		jemay1@verizon.net
Natalie	Torentinos	Natalie.Torentinos@statescape.com
Natalie	Boylard	NBoylard@wintergroupupa.com
Nicole	Strothman	legalquestions@idealimage.com
Pat	Schwabenbauer	banabug@aol.com
Patricia	Porter	pporter@geisinger.edu
Patti	Smith	psmith@panurses.org
Patty	Eakin	peakin101@comcast.net
Peggy	Blankenship	peggy@assnoffices.com
Pilar	Sorensen	Pilar.Sorensen@statescape.com
Rachel	Nevaras	Rachel.Nevaras@statescape.com
Rebecca	Kann	mypls@mypls.com
Renee	Smith	rasmith@geisinger.edu
Rick	Henker	rhe001@pitt.edu
Rob	Quigley	rob@quidlevlawoffice.com
Robert	Axelrod	ra@stateside.com
Rose	Hoffmann	rho100@pitt.edu
Roxann	Shiber	roxsept@msn.com
Sally	Kauffman	kauffmas@inpenn.org
Sally	Regel	siregel@geisinger.edu
Sarah	Hunt	seh@stateside.com
Shannon	Cassidy	scassidy1024@yahoo.com
Susan	Hope	skh@stateside.com
Ted	Mowatt	tmowatt@wannerassoc.com
Theresa	Myers	tmvers7@embarqmail.com
Therese M	Sayers	tsavers@lhup.edu
Vivian	Lowenstein	vivian.cnm@verizon.net
Wayne E	Reich Jr	Wreich@psna.org
Lorraine	Bock	lorrainecrnp@gmail.com
Donald	Bucher	DHBUcher@gmail.com

	Christine	Kavanagh	Kavanaghcb@msn.com
--	-----------	----------	--

Attachment B

FORMS REFLECTING NEW AND INCREASED FEES:

1. Draft Application for Licensure by Endorsement/Temporary Practice Permit
2. Draft Application for Licensure by Endorsement with Exam/Temporary Practice Permit
3. Draft Application for Licensure by Endorsement with Exam for Internationally Educated Registered Nurses
4. Draft Application for Licensure by Endorsement with Exam for Internationally Educated Practical Nurses
5. Draft Application for Licensure as a Licensed Dietitian-Nutritionist (LDN)
6. Draft Application for Certification as a Certified Registered Nurse Practitioner (CRNP)
7. Draft Application for Certified Registered Nurse Practitioner (CRNP) Prescriptive Authority
8. Draft Application for Certification as a Clinical Nurse Specialist (CNS)
9. Draft Application for Exam and/or Graduate Temporary Practice Permit (TPP) & Reexam
10. Draft Application for Extension of Temporary Practice Permit (TPP)
11. Draft Application for Reactivation of a Pennsylvania Nursing License that has been Expired or Inactive for Five or More Years
12. Draft Application for Restoration of a Pennsylvania Nursing License after Suspension or Revocation
13. Draft Biennial Renewal Application – Registered Nurse
14. Draft Biennial Renewal Application – Practical Nurse
15. Draft Biennial Renewal Application – Dietitian-Nutritionist
16. Draft Biennial Renewal Application – CRNP
17. Draft Biennial Renewal Application – CRNP Prescriptive Authority
18. Draft Biennial Renewal Application – CNS
19. Draft Request for Review and Challenge of Exam
20. Draft Request for Verification of Licensure/Certification
21. Draft Request for Verification of Licensure/Certification with History
22. Draft Application for a Professional or Practical Pre-Licensure Nursing Education Program
23. Draft Application for a Certified Registered Nurse Practitioner Education Program
24. Draft Application for Review of Curriculum Changes for Professional or Practical Pre-Licensure Nursing Education Program
25. Draft Application for Review of Curriculum Changes for a Certified Registered Nurse Practitioner Education Program
26. Draft Continuing Education Provider – RN Application for Approval
27. Draft Continuing Education Provider – LDN Application for Approval
28. Draft Continuing Education Provider – CRNP Application for Approval
29. Draft Continuing Education Provider – CNS Application for Approval
30. Draft Renewal of Continuing Education (CE) Provider Activity

**DRAFT Application for Licensure by Endorsement / Temporary Practice
Permit (TPP)**

PLEASE READ THE INSTRUCTIONS CAREFULLY & RETAIN FOR REFERENCE

GENERAL INFORMATION:

- The practice of nursing in Pennsylvania (PA) without a valid PA Temporary Practice Permit (TPP) or license is illegal and prosecutable.
- If you hold or ever held a PA nursing license, your PA license must be reactivated. DO NOT PROCEED with this application.
- Applicants must have completed an approved nursing education program to be eligible for licensure in PA. Completion of a registered nurse (RN) program or any part of an RN program is not acceptable for PN licensure.
- Section 5 of the Practical Nurse Law (PN Law) and Section 21.158 of the Board regulations require that practical nursing programs consist of at least 1500 hours of instruction. Continuing education hours and work experience hours in the role of an LPN may be used to meet any deficient hours related to your program.
 - A copy of the certificate(s) of completion is acceptable documentation. If the coursework is documented in credit hours, please convert the credit hours to clock hours. Contact your course provider regarding this conversion.
 - Each hour worked as an LPN under a TPP or a LPN license in another state can be credited on an hourly basis. Acceptable documentation is limited to a letter received directly from your employer(s) verifying the dates of employment, the number of hours worked per week, and a brief description of the services provided as a LPN.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the above address, ATTN: Endorsement Area.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that a license/certificate was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided. If a *Waiver of Social Security Number* form is submitted in lieu of a Social Security number, it cannot be used to renew a license/certificate.
- Applications must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- When licenses/certificates are not issued within the one year, new applications, including fees, must be submitted.

FEES:

- Fees may be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania".
- Fees are non-refundable.
- Cash and credit cards are not accepted.
- Check/money orders drawn on foreign banks are only acceptable when "US funds" is identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

NAME / ADDRESS:

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

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

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

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years dated within 90 days from the date of issuance. (Applicable ONLY to #B4 and #B5)
- Copies of criminal Court documents. (Applicable ONLY to #B4 and #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B1, #B2 and #B3).

CHILD ABUSE CONTINUING EDUCATION REQUIREMENT:

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

ACT 31 Mandated Child Abuse Recognition and Reporting Continuing Education Providers

Applicants for Initial Licensure In PA:

If you were educated and licensed in any state, territory or possession of the United States or Canada and have passed the State Board Test Pool Exam (SBTPE) or the NCLEX®-RN exam or the NCLEX®-PN exam you may apply for a Pennsylvania RN or LPN license by following the directions below:

1. Submit the completed *Application for Licensure by Endorsement / Temporary Practice Permit* and appropriate fee to the Board:
 - **\$120.00 fee for permanent license only or \$190.00 fee for a Temporary Practice Permit and permanent license.**
 - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
 - An official transcript mailed directly to the Board (ATTN. ENDORSEMENT AREA) from the basic nursing education program that awarded the degree, certificate or diploma.
 - The basic nursing education program refers to the name of the institution, school, college or university where you completed the education that qualified you for your original nursing license.
 - **Non-official transcripts, such as a student copy or student-submitted copy that was provided to the student by the program in a sealed official envelope, are not acceptable.**
 - The official transcript must designate the degree, certificate or diploma awarded with the month, day and year the program was completed.
 - If the transcript is **not** written in English, a word-for-word English translation **must** accompany the transcript. A "Certificate of Accuracy" must be included at the end of the translation and must be signed by the translator.
 - A **Verification of Licensure** is required for all applicants and refers to the first nursing license obtained in a state, territory or possession of the U.S. by examination.
 - If your original licensing authority participates in Nursys® (a list of participating states is available at www.ncsbn.org) you must register and pay a fee at www.nursys.com in order for the Board to access your verification information.
 - If your original licensing authority does **not** participate in Nursys®, you must request that your original licensing authority complete a licensure verification and **mail it directly** to the Board office (ATTN. ENDORSEMENT AREA). The Verification form is available on the Board's website at www.dos.pa.gov; print out the *Verification of Licensure* form. Complete Section A of the *Verification of Licensure* form prior to sending it to your original licensing authority for completion. Contact that Board regarding any fee for this service.
 - If you were educated and licensed in Canada or Puerto Rico and you passed the NCLEX® or SBTPE for licensure in another state, request Verifications of licensure from both the original licensing authority where you passed the exam and from Canada or Puerto Rico.
 - Applicants who have not held an active nursing license within the past five years are required to satisfy the requirements for continued competency, as explained in §21.30a and §21.156a of the Board regulations.

Internationally Educated Applicants:

In addition to the above requirements to complete this application an RN or PN who graduated from a nursing program outside of the United States or Canada and who is licensed by completing the NCLEX® in another jurisdiction of the United States may be granted licensure in the Commonwealth without examination if the applicant's program of study is deemed equivalent to the program of study required in the Commonwealth at the time the program was completed. The Board will base equivalency of the international nursing program upon an evaluation performed by the Commission on Graduates of Foreign Nursing Schools International (CGFNS). If you are an international graduate, contact CGFNS at 215-349-8768 or at www.cgfns.org. Request that a CGFNS Credentials Evaluation Service (CES) *Professional Report* be sent directly to the Board. Please note that completion of this report by CGFNS may take several months and should be begun as soon as possible to reduce processing delays.

Applicants Applying for a Temporary Practice Permit (TPP) and a License:

If you are jointly applying for a TPP and a license, check "*Application for Licensure by Endorsement / Temporary Practice Permit*" and comply with the following:

- To be eligible for a TPP you must also apply for licensure and submit the appropriate fees for both. Check "RN License & Temporary Practice Permit (\$120.00)" or PN License & Temporary Practice Permit (\$190.00)."
- Applicants previously issued a TPP in one licensure classification (RN, PN) are not eligible for a second TPP in the same classification.
- **Complete Section E** on the application, attesting to the fact that you hold a current, valid license in a state, territory or possession of the United States or Canada.
 - An inactive, temporary or provisional license is *not* a current (active) license.
 - Information about TPP extensions, including compulsory timeframes, is available on the Board's web page www.dos.state.pa.us/nurse and will be included with your TPP.
- If your nursing education program was not conducted in English, you must provide the Board with evidence of English proficiency by achieving a passing score on one of the following Board-approved exams:

TOEFL - Test of English as a Foreign Language (www.ets.org)

- Achieve a passing score of 83 or higher overall on the Internet-based (TOEFL iBT) version of the test.
- Achieve a passing score of 207 or higher overall on the computerized version of the test.
- Achieve a passing score of 540 or higher overall on the Paper-based version (TOEFL PBT) where available.

TOEIC - Test of English for International Communication (www.ets.org)

- Achieve a passing score of 725 or higher overall.

IELTS - International English Language Test System (www.ielts.org)

- Achieve a passing score of 6.5 or higher overall on the Academic Model test.

English Proficiency Test scores must be mailed directly to the Board from the testing agency. Copies will not be accepted.

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

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

**DRAFT APPLICATION FOR LICENSURE BY ENDORSEMENT / TEMPORARY PRACTICE PERMIT
(TPP)**

ALL FEES ARE NON-REFUNDABLE

Applying For:

Registered-Nurse (RN) License (\$120.00) _____

Practical Nurse (PN) License (\$120.00) _____

RN License & Temporary Practice Permit (\$190.00) _____

PN License & Temporary Practice Permit (\$190.00) _____

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

Name: _____
Last First Middle Maiden

List any other names you have used.

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

Address: _____
Street

City State Zip Country

() _____ Email Address: _____
Daytime Phone #

Original Licensure: _____
Location Expiration Date License #

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

YES NO

1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		

4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
----	--	--	--

Name: _____ SSN: _____

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
7.	Have you ever had your DEA registration denied, revoked or restricted?		
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: BASIC NURSING EDUCATION:

Type of Program

Check One:

Check One:

RN _____ Degree: AD _____ BS _____ Diploma _____ Other _____
 PN _____ Certificate _____ Other _____
 (Specify)

List any other name(s) appearing on official documents. _____

Full Name of School of Nursing (No abbreviations):

Address of Program: _____
 City State Country

Completion Date: _____
 Month Day Year

Was this nursing education program conducted in English? _____ Yes _____ No

Name: _____ SSN: _____

SECTION D: PROFESSIONAL INFORMATION:

		YES	NO
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

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

STATE/COUNTRY	PROFESSION

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

SECTION E: ATTESTATION OF CURRENT LICENSURE:

TEMPORARY PRACTICE PERMIT APPLICANTS MUST COMPLETE THIS SECTION

This is to certify that I have a current, valid license to practice nursing as a Registered Nurse or a Practical Nurse in the United States, a U.S. territory or possession, or Canada as follows:

Location of Current Licensure _____ Type of License PN _____ RN _____

Expiration Date of that license _____ License Number _____

I further certify that my license is in good standing

Applicant's Full Legal Signature _____ Date _____

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

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____

VERIFICATION OF LICENSURE

Section A. Completed by Applicant only. Contact authority to confirm fee for verification.

Name: _____				Date of Birth: _____		
Last	First	Middle	Maiden Name	MM	DD	YYYY
Current Address: _____						
Street	City	State	Zip Code	Country		
Social Security #: _____ - _____ - _____						
Original Licensure: _____						
United States / Canada				License Number		
Name as it appears on original license: _____						

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Signature: _____ Date: _____

Section B. Completed by Original Licensing Authority only.

This is to certify that _____ was issued license number _____	
Applicant's Name	
Date issued: ____/____/____ MM DD YYYY	Type of License Issued: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Practical Nurse
Basis for licensure: <input type="checkbox"/> Examination <input type="checkbox"/> Other _____	Current licensure status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed
Has this license ever been disciplined in any manner or are disciplinary charges pending? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please send certified copies of Board actions)	
Basic Nursing Education Program: _____	Location: (City, State/Province/Territory/Country): _____
Type of Program: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Practical Nurse	
Approved by State/Province/Territory: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completion Date: ____/____/____ MM DD YYYY	Awarded: <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate <input type="checkbox"/> Diploma <input type="checkbox"/> Other _____
Exam Information:	
<input type="checkbox"/> NCLEX PN Results: _____	Exam Date or Series: _____
<input type="checkbox"/> NCLEX RN Results: _____	Exam Date or Series: _____
<input type="checkbox"/> SBTPE	Exam Date or Series: _____
MED SUR OBS PED PSYCH	Exam Date or Series: _____
<input type="checkbox"/> Other Results: _____	Exam Date or Series: _____

Original Signature: _____

Title: _____

Name of Licensing Authority: _____

Location: _____

Date: _____

Mail form to:
PA State Board of Nursing
P.O. Box 2849
Harrisburg, PA 17105-2649

(SEAL)

THIS FORM IS VALID FOR ONE YEAR



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

PHONE: (717) 783-7142
www.dos.pa.gov/nurse

FAX: (717) 783-0822
Email: st-nurse@pa.gov

**WAIVER OF SOCIAL SECURITY
NUMBER**

VERIFICATION STATEMENT

Name:	_____	_____	_____
	Last	First	Middle
Profession:	_____		

This is to verify that I do not have a social security number for the following reason(s):

I verify that the statement made above is true and correct to the best of my knowledge, information and belief. I understand that any false statements made are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

I will proceed to obtain a Social Security Number with all deliberate speed and provide the Pennsylvania State Board of Nursing with my Social Security Number upon receipt. I understand that my license will not be renewed unless I provide proof of my Social Security Number.

Applicant's Signature

Date

DRAFT

APPLICATION FOR LICENSURE BY ENDORSEMENT WITH EXAM / TEMPORARY PRACTICE PERMIT (TPP)

PLEASE READ THE INSTRUCTIONS CAREFULLY & RETAIN FOR REFERENCE

GENERAL INFORMATION:

- The practice of nursing in Pennsylvania (PA) without a valid PA Temporary Practice Permit (TPP) or license is illegal and prosecutable.
- If you hold or ever held a PA nursing license, your PA license must be reactivated. DO NOT PROCEED with this application.
- Applicants must have completed an approved nursing education program to be eligible for licensure in PA. Completion of a registered nurse (RN) program or any part of an RN program is not acceptable for PN licensure.
- Section 5 of the Practical Nurse Law (PN Law) and Section 21.158 of the Board regulations require that practical nursing programs consist of at least 1500 hours of instruction. Continuing education hours and work experience hours in the role of a LPN may be used to meet any deficient hours related to your program.
 - A copy of the certificate(s) of completion is acceptable documentation. If the coursework is documented in credit hours, please convert the credit hours to clock hours. Contact your course provider regarding this conversion.
 - Each hour worked as an LPN under a TPP or a LPN license in another state can be credited on an hourly basis. Acceptable documentation is limited to a letter received directly from your employer(s) verifying the dates of employment, the number of hours worked per week, and a brief description of the services provided as an LPN.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the above address, ATTN: Endorsement Area.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that a license/certificate was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided. *If a *Waiver of Social Security Number* form is submitted in lieu of a Social Security number, the form cannot be used to renew a license/certificate.
- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- When licenses/certificates are not issued within the one year, new applications, including fees, must be submitted.

FEES:

- Fees must be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania".
- Fees are non-refundable.
- Cash and credit cards are not accepted.
- Check/money orders drawn on foreign banks are only acceptable when "US funds" is identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the correct fee is received.

NAME / ADDRESS:

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

* Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as Implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, 01/24/2017

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

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years dated within 6 months of the date the application. (Applicable ONLY to #B5 and #B6)
- Copies of criminal Court documents. (Applicable ONLY to #B5 and #B6)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B2, #B3 and #B4).

CONTINUING EDUCATION FOR RN LICENSE RENEWAL:

- Registered nurses are required to verify completion of 30 hours of Board-approved continuing education obtained in the 2-year period immediately preceding renewal of their PA license. Refer to www.dos.state.pa.us/nurse for detailed information about this continuing education renewal requirement.

Applicants for Initial Licensure in PA:

If you were educated and licensed in any state, territory or possession of the United States or Canada and have *not* passed the State Board Test Pool Exam (SBTPE) or the NCLEX®-RN exam or the NCLEX®-PN exam you may apply for a Pennsylvania RN or LPN license by examination by following the directions below:

1. Submit the completed *Application for Licensure by Endorsement with Examination / Temporary Practice Permit* found at the Board's website, and the appropriate fee to the Board office:
 - **\$145.00 fee for permanent license only or \$215.00 fee for a Temporary Practice Permit and permanent license.**
 - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
 - An official transcript must be mailed directly to the Board (ATTN. ENDORSEMENT AREA) from the nursing education program that awarded the degree, certificate or diploma.
 - The nursing education program refers to the institution, school, college or university where you completed the education that qualified you for your original nursing license.
 - **Non-official transcripts**, such as a student copy or student submitted copy that was provided to the student by the school in a sealed official school envelope, are not acceptable.
 - The official transcript must designate the degree, certificate or diploma awarded with the month, day and year the program was completed.
 - If the transcript is not written in English, a word-for-word English translation must accompany the transcript. A "Certificate of Accuracy" must be included at the end of the translation and must be signed by the translator.
 - **Verification of Licensure** must be mailed directly to the Board from your original licensing authority.
 - "Original Licensing Authority" refers to the nursing license authority in the state, territory or possession of the United States or Canada where you obtained your license by examination.
 - **Complete Section A** of the *Verification of Licensure* form and mail it to your original licensing authority.
 - Contact that board to confirm if there is a fee for this service.
2. **At the same time you submit your application, register to take the NCLEX®-RN or NCLEX®-PN licensing exam with PearsonVue at www.vue.com/nclex.**
 - The only method for registration and payment for NCLEX® examinations is via the PearsonVue website. Only credit or debit cards are accepted for payment. Please refer to the NCLEX® website to review any changes: <https://www.ncsbn.org/nclex.htm>.
 - Applicants who qualify under the *Americans with Disabilities Act* for accommodations to take the licensing exam must complete the *Request for Accommodations* form located at http://www.portal.state.pa.us.portal/server.pt/document/10104/requestforaccommodations_pdf.

3. Once the application is complete and reviewed by the Board to assure compliance with PA requirements for licensure, the Board will send PearsonVue your eligibility to test. PearsonVue will then send you an Authorization to Test (ATT) E-mail.

- The ATT is valid for 90 days and **cannot be extended for any reason.**
- Once you receive the ATT you may schedule the testing location and test date.
- Check the ATT to ensure that it reflects your name as it appears on your ID, the correct authorization period, the exam you registered to take, and if applicable, your approved accommodations for testing.
- The ATT email contains important information including the authorization number, candidate identification number and its expiration date. It is needed to schedule your test appointment. It is not necessary to take the ATT to the test-center only acceptable identification: <https://www.ncsbn.org/1221.htm>

• After you take the licensure examination:

- Allow 30 days to receive official results of the licensure exam by mail.
- Verify your license at www.licensepa.state.pa.us.

Applicants Applying for a Temporary Practice Permit (TPP) and a License:

If you are jointly applying for a TPP and a license, check "*Application for Licensure by Endorsement with Examination / Temporary Practice Permit*" and comply with the following:

- To be eligible for a TPP you **must** also apply for licensure and submit the appropriate fees for both. Check "RN License & TPP(\$215.00)" or "PN License & TPP (\$145.00)"
- Applicants previously issued a TPP in one licensure classification (RN, PN) are not eligible for a second TPP in the same classification.
- **Complete Section E** on the application, attesting to the fact that you hold a current, valid license in a state, territory or possession of the United States or Canada.
 - An inactive, temporary or provisional license is *not* a current (active) license.
 - Information about TPP extensions, including compulsory timeframes, is available on the Board's web page www.dos.state.pa.us/nurse and will be included with your TPP.
- If your nursing education program was **not** conducted in English, you **must** provide the Board with evidence of English proficiency by achieving a passing score on one of the following Board-approved exams:

TOEFL - Test of English as a Foreign Language (www.ets.org)

- Achieve a passing score of 83 or higher overall on the Internet-based (TOEFL iBT) version of the test.
- Achieve a passing score of 207 or higher overall on the computerized version of the test.
- Achieve a passing score of 540 or higher overall on the Paper-based version (TOEFL PBT) where available.

TOEIC - Test of English for International Communication (www.ets.org)

- Achieve a passing score of 725 or higher overall.

IELTS - International English Language Test System (www.ielts.org)

- Achieve a passing score of 6.5 or higher overall on the Academic Model test.

English Proficiency Test scores must be mailed **directly** to the Board from the testing agency. Copies will not be accepted.

Requirement for approved training in child abuse recognition and reporting

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.

**DRAFT APPLICATION FOR LICENSURE BY
ENDORSEMENT WITH EXAMINATION / TEMPORARY
PRACTICE PERMIT (TPP)**

ALL FEES ARE NON-REFUNDABLE

Applying For:

Registered Nurse (RN) License (\$145.00) _____

Practical Nurse (PN) License (\$145.00) _____

RN License & Temporary Practice Permit (\$215.00) _____ PN License & Temporary Practice Permit (\$215.00) _____

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

Name:

Last First Middle Maiden

List any other names you have used.

Date of Birth:

Month Day Year

U.S. Social Security Number: _____

Address:

Street

City State Zip Country

() _____
Daytime Phone #

Email Address: _____

Original Licensure: _____

Location

Expiration Date

License #

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

YES

NO

1.	Are you requesting testing with accommodations? Candidates requesting testing accommodations, must submit a completed <u>Request for Accommodation Form</u> , found on Board website		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		

Name: _____

SSN: _____

		YES	NO
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
8.	If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		
9.	Have you ever had your DEA registration denied, revoked or restricted?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: BASIC NURSING EDUCATION:Type of ProgramCheck One:Check One:
 RN _____ Degree: AD _____ BS _____ Diploma _____ Other _____
 (Specify)

 PN _____ Certificate _____ Other _____
 (Specify)

List any other name(s) appearing on official documents: _____

Full Name of School of Nursing (No abbreviations): _____

 Address of Program: _____
 City State Country

 Completion Date: _____
 Month Day Year

Was this nursing education program conducted in English? _____ Yes _____ No

Name: _____

SSN: _____

SECTION D: PROFESSIONAL INFORMATION:

		YES	NO
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

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

STATE / COUNTRY	PROFESSION

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

SECTION E: ATTESTATION OF CURRENT LICENSURE:**TEMPORARY PRACTICE PERMIT APPLICANTS MUST COMPLETE THIS SECTION**

This is to certify that I have a current, valid license to practice nursing as a Registered Nurse or a Practical Nurse in the United States, a U.S. territory or possession, or Canada as follows:

Location of Current Licensure _____

Type of License PN _____ RN _____

Expiration Date of that license _____

License Number _____

I further certify that my license is in good standing

Applicant's Full Legal Signature _____ Date _____

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

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____

VERIFICATION OF LICENSURE**Section A. Completed by Applicant only. Contact authority to confirm fee for verification.**

Name:				Date of Birth:		
Last	First	Middle	Maiden Name	MM	DD	YYYY
Current Address:						
Street		City	State	Zip Code	Country	
Social Security #: _____ - _____ - _____						
Original Licensure:						
United States / Canada			License Number			
Name as it appears on original license: _____						

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Signature: _____ Date: _____

Section B. Completed by Original Licensing Authority only.

This is to certify that _____		was issued license number _____	
Applicant's Name			
Date issued: ____ / ____ / ____		Type of License issued: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Practical Nurse	
MM DD YYYY			
Basis for licensure:		Current licensure status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	
<input type="checkbox"/> Examination <input type="checkbox"/> Other _____			
Has this license ever been disciplined in any manner or are disciplinary charges pending?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please send certified copies of Board actions)			
Basic Nursing Education Program:		Location: (City, State/Province/Territory/Country):	
_____		_____	
Type of Program: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Practical Nurse		Approved by State/Province/Territory: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completion Date: ____ / ____ / ____		Awarded: <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate <input type="checkbox"/> Diploma <input type="checkbox"/> Other _____	
MM DD YYYY			
Exam Information:			
<input type="checkbox"/> NCLEX PN Results: _____		Exam Date or Series: _____	
<input type="checkbox"/> NCLEX RN Results: _____		Exam Date or Series: _____	
<input type="checkbox"/> SBTPE		Exam Date or Series: _____	
MED	SUR	OBS	PED
<input type="checkbox"/> Other Results: _____		Exam Date or Series: _____	

Original Signature: _____

Mail form to:

Title: _____

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

(SEAL)

Name of Licensing Authority: _____

Location: _____

Date: _____

THIS FORM IS VALID FOR ONE YEAR



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

PHONE: (717) 783-7142
www.dos.state.pa.us/nurse

FAX: (717) 783-0822
Email: st-nurse@pa.gov

WAIVER OF SOCIAL SECURITY NUMBER

VERIFICATION STATEMENT

Name:	<hr/>		
	Last	First	Middle
Profession:	<hr/>		

This is to verify that I do not have a social security number for the following reason(s):

I verify that the statement made above is true and correct to the best of my knowledge, information and belief. I understand that any false statements made are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

I will proceed to obtain a Social Security Number with all deliberate speed and provide the Pennsylvania State Board of Nursing with my Social Security Number upon receipt. I understand that my license will not be renewed unless I provide proof of my Social Security Number.

Applicant's Signature

Date

PENNSYLVANIA STATE BOARD OF NURSING

P.O. BOX 2649

HARRISBURG, PA 17105-2649

PHONE (717) 783-7142

FAX (717) 783-0822

www.dos.state.pa.us/nurse

Email: st-nurse@pa.gov



Application for Licensure by Endorsement with Exam for Internationally Educated Registered Nurses

PLEASE READ THE INSTRUCTIONS CAREFULLY & RETAIN FOR REFERENCE

GENERAL INFORMATION:

- The practice of nursing in Pennsylvania (PA) without a valid PA Temporary Practice Permit (TPP) or license is illegal and prosecutable.
- If you hold or ever held a PA registered nursing (RN) license, your RN license must be reactivated. **DO NOT PROCEED** with this application unless you are applying for a different license type.
- Applicants must have completed an approved RN program to be eligible for RN licensure in PA.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the address above. ATTN: Endorsement Area.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that a license was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided. *If a *Waiver Social Security Number* form is submitted in lieu of a Social Security number, it cannot be used to renew a license/certificate.
- Applications must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- When licenses/certificates are not issued within the one year, a new application, including fee, must be submitted.

FEES:

- The fee must be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania".
- **Fees are non-refundable.**
- Cash and credit cards are not accepted.
- Check/money orders drawn on a foreign bank are only acceptable when "US funds" are identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

NAME / ADDRESS:

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

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

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years dated within 6 months of the date the application. (Applicable ONLY to #B5 and #B6)
- Copies of criminal Court documents. (Applicable ONLY to #B5 and #B6)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B2, #B3 and #B4).

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

Applicants for Initial Licensure in PA:

If you are a graduate of an international Professional nursing education program and hold a current license, registration or are duly recognized there as a registered nurse, and are not licensed in the United States submit the completed *Application for Licensure by Endorsement with Exam for Internationally Educated Registered Nurses* and appropriate fee of \$145.00 to the Board. NOTE: You are not eligible for a Temporary Practice Permit with this application.

- If you do *not* have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
- **At the same time you submit your application** register to take the NCLEX®-RN exam with PearsonVue at www.vue.com/nclex. **An email address is required to register.**
 - Download the NCLEX® *Candidate Bulletin* at www.ncsbn.org/1213.htm for detailed information on the NCLEX® registration process, policies and rules.
 - Applicants who qualify under the *Americans with Disabilities Act* for accommodation(s) to take the exam must complete the *Request for Accommodations* form located at <http://www.portal.state.pa.us/portal/server.pt/document/101411119/requestforaccommodations.pdf>.
- Register with the Commission on Graduates of Foreign Nursing Schools, International's (CGFNS) at www.cgfns.org or (215) 349-8767 for the **Certification Program**. **Note: It is recommended to begin this process immediately.**
 - Once you have completed the Certification Program request that CGFNS send the “**eDas Report**” directly from CGFNS to the PA State Board of Nursing.
Note: This report will include the Certification Program status of the applicant.
 - **All questions related to CGFNS processes should be directed to CGFNS.**
- Once the application is complete and reviewed by the Board to assure compliance with PA requirements for RN licensure, the Board will send PearsonVue your eligibility to test. PearsonVue will then send you an Authorization to Test (ATT) E-mail.
 - **The ATT is valid for 90 days and cannot be extended for any reason.**
 - Once you receive the ATT you may schedule the testing location and test date.
 - Check the ATT to ensure that it reflects your name as it appears on your ID, the correct authorization period, the exam you registered to take, and if applicable, your approved accommodations for testing.
 - The ATT email contains important information including the authorization number, candidate identification number and its expiration date. It is needed to schedule your test appointment. It is not necessary to take the ATT to the test center only acceptable identification: <https://www.ncsbn.org/1221.htm>
- The only method for registration and payment for NCLEX® examinations is via the PearsonVue website. Only credit or debit cards are accepted for payment. Please refer to the NCLEX® website to review any changes: <https://www.ncsbn.org/nclex.htm>.
- After you take the licensure examination:
 - Allow 30 days to receive official results of the licensure exam by mail.
 - Verify your license at www.licensepa.state.pa.us.

Requirement for approved training in child abuse recognition and reporting

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.

**DRAFT APPLICATION FOR LICENSURE BY ENDORSEMENT
WITH EXAM
For Internationally Educated Registered Nurses**

ALL FEES ARE NON-REFUNDABLE.

Application Fee: Registered Nurse (RN) License (\$145.00) _____

SECTION A: APPLICANT INFORMATION: PRINT CLEARLY IN BLUE OR BLACK INK ONLY.

Name:

Last First Middle Maiden

List any other names you have used.

Date of Birth:

U.S. Social Security Number: _____

Month Day Year If you do not have a U.S. social security number submit the *Waiver of S.S. # form*.

Address:

Street

City State Zip/Postal Code Country (other than U.S.)

() Email Address: _____
Daytime Phone #

Original Licensure: _____
Country Expiration Date License #

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

YES NO

1.	Are you requesting testing with accommodations? Candidates requesting testing accommodations, must submit a completed <u>Request for Accommodation Form</u> , found on Board website		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		

Name: _____

SSN: _____

		YES	NO
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
8.	If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		
9.	Have you ever had your DEA registration denied, revoked or restricted?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: BASIC NURSING EDUCATION:Type of ProgramCheck One:Check One:

RN _____

Degree:

AD _____

BS _____

Diploma _____

Other _____
(Specify)

PN _____

Certificate _____

Other _____
(Specify)

Name appearing on transcript:

Full Name of School of Nursing (No abbreviations):

Address of Program: _____
City State CountryCompletion Date: _____
Month Day Year

SECTION D: PROFESSIONAL INFORMATION:

		YES	NO
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

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

STATE / COUNTRY	PROFESSION

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

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____

STATE BOARD OF NURSING

**P.O. BOX 2649
HARRISBURG, PA 17105-2649**

**PHONE: (717) 783-7142
www.dos.state.pa.us/nurse**

**FAX: (717) 783-0822
Email: st-nurse@pa.gov**

WAIVER OF SOCIAL SECURITY NUMBER

VERIFICATION STATEMENT

Name:	_____	_____	_____
	Last	First	Middle
Profession:	_____		

This is to verify that I do not have a social security number for the following reason(s):

I verify that the statement made above is true and correct to the best of my knowledge, information and belief. I understand that any false statements made are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

I will proceed to obtain a Social Security Number with all deliberate speed and provide the Pennsylvania State Board of Nursing with my Social Security Number upon receipt. I understand that my license will not be renewed unless I provide proof of my Social Security Number.

Applicant Signature

Date

DRAFT

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

PHONE (717) 783-7142
FAX (717) 783-0822
www.dos.state.pa.us/nurse
Email: st-nurse@state.pa.us

RETAIN FOR REFERENCE

Instructions for Application for Licensure by Endorsement with Exam for Internationally Educated
Practical Nurses

GENERAL INFORMATION:

- The practice of nursing in Pennsylvania (PA) without a valid PA Temporary Practice Permit (TPP) or license is illegal and prosecutable.
- If you hold or ever held a PA practical nursing (PN) license, your LPN license must be reactivated. DO NOT PROCEED with this application unless you are applying for a different license type.
- Applicants must have completed an approved practical nursing (PN) program to be eligible for PN licensure in PA. Completion of a registered nursing (RN) program or any part of an RN program is not acceptable for PN licensure in PA.
- Section 5 of the Practical Nurse Law (PN Law) and Section 21.158 of the Board regulations require that practical nursing programs consist of at least 1500 hours of instruction. Continuing education hours and work experience hours in the role of a LPN) may be used to meet any deficient hours related to your program.
 - A copy of the certificate(s) of completion is acceptable documentation. If the coursework is documented in credit hours, please convert the credit hours to clock hours. Contact your course provider regarding this conversion.
 - Each hour worked as an LPN under a TPP or a LPN license in another state can be credited on an hourly basis. Acceptable documentation is limited to a letter received directly from your employer(s) verifying the dates of employment, the number of hours worked per week, and a brief description of the services provided as an LPN.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the address above. ATTN: Endorsement Area.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that a license was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided.* If a *Waiver Social Security Number* form is submitted in lieu of a Social Security number, the form cannot be used to renew a license/certificate.
- Applications must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- When licenses/certificates are not issued within the one year, a new application, including fee, must be submitted.

FEES:

- The ~~\$125~~ ¹⁴⁵ fee must be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania".
- Fees are nonrefundable.
- Cash and credit cards are not accepted.
- Check/money orders drawn on a foreign bank are only acceptable when "US funds" are identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

NAME / ADDRESS:

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

CRIMINAL / DISCIPLINARY HISTORY: If "YES" was checked for any question in Section B of application, submit:

- A detailed, signed and dated personal explanation of the circumstances surrounding the action and its outcome.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years dated within 6 months of the date the application is submitted. (Applicable ONLY to #1)
- Copies of criminal Court documents (Applicable ONLY to #1).
- Certified copies of all disciplinary actions from the boards that imposed action (Applicable ONLY to #2 and #3).

*Note that disclosing your Social Security Number on this application is mandatory in order for this Board to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, the Commonwealth's licensing boards must provide the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Social Security Numbers are also required in order for the Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank.

Revised 12/1/2010, 03/05/14, 05/02/2014, 2/1/17

Applicants for INITIAL Licensure in PA:

If you are a graduate of an international practical nursing education program and are *not* licensed in any state, territory or possession of the United States submit the completed *Application for Licensure by Endorsement with Exam for Internationally Educated Practical Nurses* and the application fee of \$135.00 to the Board office. NOTE: You are *not* eligible for a Temporary Practice Permit with this application.

- If you do *not* have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
- At the same time you submit your application register to take the NCLEX®-PN exam with PearsonVue at www.pearsonvue.com/nclex or call 1-866-496-2539. An email address is required to register.
 - Download the NCLEX® *Candidate Bulletin* at www.ncsbn.org/1213.htm for detailed information on the NCLEX® registration process, policies and rules.
 - Applicants who qualify under the *Americans with Disabilities Act* for accommodation(s) to take the exam must complete the *Request for Accommodations* form located at www.dos.state.pa.us/nurse.
- Have the Commission on Graduates of Foreign Nursing Schools, International's (CGFNS) Credentials Evaluation Service (CES) *Professional Report* forwarded to the Board. If a Report has not yet been prepared, contact CGFNS at www.cgfns.org or (215) 349-8767 to register for a *Professional Report*. Note: It takes several months for CGFNS to prepare, complete and forward this Report to the Board so applicants are recommended to begin this process immediately.
 - The CES *Professional Report* must be sent directly from CGFNS to the PA State Board of Nursing.
 - All questions related to CGFNS processes must be directed to CGFNS.
- Once the application is complete and reviewed by the Board to assure compliance with PA requirements for practical nurse licensure, the Board will send PearsonVue your eligibility to test. PearsonVue will then send you an Authorization to Test (ATT) letter.
 - The ATT letter is valid for 90 days and cannot be extended for any reason.
 - Once you receive the ATT letter you may schedule the testing location and test date.
 - Check the ATT letter to insure that it reflects your name as it appears on your ID, the correct authorization period, the exam you registered to take, and if applicable, your approved accommodations for testing.
 - To gain access to the test center, you must present one form of acceptable identification; i.e. driver's license, state ID, military ID that matches exactly the name you provided when registering for NCLEX®. If your ID does not match exactly the name you registered with, you will not be admitted to test and will have to reregister and pay another exam fee.
 - A paper copy of the ATT letter is no longer needed for test admittance.
- The only method for registration and payment for NCLEX® examinations is via the PearsonVue website. Only credit or debit cards are accepted for payment. Please refer to the NCLEX® website to review any changes: <https://www.ncsbn.org/nclex.htm>.
- After you take the licensure examination:
 - Allow 30 days to receive official results of the licensure exam by mail.
 - Verify your license at www.licensepa.state.pa.us.

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

PHONE (717) 783-7142
FAX (717) 783-0822
www.dos.state.pa.us/nurse
Email: st-nurse@state.pa.us

Application For Licensure By Endorsement With Exam For Internationally Educated Practical Nurses

ALL FEES ARE NON-REFUNDABLE.

Application Fee: Practical Nurse (PN) License ^{145.00} (\$135.00) _____

SECTION A: APPLICANT INFORMATION: PRINT CLEARLY IN BLUE OR BLACK INK ONLY.

Name:

Last First Middle Maiden

List any other names you have used.

Date of Birth:

Month Day Year

U.S. Social Security Number:

If you do not have a U.S. social security number submit the *Waiver of S.S. # form*.

Address:

Street

City

State

Zip/Postal Code

Country (other than U.S.)

()
Daytime Phone #

Email Address:

Original Licensure:

Country

Expiration Date

License #

SECTION B: CRIMINAL/DISCIPLINARY HISTORY: ANSWER THE FOLLOWING QUESTIONS.

		YES*	NO
1.	Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

*If you answered "Yes" to question 1, attach a Criminal History Records Check and appropriate court documents with a detailed, signed and dated personal explanation.

		YES**	NO
2.	Have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		
3.	Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		

**If you answered "Yes" to question(s) 2 and/or 3, attach a detailed, signed and dated personal explanation and contact the proper licensing authority where the action was taken and request that a certified copy of the order be sent directly to the PA Board.

Name: _____

SSN: _____

SECTION C: BASIC NURSING EDUCATION:Type of ProgramCheck One:Check One:

RN _____

Degree: Diploma _____ AD _____ BS _____ Other _____

(Specify)

PN _____

Certificate _____ Other _____
(Specify)

Name appearing on transcript: _____

Full Name of School of Nursing (No abbreviations):
_____Address of Program: _____
City State CountryCompletion Date: _____
Month Day Year**SECTION D: LICENSURE HISTORY:**

Enter all other Nursing licenses that you currently hold or have ever held with the license number and expiration date.

STATE/COUNTRY	PRACTICAL NURSE REGISTERED NURSE ADVANCED PRACTICE	LICENSE #	EXPIRATION DATE

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

ANSWER THE FOLLOWING QUESTIONS:

YES NO

1.	Have you ever applied to take the PN Licensing Exam for Pennsylvania licensure?		
2.	Are you requesting testing with accommodations? If yes, complete and submit the "Request for Accommodations" form located at www.dos.state.pa.us/nurse .		

SECTION E: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

By submitting this information I verify that I am of good moral character and have disclosed any pending or processed criminal charges and disciplinary actions and any licenses in other states are in good standing. I further verify that I have completed the required education for the license for which I am applying.

To the best of my knowledge and belief, this application contains no misrepresentation, falsification, omission or concealment of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, permit or certificate. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911. I have an ongoing responsibility to immediately report to the Board, in writing, any change(s) in information previously provided to the Board on my application. I understand it is my responsibility to know the legal requirements governing the practice of my profession and to remain knowledgeable regarding any changes in those requirements.

Applicant's Full Legal Signature _____ Date _____

Note that disclosing your Social Security Number on this application is mandatory in order for this Board to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, the Commonwealth's licensing boards must provide the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Social Security Numbers are also required in order for the Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank.

Revised 12/1/2010, 03/05/14, 05/02/2014



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

PHONE: (717) 783-7142
www.dos.state.pa.us/nurse

FAX: (717) 783-0822
Email: st-nurse@state.pa.us

WAIVER OF SOCIAL SECURITY NUMBER

VERIFICATION STATEMENT

Name:	_____	_____	_____
	Last	First	Middle
Profession:	_____		

This is to verify that I do not have a social security number for the following reason(s):

I verify that the statement made above is true and correct to the best of my knowledge, information and belief. I understand that any false statements made are subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license.

I will proceed to obtain a Social Security Number with all deliberate speed and provide the Pennsylvania State Board of Nursing with my Social Security Number upon receipt. I understand that my license will not be renewed unless I provide proof of my Social Security Number.

Applicant's Signature

Date

~~DRAFT~~ Instructions
For Licensed Dietitian-Nutritionist (LDN) Applicants

GENERAL INFORMATION:

- If you hold or ever held an LDN license in PA, your PA license must be reactivated. DO NOT PROCEED with this application

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the above address.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that the LDN license was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided.* If a Waiver of Social Security Number form is submitted in lieu of a Social Security number, it cannot be used to renew a LDN license.
- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- If a LDN license is not issued within the one year, a new application, including fees, must be submitted.

FEES:

- The \$95 fee must be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania."
- Fees are nonrefundable.
- Cash and credit cards are not accepted.
- Check/money orders drawn on foreign banks are only acceptable when "US funds" is identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

NAME / ADDRESS:

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

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

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years. (Applicable ONLY to #B4 and #B5)
- Copies of criminal Court documents. (Applicable ONLY to #B4 and #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B1, #B2 and #B3).
- Copies of applicable documents. (Applicable ONLY to #B7 through #B11)

CHILD ABUSE CONTINUING EDUCATION REQUIREMENT:

EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS- approved training in child abuse recognition and reporting requirements as a condition of licensure. Review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Board approved providers may take up to 7 business days to electronically send verification of completion to the Board. A license will not be issued until this electronic verification is received. ACT 31 Mandated Child Abuse Recognition and Reporting Continuing Education Providers

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

reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

RETAIN FOR REFERENCE



Instructions for Licensed Dietitian-Nutritionist (LDN) Applicants

Licensure Requirements

An applicant for LDN licensure must meet the following requirements:

1. Hold a baccalaureate or higher degree from a Board-approved, regionally accredited college or university, including a major course of study in human nutrition, food and nutrition, dietetics or food systems management.
2. Complete a planned continuous preprofessional experience of at least 900 hours under appropriate supervision.
3. Successfully complete the Registration Exam for Registered Dietitians or the exam of the Certification Board of Nutrition Specialists.

Application Submission Requirements

1. Submit a completed **Application for Licensure** as a LDN found at the Board's website and the \$45.00 fee to the Board.
 - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
2. An **official transcript** shall be mailed directly to the Board from the dietitian nutritionist education program that awarded the degree or certificate.
 - The dietitian nutritionist education program refers to the name of the institution, school, college, or university where you completed the education that qualified you for your original LDN license.
 - A **Non-official transcript**, such as a student copy, or a student-submitted copy that was provided to the student by the program in a sealed official envelope, is not acceptable to the Board.
 - The official transcript must designate the degree awarded with the month, day, and year the program was completed.
3. If you are registered by the Commission on Dietetic Registration (CDR) as a Registered Dietitian-Nutritionist or by the Certification Board for Nutrition Specialists (CBNS) as a Certified Nutrition Specialist (CNS) request an original Verification of Registration letter to be sent directly from the CDR or from the CBNS to the Pennsylvania State Board of Nursing. Registered Dietitian Nutritionist must call the CDR directly to request a Pennsylvania specific verification letter at 1-800-877-1600 ext 5500
4. If licensed as a LDN in another state or jurisdiction, have submitted a completed **Verification of Licensure**.
 - Complete Section A of the *Verification of Licensure* form and forward it to the jurisdiction where you hold a LDN license for completion.
 - The verification must be mailed directly to the Board from that jurisdiction.
 - Contact that jurisdiction directly about any fee charged for completion of the Verification.

CONTINUING EDUCATION FOR LICENSE RENEWAL:

- LDN's are required to verify completion of 30 hours of Board-approved continuing education obtained in the 2-year period immediately preceding renewal of their PA license. Refer to www.dos.state.pa.us/nurse for detailed information about this continuing education renewal requirement.

APPLICATION FOR LICENSURE AS A LICENSED DIETITIAN-NUTRITIONIST (LDN)

Attach the **\$95.00 fee** and required documents. All fees are non-refundable.

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

Name:

Last First Middle Maiden

List any other name(s) appearing on official documents.

Date of Birth:

Month Day Year U.S. Social Security Number:

Address:

Street

City State Zip

() Email Address:
Daytime Phone Number

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

		YES	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

Name: _____

SSN: _____

		YES	NO
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
7.	If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		
8.	Have you ever had your DEA registration denied, revoked or restricted?		
9.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payer or another authority?		
10.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
11.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: DIETITIAN-NUTRITIONIST EDUCATION:
 Type of Degree Awarded: BA/BS _____ Master's _____ Post-Master's _____ Doctorate _____
 (Select One)

 Other _____
 (Specify)

Full Name of College or University: (No abbreviations)

City _____ State _____

 Major Course of Study: _____ Program Completion Date: _____
 (MM/DD/YYYY)
SECTION D: REGISTRATION:

CDR Registration (Registered Dietitian) ID# _____ Expiration date: _____

CNS Registration (Certified Nutrition Specialist) ID# _____ Expiration Date: _____

SECTION E: PROFESSIONAL INFORMATION:

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

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

STATE/COUNTRY	PROFESSION

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

Name: _____

SSN: _____

SECTION F: AFFIDAVIT: READ, SIGN AND DATE.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____

VERIFICATION OF DIETITIAN-NUTRITIONIST LICENSURE

Section A. Completed by Applicant only. Contact original licensing authority to confirm fee for verification.

Name:				Date of Birth:		
_____	_____	_____	_____	_____	_____	_____
Last	First	Middle	Maiden Name	MM	DD	YYYY
Current Address:						
_____		_____	_____	_____		
Street		City	State	Zip Code		
Social Security Number: _____ - _____ - _____						
Current Licensure/Certification:						
_____			_____			
State			License Number			

Section B. Completed by Original Licensing Authority only.

This is to certify that _____	
Applicant's Name	
was issued Dietitian/Nutritionist license/certification number _____	
Date Issued: _____	Current licensure Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed
MM DD YYYY	
Has this license ever been disciplined in any manner or are disciplinary charges pending? Check one:	
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please send certified copies of Board actions)	

Licensed Dietitian-Nutritionist Program/Course of Study: _____	
Location: (City, State/Province/Territory): _____	
Program Completion Date: _____	
Approved by State/Province/Territory: <input type="radio"/> Yes <input type="radio"/> No	

Original Signature of Licensing Officer: _____

Title: _____

(SEAL)

Name of Licensing Authority: _____

Location: _____

Date: _____

DO NOT RETURN THIS FORM TO APPLICANT.

MAIL FORM TO:
Pennsylvania State Board of Nursing
LDN Applications
P.O. Box 2649

PHYSICAL ADDRESS:
Pennsylvania State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110

Harrisburg, PA 17105-2649

VALID FOR ONE (1) YEAR

(717) 783-7142

RETAIN FOR REFERENCE

DRAFT

General Instructions for Certified Registered Nurse Practitioner (CRNP) Certification Applicants

An applicant for CRNP certification shall hold a current, unrestricted license as a professional nurse in this Commonwealth.

"A CRNP practicing in this Commonwealth shall maintain a level of professional liability coverage as required for a nonparticipating health care provider under the act of March 20, 2002 (P.L.154, No. 13) known as the "Medical Care Availability and Reduction of Error (Mcare) Act..." (Professional Nursing Law Section 8.7).

Complete and mail the application to the Pennsylvania State Board of Nursing. Include the fee in the form of a personal check, cashier's check or money order. Make fee payable to the "Commonwealth of Pennsylvania." The fee is **nonrefundable**. Do not send cash. Charge cards are not accepted. A check/money order drawn on a foreign bank is not acceptable unless "US funds" is identified on the check/money order. A processing fee of \$20.00 will be charged for a check/money order returned unpaid. Forms received without the correct fee cannot be evaluated, and the applicant will be notified to submit the correct fee.

The application must be received in the Board office within ninety (90) days from the date the application is signed. The application is valid for one (1) year from the date signed. The process must be completed within the one-year time frame or the applicant will be required to submit a new application and fee. It is the responsibility of the applicant to submit all required documentation to the Board within the one-year time frame.

Licenses are not forwarded. Provide your current address to receive correspondence from the Board. It is the applicant's responsibility to inform the Board of an address or name change within ten (10) days after the change. Refer to the "REQUEST FOR CHANGE" form located on our website.

For applicants who answer YES to question 1 of the **Criminal/Disciplinary History** questions, the Board requires a detailed, signed and dated personal explanation from the applicant, Court documents and a recent Criminal History Records Check (CHRC) from the Pennsylvania State Police (PSP). The CHRC must be dated within six (6) months of the date the application is submitted. Contact the PSP for instructions and fee at www.psp.state.pa.us. For **out-of-state applicants**, obtain a CHRC from every state where you lived in the last five (5) years. The CHRC must come from a State Law Enforcement Authority. Other documentation may be required by the Board after review.

For applicants who answer YES to question(s) 2 and/or 3 of the **Criminal/Disciplinary History** questions, the Board requires a detailed, signed and dated personal explanation from the applicant. Also, contact the proper licensing authority where the action was taken and request that a certified copy of the order be sent directly to the PA Board.

Our goal is to process your application as quickly as possible. Please check the Pennsylvania State Board of Nursing verification website to verify if a license or certification was issued at www.licensepa.state.pa.us.

If a Social Security number is not provided on the application and you are later issued a license, the license **cannot** be renewed until a Social Security number is provided. In order to comply with Federal Statute, the State Board of Nursing is obligated to inform each applicant or licensee from whom it requests a Social Security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the Social Security number. Additionally, disclosing the number is mandatory in order for this Board to comply with the requirements of the Federal Healthcare Integrity and Protection Data Bank. If this Board is required to make a report about one of its applicants or licensees to this Data Bank, it must report that individual's Social Security number.

Requirement for approved training in child abuse recognition and reporting

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.

RETAIN FOR REFERENCE

DRAFT

Instructions for Certified Registered Nurse Practitioner (CRNP) Certification Applicants

If you are seeking CRNP prescriptive authority, a separate application for CRNP prescriptive authority is required and can be obtained from the website.

1. A CRNP applicant must complete an accredited Nurse Practitioner program.
2. To be certified as a CRNP, the applicant must be currently certified as a Nurse Practitioner from a Board-recognized national certification organization,* which requires the passing of a national certifying examination in the particular specialty in which the applicant is seeking certification by the Board. If certified/licensed after February 7, 2005, request that verification of your current national certification be sent directly to the PA State Board of Nursing from the national certification organization.

You will be required to maintain your national certification in order to renew your CRNP state certification. Request that verification of your current national certification is sent directly to the PA State Board of Nursing from the national certification organization. Copies are not acceptable. Verification is required to be sent to the Board for initial CRNP certification only. Thereafter, you will verify as Yes or No on the renewal application.

3. **PA Graduates:**
 - a. Complete Form 1.
 - b. Submit Form 2 to the Nurse Practitioner program you completed.
4. **Nurse Practitioners certified/licensed in another jurisdiction:**
 - a. Complete Form 1.
 - b. Submit Form 2 to the Nurse Practitioner program.
 - c. Submit Form 3 to your original licensing authority.

The Board may require documentation of the licensure or certification requirements at the time you were initially licensed/certified by the other jurisdiction. The Board will notify you or your NP Program Director if additional information is required.

Note: If you are a graduate of an out-of-state Nurse Practitioner program, request an official transcript be mailed directly from the program/registrar to the PA State Board of Nursing. An official transcript must:

- Be sent directly to the Board from the program/school which awarded the degree or certificate.
- Non-official transcripts, such as a student copy or student submitted copy, are not acceptable.
- Designate the degree or certificate awarded.
- Indicate the month, day and year the Nurse Practitioner program was completed.

***National Certification Organization**

American Academy of Nurse Practitioners (AANP)

American Association of Critical Care Nurses (AACN)

Specialty

Adult Nurse Practitioner
Adult-Gerontology Primary Care Nurse Practitioner
Family Nurse Practitioner

Adult Acute Nurse Practitioner
Adult-Gerontology Nurse Practitioner

American Nurses Credentialing Center (ANCC)

Acute Nurse Practitioner
Adult Nurse Practitioner
Adult-Gerontology Acute Care Nurse Practitioner
Adult-Gerontology Primary Care Nurse Practitioner
Adult Psychiatric-Mental Health Nurse Practitioner
Family Nurse Practitioner
Gerontology
Pediatric Primary Care Nurse Practitioner
Psychiatric-Mental Health Nurse Practitioner

National Certification Corporation (NCC)

Women's Health Care Nurse Practitioner
Neonatal Nurse Practitioner

Oncology Nursing Certification Corporation (ONCC)

Advanced Oncology Nurse Practitioner

Pediatric Nursing Certification Board (PNCB)

Pediatric Acute Care Nurse Practitioner
Pediatric Primary Care Nurse Practitioner

FORM 1: APPLICATION FOR CERTIFICATION AS A REGISTERED NURSE PRACTITIONER (CRNP)

Attach the fee and required documents. All fees are non-refundable.

_____ Graduates of PA programs--\$100
_____ Graduates of non-PA programs--\$140

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

Pennsylvania RN License Number: _____ Expiration Date: _____

Name: _____
Last First Middle Maiden

_____ List any other names you have used

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

Address: _____
Street

City State Zip
() Email Address: _____
Daytime Phone Number

SECTION B: CRIMINAL/DISCIPLINARY HISTORY: ANSWER THE FOLLOWING QUESTIONS:

		YES	NO
1.	Have you ever been convicted, found guilty, or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

If you answered YES to question 1, attach a Criminal History Records Check (see General Instructions) and appropriate court documents with a detailed, signed and dated personal explanation.

		YES	NO
2.	Have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		
3.	Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		

If you answered YES to question(s) 2 and/or 3, attach a detailed, signed and dated personal explanation and contact the proper licensing authority where the action was taken and request that a certified copy of the order be sent directly to the PA Board.

Name: _____

SSN: _____

SECTION C: NURSE PRACTITIONER EDUCATION:

Type of Degree Awarded: Master's _____ Post-Master's _____ DNP _____ Other _____
(Select One) (Specify)

Full Name of College or University: (No abbreviations) _____

City _____ State _____

Name appearing on official transcript (if different): _____

Program Specialty: _____ Program Completion Date: _____
(MM/DD/YYYY)

SECTION D: NATIONAL CERTIFICATION:

National Certification Organization: _____ National Certification ID Number _____

Specialty of National Certification Examination: (Select ONE specialty per application)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Adult | <input type="checkbox"/> Adult Acute Care |
| <input type="checkbox"/> Adult-Gerontology Acute Care | <input type="checkbox"/> Adult-Gerontology Primary Care | <input type="checkbox"/> Adult Psychiatric-Mental Health |
| <input type="checkbox"/> Advanced Oncology | <input type="checkbox"/> Family | <input type="checkbox"/> Family/Individual Across Lifespan |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Neonatal | <input type="checkbox"/> Pediatric Acute Care |
| <input type="checkbox"/> Pediatric Primary Care | <input type="checkbox"/> Psychiatric-Mental Health | <input type="checkbox"/> Women's Health Care |
| <input type="checkbox"/> Women's Health/Gender-Related | | |

SECTION E: LICENSURE HISTORY:

Are you recognized as a Nurse Practitioner (active or inactive status) by another state? Yes* _____ No _____

*If yes, list the state(s) and date(s): _____

SECTION F: AFFIDAVIT: Read, sign and date.

By submitting this information I verify that I am of good moral character and, if requested, I shall furnish evidence satisfactory to the Board of Nursing. To the best of my knowledge and belief, this application contains no misrepresentation, falsification, omission or concealment of material fact and the information given by me is true and complete. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, permit or certificate. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911. I have an ongoing responsibility to immediately report to the Board, in writing, any change(s) in information previously provided to the Board on my application. I understand it is my responsibility to know the legal requirements governing the practice of my profession and to remain knowledgeable regarding any changes in those requirements. I understand that if I do not successfully complete all requirements established by the program by the date indicated on my application, I must immediately notify the Board and I am not eligible for certification.

Applicant's Full Legal Signature _____ Date _____
(Must be original) (MM/DD/YYYY)

In order to comply with federal law, the State Board of Nursing is obligated to inform each applicant or licensee from whom it requests a Social Security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the Social Security number. Additionally, disclosing the number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank. If this Board is required to make a report about one of its applicants or licensees to this Data Bank, it must report that individual's Social Security number.

FORM 2 - VERIFICATION of NURSE PRACTITIONER PROGRAM

This form is to be completed in its entirety by the present Program Director or designee of the Nurse Practitioner Program AFTER ALL PROGRAM REQUIREMENTS HAVE BEEN MET.

FORM 2 - TO BE COMPLETED BY THE NURSE PRACTITIONER PROGRAM DIRECTOR ONLY

Name of Student: _____ Date of Birth: _____
(MM/DD/YY)

Provide the last 4 numbers of the student's Social Security Number: XXX-XX- _____

Name of the College or University: _____

Mailing Address: _____

(City) (State) (Zip Code)

Specialty (Population): _____

Date student completed the Nurse Practitioner program: _____ Awarded: _____
(MM/DD/YY) MSN, DNP, POST-MASTER'S, OTHER

To be Completed by Out-of-State Nurse Practitioner Program Directors Only:

List the total number of clinical experience hours completed by this graduate: _____

Length of program: _____ Program Accreditation: CCNE _____ ACEN _____
(Months)

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

X

Original Signature of Program Director or designee
(Name stamp is not acceptable)

[SCHOOL SEAL]

Print or type the name of Program Director or designee

Program Director or designee's Contact Phone Number

Date Signed

DO NOT RETURN THIS FORM TO APPLICANT

MAIL DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE

Mail Form To:
Pennsylvania State Board of Nursing
CRNP Applications
P.O. Box 2649

Physical Address:
Pennsylvania State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110

VALID FOR ONE (1) YEAR

FORM 3 - VERIFICATION OF NURSE PRACTITIONER LICENSURE

Section A. Completed by Applicant only. Contact original licensing authority to confirm fee for verification.

Name: _____				Date of Birth: _____		
_____	_____	_____	_____	MM	DD	YYYY
Last				First		Middle
Maiden Name						
Current Address: _____						
_____		_____		_____		_____
Street		City		State		Zip Code
Social Security Number: _____ - _____ - _____						
Current Licensure / Certification: _____						
_____				_____		
State				License Number		

Section B. Completed by Original Licensing Authority only.

This is to certify that _____		
Applicant's Name		
was issued license/certification number _____	Specialty: _____	
	(If Applicable)	
Date Issued: _____	Current licensure/certification Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	
MM	DD	YYYY
Basis for Licensure: <input type="checkbox"/> Endorsement <input type="checkbox"/> National Certification <input type="checkbox"/> Waiver <input type="checkbox"/> Other: _____		
Prescriptive Authority issued: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date issued: _____		
Has this license ever been disciplined in any manner or are disciplinary charges pending? Check one: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please send certified copies of Board actions)		

Nurse Practitioner Program: _____		
Location: (City, State/Province/Territory): _____		
Program Completion Date: _____	Specialty (Population): _____	
	(If Applicable)	
Approved by State/Province/Territory: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Original Signature of Licensing Officer: _____

Title: _____

(SEAL)

Name of Licensing Authority: _____

Location: _____

Date: _____

Mail Form To:

Pennsylvania State Board of Nursing
P.O. Box 2649, CRNP Applications
Harrisburg, PA 17105-2649

Physical Address:

Pennsylvania State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110

VALID FOR ONE (1) YEAR



DRAFT Instructions
For Certified Registered Nurse Practitioner (CRNP) Prescriptive Authority Application

To prescribe and dispense drugs in Pennsylvania you must have an active Pennsylvania RN license, an active Pennsylvania CRNP Certificate and an active Pennsylvania Prescriptive Authority Approval.

FAQs AND LAW/REGULATIONS

- FAQs about Prescriptive Authority as well as the Professional Nursing Law and the Board's regulations can be found on the Board's website at www.dos.pa.gov/nurse.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the above address.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that the CRNP Prescriptive Authority was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided.* If a Waiver of Social Security Number form is submitted in lieu of a Social Security Number, it cannot be used to renew a CRNP Prescriptive Authority.
- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- If a CRNP Prescriptive Authority is not issued within the one year, a new application, including fees, must be submitted.

FEES:

- The \$95.00 Initial Application and/or \$45.00 Additional Authority Application fee must be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania."
- Fees are nonrefundable.
- Cash and credit cards are not accepted.
- Check/money orders drawn on foreign banks are only acceptable when "US funds" is identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

NAME / ADDRESS:

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

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

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years. All background check documents cannot be older than 90 days from the date of issuance. (Applicable ONLY to #B4 and #B5)
- Copies of criminal Court documents. (Applicable ONLY to #B4 and #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B1, #B2 and #B3).

CONTINUING EDUCATION:

- Out of the 30 total hours, CRNPs with Prescriptive Authority must complete at least 16 hours of Board-approved continuing education in pharmacology in the 2-year period immediately preceding biennial renewal.
- As part of the biennial renewal application CRNPs are required to verify completion of the pharmacology hours.
- Refer to www.dos.pa.gov/nurse for detailed information about this continuing education renewal requirement.

Application Submission Requirements:

Applicants for INITIAL CRNP Prescriptive Authority in Pennsylvania must submit:

- ☐ Form 1: An Application for CRNP Prescriptive Authority signed by the applicant.
- ☐ Form 2: A copy of the Collaborative Agreement for CRNP Prescriptive Authority signed by the applicant and the collaborating physician. The original Collaborative Agreement must remain at the primary practice location.
- ☐ Form 3: A Verification of Advanced Pharmacology Form completed and mailed to the Board by the program director where the Advanced Pharmacology course was completed.
- ☐ A \$95 fee for Initial Application.

Applicants for ADDITIONAL CRNP Prescriptive Authority in Pennsylvania must submit:

- ☐ Form 1: An Application for CRNP Prescriptive Authority signed by the applicant.
 - ☐ Form 2: A copy of the Collaborative Agreement for CRNP Prescriptive Authority signed by the applicant and collaborating physician. The original Collaborative Agreement must remain at the primary practice location.
 - ☐ A \$45 fee for each additional CRNP Application for Prescriptive Authority Application
- *Note:** An applicant for an ADDITIONAL Prescriptive Authority is applying for a NEW agreement with a NEW collaborating physician. A CRNP may hold multiple prescriptive authority approvals at the same time, each with a different collaborating physician.

FORM 1: APPLICATION FOR CRNP PRESCRIPTIVE AUTHORITY:

- Include the Pennsylvania CRNP Certificate number on the prescriptive authority application (this begins with SP-, VP-, TP-, or UP-). Prescriptive authority cannot be granted to a CRNP applicant whose application has a "Pending" status.
- The National Certification Number is not required on this application.
- The application must include the Applicant's original signature and date signed; faxed, emailed, or scanned copies will not be accepted.

FORM 2: COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY:

- Print the CRNP specialty exactly as listed on the Pennsylvania CRNP Certificate. Specialties should be verified at www.licensepa.state.pa.us.
 - Professional liability insurance—Simply answer the question; **do not attach the insurance policy.**
- Collaborative/Substitute Physician
 - **Collaborative and substitute physicians must hold active Pennsylvania licenses.**
 - Ensure that collaborating and substitute physicians' names and license numbers are correct by verifying the information at www.licensepa.state.pa.us
 - **Include the entire license number** (prefixes/suffixes and zeros are part of a license number). **Include at least one substitute physician. Applications without a substitute cannot be processed.**
 - **If there are multiple substitute physicians, check "List of additional substitutes is attached" and attach the list with each physician's name and license numbers. The CRNP and collaborating physician must be listed at the top of the attachment.**
- Controlled Substance Prescribing Authority
 - Complete for each Schedule even if specific Schedules are not permitted.
 - List the day supply amount for each Schedule requested.
 - The maximum day supply amounts currently permitted by regulation are:
Schedule II = 30 day supply Schedule III = 90 day supply Schedule IV = 90 day supply
- Make available, upon request, the original *Collaborative Agreement for CRNP Prescriptive Authority* at the primary practice location. A copy of the *Collaborative Agreement* should be maintained by the CRNP.
- A CRNP may not prescribe until the Prescriptive Authority Application is approved by the Board.

FORM 3: VERIFICATION OF ADVANCED PHARMACOLOGY FORM:

- The applicant must have successfully completed a minimum of 45 hours of course work specific to advanced pharmacology within 5 years of the date the applicant applies for initial prescriptive authority approval. If the course was completed beyond 5 years of the date the applicant applied for initial prescriptive authority, the applicant must submit evidence of prescriptive authority issued in another jurisdiction or continuous professional learning beyond the 5 years.
- Forward Form 3 to the program director where the Advanced Pharmacology course was taken for verification of the number of hours of advanced pharmacology content and specialty completed.
- The completed form must be mailed directly to the Board. Emailed, scanned or faxed copies will not be accepted.



APPLICATION FOR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP) PRESCRIPTIVE AUTHORITY

ALL FEES ARE NONREFUNDABLE

Applying For: (Check only one.)

- ☐ **Initial Application for CRNP Prescriptive Authority in PA (\$95.00)**
☐ **Additional Application for CRNP Prescriptive Authority in PA (\$45.00)**

SECTION A: APPLICANT INFORMATION: (Print clearly in dark blue or black ink or type.)

Name:

Last First Middle

Date of Birth:

Month Day Year U.S. Social Security Number*:

Address:

Street

City State Zip

() Email Address:
Daytime Phone #

Pennsylvania CRNP Number

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS.

		YES*	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

Name: _____

SSN: _____

YES

NO

5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
7.	Have you ever had your DEA registration denied, revoked or restricted?		
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____

Date _____

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

PENNSYLVANIA STATE BOARD OF NURSING

P.O. BOX 2649
HARRISBURG, PA 17105-2649
PHONE: (717) 783-7142

COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY

1) Name of Certified Registered Nurse Practitioner: _____

Pennsylvania CRNP Number: _____

CRNP Specialty exactly as listed on the Pennsylvania CRNP Certificate : _____

Professional Liability: Check one

- ☐ I maintain the required professional liability insurance.
☐ I am exempt from having the required professional liability insurance.

2) Collaborating Physician: Name: _____

Pennsylvania License Number: _____
(Include prefix/suffix)

Substitute Physician: Name: _____

(At least one (1) substitute physician is required.)

Pennsylvania License Number: _____
(Include prefix/suffix)

☐ List of additional
substitutes
attached

3) Indicate the circumstances and how often the collaborating physician will personally see the patient.
(Must check at least one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Once per year | <input type="checkbox"/> Every other visit | <input type="checkbox"/> Patient not responding to treatment |
| <input type="checkbox"/> Twice per year | <input type="checkbox"/> CRNP Request | <input type="checkbox"/> Patient condition outside CRNP scope of practice |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Patient or Family request | <input type="checkbox"/> Other _____ |

4) Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)

Schedule II

- ☐ Yes, I am requesting Schedule II for up to a _____ day supply
☐ No

Schedule III

- ☐ Yes, I am requesting Schedule III for up to a _____ day supply
☐ No

Schedule IV

- ☐ Yes, I am requesting Schedule IV for up to a _____ day supply
☐ No

COLLABORATIVE AGREEMENT FOR PRESCRIPTIVE AUTHORITY (continued)

Name of Certified Registered Nurse Practitioner: _____

Pennsylvania CRNP Number: _____

- 5) Drug Categories:** Individually check each category of drugs from which the CRNP may prescribe and dispense. The box must be blank if you are not selecting the category. Do not alter any category box.

<input type="checkbox"/>	(a) Antihistamines
<input type="checkbox"/>	(b) Anti-infective agents
<input type="checkbox"/>	(c) Antineoplastic agents
<input type="checkbox"/>	(d) Unclassified therapeutic agents
<input type="checkbox"/>	(e) Devices and pharmaceutical aids
<input type="checkbox"/>	(f) Autonomic drugs
<input type="checkbox"/>	(g) Blood formation drugs
<input type="checkbox"/>	(h) Coagulation and anticoagulation drugs
<input type="checkbox"/>	(i) Thrombolytic and antithrombolytic agents
<input type="checkbox"/>	(j) Cardiovascular drugs
<input type="checkbox"/>	(k) Central nervous system agents
<input type="checkbox"/>	(l) Contraceptives including foams and devices
<input type="checkbox"/>	(m) Diagnostic agents
<input type="checkbox"/>	(n) Disinfectants for agents used on objects other than skin
<input type="checkbox"/>	(o) Electrolytic, caloric and water balance
<input type="checkbox"/>	(p) Enzymes
<input type="checkbox"/>	(q) Antitussive, expectorants and mucolytic agents
<input type="checkbox"/>	(r) Gastrointestinal drugs
<input type="checkbox"/>	(s) Local anesthetics
<input type="checkbox"/>	(t) Eye, ear, nose and throat preparations
<input type="checkbox"/>	(u) Serums, toxoids and vaccines
<input type="checkbox"/>	(v) Skin and mucous membrane agents
<input type="checkbox"/>	(w) Smooth muscle relaxants
<input type="checkbox"/>	(x) Vitamins
<input type="checkbox"/>	(y) Hormones and synthetic substitutes

6 The date you are requesting that this agreement become effective: _____
(mm/dd/yyyy)

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

Signature of CRNP

Date Signed (mm/dd/yyyy)

Signature of Collaborating Physician

Date Signed (mm/dd/yyyy)

VERIFICATION OF ADVANCED PHARMACOLOGY

The following information must be completed by the director of the educational program or designee and must verify that the CRNP successfully completed at least 45 hours of course work in advanced pharmacology above the pharmacology course required by a professional nursing education program. NOTE: If one course alone does not total 45 hours but advanced pharmacology content was incorporated into more than one course, please provide all course titles, numbers, and completion dates. The total number of advanced pharmacology hours completed must be listed on the line where indicated.

Provide the last 4 numbers of the applicant's Social Security Number XXX-XX-_____

I hereby certify that _____ successfully completed _____ hours of
(Applicant's Name) (Total # of Hours)

ADVANCED PHARMACOLOGY at _____
(Full Name of the University or College)

as part of the _____ Nurse Practitioner Program.
(List specialty of the CRNP Program)

Check One:

- ☐ This course WAS part of a Pennsylvania Board Approved CRNP Program.
- ☐ This course WAS NOT part of a Pennsylvania Board approved CRNP program. Course description, catalog and/or course syllabus are attached. Additional information about the course(s) may be requested by the Board.

Course Title(s): _____

Course Number(s): _____

Completion Date(s): _____

I verify that the above statements are true and correct as validated by my review of the applicant's school records. I verify that the information communicated on this form is true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Original Signature of CRNP Program Director or designee

Type or Print Name of the CRNP Program Director or designee

SCHOOL SEAL

Date Signed (mm/dd/yyyy)

Name of University or College

Mailing Address

City, State, Zip Code

()
Phone Number

DO NOT RETURN THIS FORM TO APPLICANT

MAIL DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE.

Pennsylvania State Board of Nursing
CRNP Prescriptive Authority Applications
P.O. Box 2649
Harrisburg, PA 17105-2649

RETAINFORREFERENCE

DRAFT

Instructions For Clinical Nurse Specialist (CNS) Applicants

GENERAL INFORMATION:

- An applicant for Clinical Nurse Specialist certification must hold a current, unrestricted license as a registered nurse in this Commonwealth.
- An individual who meets the requirements of Section 3(b) of the Professional Nurse Law has the right to use the title "Clinical Nurse Specialist" and the abbreviation "CNS."
- If you hold or ever held CNS certification in Pennsylvania, your Pennsylvania certification must be reactivated. DO NOT PROCEED with this application.

INSTRUCTIONS:

- Mail the completed application and fee to the Board at the above address.
- All questions must be answered completely and all fees submitted in order for the application to be processed.
- To verify that the CNS certificate was issued visit www.licensepa.state.pa.us.
- Social Security Numbers must be provided.* If a Waiver of Social Security Number form is submitted in lieu of a Social Security Number, it cannot be used to renew a CNS certificate.
- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- If a CNS certificate is not issued within the one year, a new application, including fees, must be submitted.

FEES:

- The \$115 fee must be paid by personal check, cashier's check or money order and must be made payable to the "Commonwealth of Pennsylvania."
- Fees are nonrefundable.
- Check/money orders drawn on foreign banks are only acceptable when "US funds" is identified on the check/money order.
- A \$20.00 processing fee will be charged for a check/money order returned unpaid. Applications will not be processed until the corrected fee is received.

NAME / ADDRESS:

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

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

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years. All background check documents cannot be older than 90 days from the date of issuance. (Applicable ONLY to #B4 and #B5)
- Copies of criminal Court documents. (Applicable ONLY to #B4 and #B5)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B1, #B2 and #B3).

CHILD ABUSE CONTINUING EDUCATION REQUIREMENT:

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

ACT 31 Mandated Child Abuse Recognition and Reporting Continuing Education Providers

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

LICENSURE REQUIREMENTS

An applicant for CNS certification must meet the following requirements:

1. Hold a graduate degree from a Board-approved or equivalent CNS program OR an educational program in a related discipline previously recognized for national certification as a CNS by the American Nurses Association or the American Nurses Credentialing Center.
2. Hold current national certification or its equivalence
 - National certification requires the passing of a national certifying examination in the specialty in which the applicant is seeking certification by the Board. Recognized national certification organizations include:
 - o American Nurses Credentialing Center (ANCC)
 - o American Association of Critical Care Nurses (AACN)
 - o Orthopedic Nurses Certification Board (ONCB)
 - o Oncology Nursing Certification Corporation (ONCC)
 - An applicant who is not eligible for national certification, must demonstrate BOTH that:
 - o The applicant's educational program does not make the applicant eligible to take a national certification examination.
 - o The applicant has experience in the CNS role through education and work history.

APPLICATION SUBMISSION REQUIREMENTS

1. Submit a completed **Application for Certification** as a CNS found at the Board's website and the \$100 fee to the Board.
 - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.
 - An **official transcript** must be mailed **directly** to the Board (ATTN: CRNP AREA) from the CNS education program that awarded the degree, certificate.
 - o The CNS education program is the institution, school, college, or university where you completed the CNS education that qualified you for your original CNS license.
 - o A **Non-official transcript**, such as a **student copy**, or a **student-submitted copy** that was provided to the student by the program in a sealed official envelope, is not acceptable.
 - o The official transcript must designate the degree awarded with the month, day, and year the program was completed.
2. Have submitted a completed **Verification of Clinical Nurse Specialist Education**.
 - o Forward the *Verification of Clinical Nurse Specialist Education Program* form to your CNS education program for completion.
 - o The verification must be mailed **directly to the Board** from your CNS education program.
3. Have submitted a completed **Verification of National Certification** or its equivalence.
 - o If you hold national certification:
 - Have your national certification organization send a verification of your certification **directly to the Board**.
 - Copies received from applicants are not acceptable.
 - o If you are **not eligible** for national certification, forward the following to the Board:
 - Course descriptions from your CNS education program.
 - Current curriculum vitae.
 - Work history in the CNS role.
 - Three professional recommendations from individuals knowledgeable about the applicant's work experience in the CNS role.
 - Any additional advanced nursing education official transcripts.
 - Current national nursing certification(s).
4. If licensed as a CNS in another state or jurisdiction, have submitted a completed **Verification of Licensure**.
 - o Complete Section A of the *Verification of Licensure* form and forward it to the jurisdiction where you hold a CNS license for completion.
 - o The verification must be mailed **directly to the Board** from that jurisdiction.
 - o Contact that jurisdiction directly about any fee charged for completion of the Verification.

SPECIALTY DESIGNATION

The specialty designation listed on the Pennsylvania CNS certificate will match the national certification designation. A CNS who is not eligible for national certification will receive the designation "without specialty" on the Pennsylvania CNS certificate.

MALPRACTICE INSURANCE REQUIREMENT

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



APPLICATION FOR CERTIFICATION AS A CLINICAL NURSE SPECIALIST (CNS)

Attach the **\$115 fee** and required documents. All fees are non-refundable.

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

Pennsylvania RN License Number: _____ Expiration Date: _____

Name: _____
Last First Middle Maiden

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

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

Address: _____
Street

City State Zip

() Email Address: _____
Daytime Phone Number

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS:

		YES	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

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

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

Name: _____

SSN: _____

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
7.	Have you ever had your DEA registration denied, revoked or restricted?		
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: PROFESSIONAL INFORMATION:

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

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

STATE/COUNTRY	PROFESSION

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

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

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

Name: _____

SSN: _____

SECTION D: CLINICAL NURSE SPECIALIST EDUCATION:

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

Full Name of the CNS Education program: _____
(No abbreviations)

City _____ State _____

Program Specialty: _____ Program Completion Date: _____
(mm/dd/yyyy)

SECTION E: CNS NATIONAL CERTIFICATION: (If you do not hold current national CNS certification also complete Section F)

Were you eligible to take a CNS national certification exam upon program completion? Yes _____ No _____

I hold Current National certification from _____ as a CNS in _____
(National Certification Organization) (Specialty)

Expiration date: _____
(mm/dd/yyyy)

SECTION F: NATIONAL CERTIFICATION EQUIVALENCE ATTESTATION (Complete this section only if you do not hold current national certification)

This is to certify that I am not eligible to take any national CNS certification exam(s). I am not eligible for national certification as a clinical nurse specialist because: (state reason)

SECTION G: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____

VALID FOR ONE YEAR

VERIFICATION of CLINICAL NURSE SPECIALIST EDUCATION PROGRAM

This form is to be completed in its entirety by the present Program Director or designee of the CNS Education Program AFTER ALL PROGRAM REQUIREMENTS HAVE BEEN MET.

Name of Graduate: _____ Date of Birth: _____
(MM/DD/YY)

Provide the last 4 numbers of the graduate's Social Security Number: XXX-XX- _____

Full Name of the College or University (no abbreviations): _____

Mailing Address: _____
(City) (State) (Zip Code)

Type of Program: CNS _____ Other _____ Program Specialty: _____

Date graduate completed the program: _____ Graduate Degree Awarded: _____
(MM/DD/YY) MSN, DNP, POST-MASTER'S, OTHER

Did completion of this program make graduates eligible to take a CNS national certification exam? Yes _____ No _____

If yes: National Certification Organization: _____ Specialty _____

Total number of clinical experience hours completed by this graduate: _____

Length of program: _____ Program Accreditation: CCNE ACEN _____
(Months)

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

X

Original Signature of Program Director/designee
(Name stamp is not acceptable)

[SCHOOLSEAL]

Print or type the name of Program Director/designee

Program Director/designee's Contact Phone Number

Date Signed

**DO NOT RETURN THIS FORM TO APPLICANT.
MAIL IT IN AN OFFICIAL SCHOOL ENVELOPE TO:**

Pennsylvania State Board of Nursing
CNS Applications
P.O. Box 2649
Harrisburg, PA 17105-2649

Pennsylvania State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110
(717) 783-7142

01/04/2016

VERIFICATION OF CLINICAL NURSE SPECIALIST LICENSURE

Section A. Completed by Applicant only.

Name: _____				Date of Birth: _____		
_____	_____	_____	_____	MM	DD	YYYY
_____	_____	_____	_____	_____	_____	_____
Current Address: _____				_____		
_____				_____		
Social Security Number: _____				_____		
_____				_____		
Current Licensure/Certification: _____				_____		
_____				_____		

Section B. Completed by Original Licensing Authority only.

This is to certify that _____	
Applicant's Name	
was issued license/certification number _____ as a CNS in the following	
Specialty: _____	
(If Applicable)	
Date Issued: _____	Expiration Date _____
(mm/dd/yyyy)	(mm/dd/yyyy)
Current licensure/certification Status: <input type="radio"/> Active <input type="radio"/> Inactive <input type="radio"/> Lapsed	
Basis for Licensure: <input type="radio"/> Endorsement <input type="radio"/> National Certification <input type="radio"/> Waiver <input type="radio"/> Other: _____	
Has this license ever been disciplined in any manner or are disciplinary charges pending? Check one:	
<input type="radio"/> No <input type="radio"/> Yes (If yes, please send certified copies of Board actions)	

CNS/Advanced Nursing Education Program: _____	
Location: (City, State/Province/Territory): _____	
Program Completion Date: _____ Specialty: _____	
(If Applicable)	
Approved by State/Province/Territory: <input type="radio"/> Yes <input type="radio"/> No	

Original Signature of Licensing Officer: _____

Title: _____

(SEAL) Name of _____ Licensing Authority: _____

Address: _____

Date: _____

DO NOT RETURN THIS FORM TO APPLICANT.

Pennsylvania State Board of Nursing
CNS Applications
P.O. Box 2649
Harrisburg, PA 17105-2649

Pennsylvania State Board of Nursing
2601 North Third Street
Harrisburg, PA 17110
(717) 783-7142

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 8411 FAX (717) 783-0822
HARRISBURG, PA 17105-8411

PHONE (717)783-7142
www.dos.pa.gov/nurse
email: st-nurse@pa.gov

DRAFT Application for Exam and/or Graduate Temporary Practice Permit (TPP) & Reexam

Important Instructions: Read Carefully Prior to Any Application(s) Submission & Print/Retain for Reference

1) PROHIBITION AGAINST PRACTICING NURSING WITHOUT AUTHORIZATION:

No person may practice nursing in Pennsylvania without a valid Pennsylvania TPP or license. Violations are prosecutable. The RN and PN Laws and Regulations are included on the Board's website (above) by clicking on Law and Rules and Regulations.

2) FEES:

- Fees are not refundable and must be paid by personal check, cashier's check or money order and made payable to the "Commonwealth of Pennsylvania". A \$20.00 processing fee will be charged for a check/money order returned unpaid. Credit and debit cards are not accepted.
- Check/money orders drawn on foreign banks are acceptable when "US funds" is identified on the check/money order.
- Applications will not be processed until the fee is received.
- Applications are valid for one year from the date the affidavit is signed.

3) STEPS TO APPLY:

STEP 1: Board Application(s) Submission – Applicant's Legal Name Must Be Used

Submit an application for Exam/Graduate Temporary Practice Permit to the above address.

NOTE: All new graduates can apply ONLINE (<https://www.mylicense.state.pa.us/PersonSearchResults.aspx>) unless you are **RETAKE** the exam or **DO NOT** have a social security number, then you CANNOT APPLY ONLINE and must submit this PAPER application.

STEP 2: Pearson VUE Registration:

At the same time applicants submit their Board Application (Step1) they **MUST** register and pay the required fee (\$200, debit or credit card only) to take the exam at www.pearsonvue.com/nclex. An email address **MUST BE** provided with your registration. If you do not have one you will need to create one since all correspondence from Pearson VUE will occur via email.

IMPORTANT: If you are not registered with Pearson VUE at the time we evaluate your application, you will receive a letter with instructions to register with Pearson Vue and to contact the Board.

Pearson VUE will send you by email an Authorization to Test (ATT) ONCE the Board informs them that you are eligible to take the exam. The ATT email contains important information including the authorization number, candidate identification number and its expiration date. It is needed to schedule your test appointment. It is not necessary to take the ATT to the test center only acceptable identification: <https://www.ncsbn.org/1221.htm>. Your identification must have your correct legal name before you register with PearsonVue

4) ADDITIONAL INSTRUCTIONS:

- Once the Board has received all of the complete and correct documents (listed below) and you have registered with Pearson VUE, allow approximately **14 BUSINESS DAYS** from the date received for application processing and receipt of your Authorization to Test from Pearson. These required documents include the following:
 - Application and Fees
 - Nursing Education Verification Form- must be sent **DIRECTLY** from nursing program (attached)
 - Official Transcripts (if applicable)
 - Testing Accommodation Form (if applicable)
 - Court Documents (if applicable)
 - Criminal history records check (if applicable)
- Processing delays occur when application information is missing or required documentation is not provided. A discrepancy email/letter will be sent from the Board identifying the missing information/documents.
- Please refer to the resource document "Frequently Asked Questions about TPP, Exam and ATT" on the Board website.
- The ATT validity dates **CANNOT** be extended for any reason. If you have not tested in these dates you must reregister and repay the exam fee.
- Allow 30 days to receive exam results. Candidates who pass the exam will only have a license mailed and it can be verified at www.mylicense.state.pa.us. Candidates failing the exam are sent a Candidate Performance Report (CPR) with reexam application and instructions.

TESTING ACCOMMODATIONS

- Candidates requesting testing accommodations, must answer "YES" to the question on the exam application, submit a completed "Request for Accommodation Form", found on Board website and submit a copy of an evaluation completed by a licensed physician, psychologist, certified registered nurse practitioner, or physician assistant for the determination of accommodations dated within the last 5 years from the date of the application.

SOCIAL SECURITY NUMBER (SSN)

- A SSN must be provided on this application. If you do not have one complete a Waiver of SSN Form.
- Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

REEXAM APPLICANT INSTRUCTIONS (Instate or Out-of State Applicants):

- Mail the completed application and fee to the Board.
- Completion of the NEV is not required as your education information has already been received.
- Register at the same time with Pearson VUE, an appointment can be scheduled 45 days from last test date.
- **IMPORTANT:** If you are not registered with Pearson VUE at the time we evaluate your application, you will receive a letter with instructions to register with Pearson Vue and to contact the Board
- **Accommodations:** If applying for reexam the same accommodation(s) will be granted unless there is a modification to the original request, this requires a new form and evaluation to be submitted.
- Reexam applicants previously answering yes to any Criminal/Disciplinary History questions must submit documentation that no additional actions have occurred. Any new actions must be accompanied by the documentation required as stated within the criminal/disciplinary history section below.

OUT-OF STATE PROGRAM GRADUATES APPLYING FOR LICENSURE BY EXAM AND/OR TPP:

- Request the nursing education program to submit an official transcript and NEV directly to the Board office
- The transcript must be in English and state the type of degree, certificate or diploma awarded, total clock hours of education completed and the month, day and year the program was completed.
- Section 5 of the Practical Nurse Law (PN Law) and Section 21.158 of the Board regulations require that practical nursing programs consist of at least 1500 hours of instruction. **OUT-OF-STATE PRACTICAL NURSING PROGRAM GRADUATES:** Graduates attending practical nursing education programs with less than 1500 clock hours are required to show evidence of additional clock hours achieved by completing other nursing related course work or clinical experience to obtain the additional hours. A copy of the certificate(s) of completion is acceptable documentation. If the coursework is documented in credit hours, please convert the credit hours to clock hours. Contact your course provider regarding this conversion.

TEMPORARY PRACTICE PERMIT (TPP) INFORMATION: NOTE: A Temporary Practice Permit does not allow you to sit for the NCLEX Exam.

- Applications for a Graduate TPP can be submitted during the 1 year period from completion of an approved nursing education program.
- The practice of nursing may begin after a TPP is issued by the Board. A TPP can be verified at www.mylicense.state.pa.us.
- The permit expires if the applicant takes the licensing exam. Employment must cease IMMEDIATELY.
- The graduate nurse who holds a TPP must practice under the supervision of an experienced, Pennsylvania registered nurse who is physically present in the unit or area where the graduate nurse is practicing.
- A TPP may be extended for up to 1 year under certain circumstances, by submitting the application found at www.dos.pa.gov/nurse
- If you decide to withdraw the application for TPP notify the Board office in writing of this request.

EXAM RESULTS:

- Exam results are mailed within 30 days of the test date.
- Candidates who PASS the exam are issued a license. A license can be verified at www.mylicense.state.pa.us.
- Candidates who FAIL the exam are sent a Candidate Performance Report (CPR) issued by the National Council of State Boards of Nursing. This report is ONLY intended to provide indications of a candidate's strengths and weaknesses. The NCLEX is not graded in sections, only overall performance on the exam determines pass/fail status.
- Additional information regarding the exam can be found at www.ncsbn.org.

ADDRESS OR NAME CHANGES:

- Applicant's legal name must be entered on the application.
- Licenses are not forwarded.
- Licensees are responsible to advise the Board of any address or name change within 14 days of the change.
- Complete and submit the "Form to Request Change Name &/or Address ..." located on the Board's website, whenever there is a change of name &/or address.

CRIMINAL/DISCIPLINARY HISTORY: If "Yes" was checked for any question in Section B, Submit:

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years. All background check documents cannot be older than 90 days from the date of issuance. (Applicable ONLY to #B5 and #B6)
- Copies of criminal Court documents. (Applicable ONLY to #B5 and #B6)
- Certified copies of all disciplinary actions from the Boards that imposed action (Applicable ONLY to #B2, #B3 and #B4).

Requirement for approved training in child abuse recognition and reporting

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 8411
HARRISBURG, PA 17105-8411

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

DRAFT
REEXAM

APPLICATION FOR GRADUATE TEMPORARY PRACTICE PERMIT / EXAM /

CHECK ALL ITEMS THAT APPLY: (ALL FEES ARE NON-REFUNDABLE)

PA Program Graduates ONLY:

____ Graduate RN Permit (\$70.00) ____ RN Initial Licensure Exam (\$95.00)
 ____ Graduate PN Permit (\$70.00) ____ PN Initial Licensure Exam (\$95.00)

Out-of-State Program Graduates:

Graduate of an Out-of-State Program applying for Initial Licensure Exam (\$115.00) ____ RN ____ PN
 Graduate of an Out-of-State Program applying for Permit (\$70.00) ____ RN ____ PN

Reexam Applicants:

____ Reexam RN Licensure (\$75.00) ____ Reexam PN Licensure (\$75.00)

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

Name:

____ Last ____ First ____ Middle ____ Maiden

(List any other names you have used. If none enter "None")

Date of Birth:

____ U.S. Social Security Number: ____
 ____ Month ____ Day ____ Year

Address:

____ Street

____ City ____ State ____ Zip

(____) ____ Email Address: ____
 Daytime Phone #

SECTION B: CRIMINAL/DISCIPLINARY HISTORY: ANSWER THE FOLLOWING QUESTIONS:

		YES	NO
1.	Are you requesting testing with accommodations? Candidates requesting testing accommodations, must submit a completed <u>Request for Accommodation Form</u> found on Board website		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		

4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
----	---	--	--

Name: _____

SSN: _____

		YES	NO
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
8.	Have you ever had your DEA registration denied, revoked or restricted?		
9.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
11.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

SECTION C: PROFESSIONAL INFORMATION:

		YES	NO
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

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

STATE/COUNTRY	PROFESSION

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

Name: _____ SSN: _____

SECTION D: BASIC NURSING EDUCATION:

Type of Program RN _____ Degree: AD _____ BS _____ DIP _____ OTHER _____
Check One: PN _____ Name appearing on Transcript: _____ (Specify)

Full Name of Nursing Program (No abbreviations):

City _____ State _____

Program Completion Date: _____
Month _____ Day _____ Year _____

Note: Failure to complete all program requirements renders the applicant ineligible for Licensure, Temporary Practice Permit or the National Council Licensure Examination (NCLEX).

SECTION E: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____

Revised: 01/24/2017

DRAFT

INSTRUCTIONS FOR EXTENSION OF TEMPORARY PRACTICE PERMIT (TPP)

The Board can only extend a TPP IF the specific deadlines below are met **AND** the holder has an illness or extreme hardship. Because illnesses or hardships cannot be anticipated, the Board recommends that all holders pay careful attention to the applicable deadlines.

Graduate Registered Nurses or Graduate Practical Nurses who hold TPPs and are seeking an extension shall:

AT LEAST 90 DAYS PRIOR TO THE EXPIRATION DATE ON THE TPP:

- 1) Submit an application for licensure to the Board with the required fee.
- 2) Register to take the NCLEX at www.vue.com/nclex and pay the required fee.

AT LEAST 60 DAYS PRIOR TO THE EXPIRATION DATE ON THE TPP:

- 1) Submit an *Application for Extension of TPP* to the Board with the appropriate fee.
- 2) Provide a detailed written explanation about the illness or extreme hardship to justify the extension.
- 3) If the request is due to an illness, include certification from the treating healthcare provider with the application.

Registered Nurses or Practical Nurses who hold TPPs AND current licensure as RNs or LPNs in another jurisdiction of the United States or Canada and are seeking an extension shall:

AT LEAST 320 DAYS PRIOR TO THE EXPIRATION DATE ON THE TPP:

- 1) Request that a *Verification of Licensure* from your original licensing authority be forwarded to the Board.
- 2) Submit a verification of your basic nursing education program.
 - a. If your basic nursing education was obtained in the U.S., U.S. territories or Canada - Request that your basic nursing education program forward an *Official Transcript* directly to the Board. The transcript must be in English.
 - b. If your basic nursing education program was obtained outside of the U.S., U.S. territories or Canada - Register for a *CES Professional Report* with the Commission on Graduates of Foreign Nursing Schools at www.cgfns.org or by calling 215-349-8767. The *CES Professional Report* must be submitted directly to the Board.

AT LEAST 90 DAYS PRIOR TO THE EXPIRATION DATE ON THE TPP – The Board must receive a completed licensure application AND all supporting documentation. Please submit the application so that it arrives within this deadline.

AT LEAST 60 DAYS PRIOR TO THE EXPIRATION DATE ON THE TPP:

- 1) Submit an *Application for Extension of TPP* to the Board with the appropriate fee.
- 2) Provide a detailed written explanation about the illness or extreme hardship to justify the extension.
- 3) If the request is due to an illness, include certification from the treating healthcare provider with the application.

You will be notified by the Board if you have been granted an extension.

Submission of an application does not guarantee an extension

Retain dated copies of each requested document as proof that each was requested within the required deadlines.

ALL FEES ARE NON-REFUNDABLE.

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

~~DRAFT~~ APPLICATION FOR EXTENSION OF TEMPORARY PRACTICE

\$85.00 FEE IS NON-REFUNDABLE

APPLICATION MUST BE SUBMITTED TO THE BOARD AT LEAST 60 DAYS PRIOR TO THE EXPIRATION OF THE TPP.

Applying For Extension of TPP: (Check only one)

Graduate Registered Nurse TPP# _____

Graduate Practical Nurse TPP# _____

Registered Nurse (RN) TPP# _____

Practical Nurse (PN) TPP# _____

DATE OF TPP EXPIRATION _____
Month / Day / Year (xx/xx/xxxx)

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

Name:

Last First Middle Maiden

List any other names you have used.

Address:

Street

City State Zip Country

() _____
Daytime Phone # Email Address: _____

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

SECTION B: QUESTIONS: Please answer the following questions by choosing "YES" or "NO."

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

		YES	NO
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
8.	Have you ever had your DEA registration denied, revoked or restricted?		
9.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
11.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

If "Yes" was checked for any question in Section B, Submit:

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- A Criminal History Records Check (CHRC) from a State Law Enforcement Authority in all states where you lived in the last five years. All background check documents cannot be older than 90 days from the date of issuance. (Applicable ONLY to #B5 and #B6)
- Copies of criminal Court documents. (Applicable ONLY to #B5 and #B6)
- Certified copies of all disciplinary actions from the boards that imposed action (Applicable ONLY to #B2, #B3 and #B4).

SECTION D: PROFESSIONAL INFORMATION:

		YES	NO
1.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		

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

STATE/COUNTRY	PROFESSION

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

APPLICANT NAME: _____ SS# _____ TPP# _____

SECTION E: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature _____ Date _____
(Original Signature)

ATTACH ALL REQUIRED DOCUMENTATION TO THE APPLICATION

Application for Renewal/Reactivation of a Pennsylvania Nursing License that has been Expired or Inactive for Five or More Years

Print your NAME: _____ PA license # _____

3. List all jurisdictions other than Pennsylvania in which you hold or ever held an RN or PN license to practice nursing (active and inactive). Enter "NA" if you do not hold a license in any other jurisdiction.	State/Jurisdiction	License Number	License type		Expiration Date
			RN	PN	
	a. Are you submitting a name change with this renewal?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. If you answered yes to the above question, please provide the profession and state or jurisdiction.				
4. Answer Questions: If the answer is "yes" to questions d-f attach a detailed, signed and dated personal explanation and pertinent documents	d. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	e. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	f. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Application for Renewal/Reactivation of a Pennsylvania Nursing License that has been Expired or Inactive for Five or More Years

Print your NAME: _____ PA license # _____

	<p>g. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>h. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>i. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>j. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>k. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>l. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>m. For RNs: Have you completed a minimum of 30 hours of Board-approved continuing education within the last two years? Submit copies of your CE certificates of completion. Certificates may not be used for future license renewals. Completion of a Board-approved reactivation course fulfills the required 30 hours of CE.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>n. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Application for Renewal/Reactivation of a Pennsylvania Nursing License that has been Expired or Inactive for Five or More Years

Print your NAME: _____ PA license # _____

<p>5. Read the affidavit carefully. Then sign and date it.</p>	<p><i>I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.</i></p> <p>_____</p> <p>Applicant's Full Legal Signature</p> <p>_____</p> <p>Date</p>
--	--

7/2014, Rev: 12/2014, 06/2015, 1/2016, 1/24/17

This application is valid for one (1) year from the date the application was signed. The process must be completed within this timeframe or you will be required to submit a new application and repay the reactivation fee.

Telephone: 717-783-7142
Fax: 717-783-0822
E-mail: st-nurse@pa.gov
www.dos.state.pa.us/nurse

**~~DRAFT~~ Application for Restoration of a Pennsylvania Nursing License
that has been after suspension or revocation**

Page 1 of 4

Application for Reactivation of a Pennsylvania Nursing License that has been Expired or Inactive for Five or More Years

Print your NAME: _____ PA license # _____

	a. Are you submitting a name change with this renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. If you answered yes to the above question, please provide the profession and state or jurisdiction.	
3. Answer Questions: If the answer is "yes" to questions d-l, attach a detailed, signed and dated personal explanation and pertinent documents	d. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	f. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	g. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Application for Reactivation of a Pennsylvania Nursing License that has been Expired or Inactive for Five or More Years

Print your NAME: _____ PA license # _____

	<p>h. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>i. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>j. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>k. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>l. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>m. For RNs: Have you completed a minimum of 30 hours of Board-approved continuing education within the last two years? Submit copies of your CE certificates of completion. Certificates may not be used for future license renewals. Completion of a Board-approved reactivation course fulfills the required 30 hours of CE.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>n. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Application for Reactivation of a Pennsylvania Nursing License that has been Expired or Inactive for Five or More Years

Print your NAME: _____ PA license # _____

<p>4. Read the affidavit carefully. Then sign and date it.</p>	<p><i>I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.</i></p> <p>_____ Applicant's Full Legal Signature</p> <p>_____ Date</p>	
--	--	--

7/2014, Rev: 12/2014, 6/2015, 1/2016, 1/24/17

This application is valid for one (1) year from the date the application was signed. The process must be completed within this timeframe or you will be required to submit a new application and repay the reactivation and restoration fees.

Pennsylvania State Board of Nursing
~~DRAFT~~ RENEWAL APPLICATION – REGISTERED NURSE
Expiration Date: 4/30/2021

Full Name as it Appears on License (PRINT)

RETURN TO:
State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Street Address as it Appears on License (PRINT)

City State Zip Code

RN License Number

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment. A \$20.00 fee will be charged for payment returned by bank.	\$122.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM. This form is invalid after 4/30/2021; late fees are assessed.

☐ I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.

☐ I have a change of name and/or address. Complete section below and indicate Social Security #: _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order). Name will not be changed without submission of document.	
PRINT NEW NAME:	

Continuing Education Requirement: You are required to complete a minimum of 30 hours of Board-approved continuing education during the period May 1, 2019, and April 30, 2021. Of the 30 hours, 2 hours of continuing education in child abuse recognition and reporting shall be completed for renewal. Your license will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer yes to question 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?		
3. Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education? Do not send materials now. The Board will conduct an audit at a later date.		
4. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
5. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
6. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
	Yes	No

If you answer yes to questions 7 through 14, provide copies of pertinent documents and a personal detailed statement.		
7. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
8. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
9. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
10. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
11. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
12. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
13. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
14. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

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

Signature of Licensee (Mandatory): _____ Date _____

Pennsylvania State Board of Nursing
DRAFT - RENEWAL APPLICATION - PRACTICAL NURSE
Expiration Date: 06/30/2020

Full Name As It Appears On License (PRINT)

RETURN TO:
 State Board of Nursing
 PO Box 8412
 Harrisburg, PA 17105-8412

Street Address As It Appears On License (PRINT)

City State Zip Code

PN License Number

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE -Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment.	\$75.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 06/30/2016, late fees are assessed.

- ☐ I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.
☐ I have a change of name and/or address. Complete section below and indicate Social Security #: _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.	
PRINT NEW NAME:	

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer yes to questions regarding reciprocal actions (including disciplinary sanctions, or licensure refusal or denial) or criminal actions (including convictions and charges) submit documentation online at: https://www.mylicense.state.pa.us/BPOAFormBuilder/Login_licensee.aspx . Your license will not be renewed until the documentation is received.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
3. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
4. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
5. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
7. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		

8	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
9	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
10	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
11	Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?		

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

Signature of Licensee (Mandatory): _____ Date _____

DRAFT - Pennsylvania State Board of Nursing
DIETITIAN-NUTRITIONIST RENEWAL APPLICATION
Expiration Date: 09/30/2020

RETURN TO:

Full Name as it Appears on License (PRINT)

State Board of Nursing
 PO Box 8412
 Harrisburg, PA 17105-8412

Street Address as it Appears on License (PRINT)

City State Zip Code

DN License Number

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment.	\$71.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 9/30/2016; late fees are assessed.

☐ I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.

☐ I have a change of name and/or address. Complete section below and indicate Social Security #:

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order). Name will not be changed without submission of document.	
PRINT NEW NAME:	

Continuing Education Requirement: You are required to complete a minimum of 30 hours of Board-approved continuing education during the period October 1, 2019, and September 30, 2020. Of the 30 hours, 2 hours of continuing education in child abuse recognition and reporting shall be completed for renewal. Your license will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer yes to question 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?		
3. Have you completed a minimum of 30 hours of Board-approved continuing education? Do not send materials now. The Board will conduct an audit at a later date.		
4. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
5. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
6. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		

If you answer yes to questions 7 through 14, provide copies of pertinent documents and a personal detailed statement.	Yes	No
7. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
8. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
9. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
10. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
11. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
12. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
13. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
14. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

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

Signature of Licensee (Mandatory): _____ Date _____

Pennsylvania State Board of Nursing
~~DRAFT~~ RENEWAL APPLICATION – CRNP
Expiration Date: 4/30/2021

Full Name as it Appears on License (PRINT) _____

RETURN TO:
State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Street Address as it Appears on License (PRINT) _____

City _____ State _____ Zip Code _____

CRNP License Number _____

RN License Number _____

YOUR CRNP CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED.

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment.	\$81.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 4/30/2021; late fees are assessed.

☐ I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.

☐ I have a change of name and/or address. Complete section below and indicate Social Security #: _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order). Name will not be changed without submission of document.	
PRINT NEW NAME:	

Continuing Education Requirement: You are required to complete a minimum of 30 hours of Board-approved continuing education during the period May 1, 2019, and April 30, 2021. Of the 30 hours, at least 2 hours of continuing education in child abuse recognition and reporting shall be completed for renewal. Your license will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer yes to question 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?		
3. Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education within your CRNP specialty? Do not send materials now. The Board will conduct an audit at a later date.		
4. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
5. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
6. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		

If you answer yes to questions 7 through 15, provide copies of pertinent documents and a personal detailed statement.	Yes	No
7. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
8. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
9. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
10. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
11. Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?		
12. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
13. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
14. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
15. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
16. Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?		
17. Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)		

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

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

Signature of Licensee (Mandatory): _____ Date _____

Pennsylvania State Board of Nursing



RENEWAL APPLICATION – CRNP Prescriptive Authority

Expiration Date: 4/30/2021

Full Name as it Appears on License (PRINT) _____

RETURN TO:

State Board of Nursing

PO Box 8412

Harrisburg, PA 17105-8412

Street Address as it Appears on License (PRINT) _____

City _____ State _____ Zip Code _____

EFFECTIVE JAN. 1, 2017, Act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP system for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit www.doh.pa.gov/PDMP.

Your Prescriptive Authority Approval cannot be renewed until your RN and CRNP licenses have been renewed. Complete a separate renewal application for each Prescriptive Authority Approval you wish to renew.

CRNP License Number _____

Prescriptive Authority Number _____

Collaborating Physician with this Prescriptive Authority Record: _____

A prescriptive authority record can be renewed only with the one collaborating physician named on your prescriptive authority approval. Contact the Board office if there are changes.

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment.	\$41.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 4/30/2021; late fees are assessed.

☐ I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.

☐ I have a change of name and/or address. Complete section below and indicate Social Security #: _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order). Name will not be changed without submission of document.	
PRINT NEW NAME:	

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer yes to questions 5 and/or 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Have you <u>completed</u> at least 16 hours of Board-approved continuing education in pharmacology and at least 2 hours of opioid prescription? Do not send materials now. The Board will conduct an audit at a later date		

3. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
4. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
5. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
6. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
If you answer yes to questions 7 through 11, provide copies of pertinent documents and a personal detailed statement.	Yes	No
7. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
8. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
9. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 16-hour requirement, including the pharmacology and opioid prescription hours. In the event you are audited, you will be required to produce documentation of the continuing education.

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

Signature of Licensee (Mandatory): _____ Date _____

Pennsylvania State Board of Nursing
~~DRAFT~~ RENEWAL APPLICATION – CNS
Expiration Date: 4/30/2021

Full Name as it Appears on License (PRINT) _____

RETURN TO:
State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Street Address as it Appears on License (PRINT) _____

City _____ State _____ Zip Code _____

CNS Certification Number _____

RN License Number _____

YOUR CNS CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED.

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment.	\$56.00 (NON REFUNDABLE) DO NOT STAPLE CHECK TO FORM.
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 4/30/2021; late fees are assessed.

☐ I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.

☐ I have a change of name and/or address. Complete section below and indicate Social Security #: _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order). Name will not be changed without submission of document.	
PRINT NEW NAME:	

Continuing Education Requirement: You are required to complete a minimum of 30 hours of Board-approved continuing education during the period May 1, 2019, and April 30, 2021. Of the 30 hours, 2 hours of continuing education in child abuse recognition and reporting shall be completed for renewal. Your license will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer yes to question 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		
2. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?		
3. Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education? Do not send materials now. The Board will conduct an audit at a later date.		
4. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
5. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
6. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		

If you answer yes to questions 7 through 12, provide copies of pertinent documents and a personal detailed statement.	Yes	No
7. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
8. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
9. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
10. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
11. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
12. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
13. Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?		

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited, you will be required to produce documentation of the continuing education.

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

Signature of Licensee (Mandatory): _____ Date _____

1/27/17



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

PHONE: (717) 783-7142
www.dos.pa.gov/nurse

FAX: (717) 783-0822
email: st-nurse@pa.gov

DRAFT

Dear :

We are responding to your recent inquiry regarding an NCLEX® review.

Please note that the National Council of State Boards of Nursing (NCSBN) has established a procedure for review and challenge of the most recent NCLEX® taken by a candidate who failed NCLEX®. The candidate is permitted to review and challenge those items which he/she answered incorrectly on the NCLEX®. The review and challenge must be requested within six months of the release of the candidate's examination results by the State Board of Nursing (Board). The candidate must not have any pending registrations for the same exam.

All reviews and challenges take place at the Pearson Professional Center, located in Suite 101 at 801 East Park Drive, Harrisburg, PA 17111. One review per failed examination is allowed. Two and one half hours are the maximum length of time permitted for the review and challenge. A candidate may not reregister for the NCLEX® for which he/she has been granted a review until after the review has taken place. A nursing education advisor (advisor) from the Board is required to sit in the examination room with the candidate and supervise the review and challenge. However, the advisor or other persons present cannot view or answer questions about examination content. Test center staff are permitted in the room to attend computer functioning as needed.

Associated review fees include a \$400.00 fee, payable by money order or certified check to the NCSBN and a \$435.00 nonrefundable fee, payable by personal check or money order to the Commonwealth of Pennsylvania. In the event that at the time of the review the candidate believes an item is erroneous or invalid and challenges it, there is an additional NCSBN challenge fee of \$90.00 plus \$110.00 for each item challenged. If a candidate successfully challenges an item, all NCSBN fees will be refunded.

The Board must submit to the NCSBN a request for the review, an NCLEX® Review and Challenge Agreement which is signed by the candidate, and the candidate's \$400.00 fee. After the request has been approved, the candidate will receive an Authorization to Review from Pearson VUE. The Board will work with Pearson Vue to arrange an appointment for a mutually agreeable date and time at the Harrisburg Pearson Professional Testing Center. The Board will send a letter to the

candidate confirming the appointment.

On the day of the review, the advisor will meet the candidate at the Harrisburg Pearson Professional Center. For admittance to the test center, the candidate must produce an Authorization to Review and have the required identification. The test administrator will obtain a photo and biometrics from the candidate. The candidate may take nursing textbooks into the room to serve as references during the review and challenge. The candidate shall not photograph, copy or make any electronic record of the examination items or content. The test administrator will provide the candidate with an erasable board and pen before entering the room. All notes taken during the review and challenge process will be recorded on the note board and erased by the test administrator upon completion of the session. An item challenge comment field will be available for the candidate to indicate the nature and rationale of the challenge and all comments will be sent to NCSBN by Pearson Vue.

If you wish to avail yourself of this opportunity, please submit the following to the Board of Nursing at least six weeks in advance of the preferred review date:

- \$400.00 fee, payable by money order or certified check to the National Council of State Boards of Nursing;
- \$435.00 nonrefundable fee, payable by personal check or money order to the Commonwealth of Pennsylvania;
- Daytime contact telephone number and email address;
- Completed NCLEX Review and Challenge Candidate Agreement.

If there are additional questions, please feel free to contact this office.

Sincerely,

Sue Petula, PhD, MSN, RN, NEA-BC, FRE
Nursing Education Advisor
(717) 772-8546
spetula@pa.gov

Enclosure: NCLEX Review and Challenge Candidate Agreement Form

Enter all of the requested information, complete each section in its entirety. You cannot save information and complete it at a later time. Incomplete or incorrect information will delay your request. You will be contacted via email if there are any discrepancies with your submission. We are not responsible for information that is incorrectly submitted.

Licensee Information

User Authentication

Receiver Information

Credit Card Information

Please enter all the required information. (Note that the fee is non-refundable)
Please press [Submit] once and wait while your submission is being processed.
If you press the [Submit] again, it will be processed again and the fee will not be refunded.

Credit Card

Select card



Cardholder Name

Cardholder Name

Card Number

Credit Card Number

CCV2 Code

CCV2 Code

Exp. Month

Jan



Exp. Year

2015



Billing Address

AddressLine 1

Address Line 1

AddressLine 2

Address Line 2

City

City

State

Select a State



Zip

Zip

Charge Amount

~~15.00~~

45.00

Previous

Submit

Enter all of the requested information, complete each section in its entirety. You cannot save information and complete it at a later time. Incomplete or incorrect information will delay your request. You will be contacted via email if there are any discrepancies with your submission. We are not responsible for information that is incorrectly submitted.

Login is Valid. Please select the Verification/Certification you are requesting.

Licensee Information

User Authentication

Receiver Information

Credit Card Information

To request a "Verification/Certification of License with History" or "Certification of Examination Results" please enter your "MyLicense" UserID and Password and validate. If you are requesting a "Verification/Certification of License" without the history click the [Cancel] button.

For NURSING the user will be required to enter their "MyLicense" UserID and Password. Please note that Boards of Nursing will require a Verification/Certification of License with history. Check the box below.

If "MyLicense" UserID or Password is unknown please click this link [Click Here](https://www.mylicense.state.pa.us/PersonSearchResults.aspx?process=APP) (<https://www.mylicense.state.pa.us/PersonSearchResults.aspx?process=APP>) to create your login or contact the Board Office.

My License

User ID:

kmpeters48

Password:

Password

Validate

☒ Verification/Certification of License with History

☐ Verification/Certification of License

Previous

Next...

Validate

☒ Verification/Certification of License with History

☐ Verification/Certification of License

Previous

Next...

Enter all of the requested information, complete each section in its entirety. You cannot save information and complete it at a later time. Incomplete or incorrect information will delay your request. You will be contacted via email if there are any discrepancies with your submission. We are not responsible for information that is incorrectly submitted.

Licensee Information

User Authentication

Receiver Information

Credit Card Information

Select from the dropdown list of Boards or enter the information below for the recipient of this request.

IF the USA or International licensing authority is not listed below, Please contact the Board. **Note:** For some professions the verification/certification request can only be sent to a Board.

Board

Please Select



Previous

Next...

Enter all of the requested information, complete each section in its entirety. You cannot save information and complete it at a later time. Incomplete or incorrect information will delay your request. You will be contacted via email if there are any discrepancies with your submission. We are not responsible for information that is incorrectly submitted.

Licensee Information

User Authentication

Receiver Information

Credit Card Information

Please enter all the required information. (Note that the fee is non-refundable)
Please press [Submit] once and wait while your submission is being processed.
If you press the [Submit] again, it will be processed again and the fee will not be refunded.

Credit Card

Select card

**Cardholder Name**

Cardholder Name

Card Number

Credit Card Number

CCV2 Code

CCV2 Code

Exp. Month

Jan

**Exp. Year**

2015

**Billing Address****AddressLine 1**

Address Line 1

AddressLine 2

Address Line 2

City

City

State

Select a State



Zip

Zip

Charge Amount

~~40.00~~

50.00

Previous

Submit

AddressLine 2

Address Line 2

City

City

State

Select a State



Zip

Zip

Charge Amount

~~40.00~~

50.00

Previous

Submit

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

PHONE (717)783-7142
FAX (717) 783-0822
www.dos.pa.gov/nurse
email: st-nurse@pa.gov

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

Entities desiring to establish either a professional or practical pre-licensure nursing education program must complete and submit this application along with the required attachments and the application fee to the State Board of Nursing (Board). Prior to submitting this application review the Board's regulations applicable to professional (See Sections 21.51-21.125) or practical (See Sections 21.145b and 21.161-21.234) nursing educational programs available on the Board's web site at the address above.

Review these instructions before completing the application:

1. The \$2,195.00 **non-refundable** application fee must accompany the application. The \$1,525 **non-refundable** survey visit fee is due prior to scheduling the survey visit.
2. Either type or print the responses to the application and attachments in black or blue ink.
3. Submit the original and three copies of the application and attachments.
4. Format the attachments as follows:
 - a) Submit attachments on 8x11 size paper, double-spaced and single-sided.
 - b) Number every page consecutively including the page dividing each attachment.
 - c) Do not tab, staple, bind, or clip pages.
 - d) Do not abbreviate or use acronyms.
 - e) Do not shade or highlight.
5. The Application Contact Person is the person developing and submitting the proposal to the Board and with whom the Board will communicate.
6. The application will only be placed on the Board's agenda for consideration when it is complete. Placement on the Board's agenda is not a guarantee or assurance that a proposed program will be approved. The Board meeting schedule is posted on the Board's web site at the address above.
7. Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

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

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

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

Name of Proposed Nursing Education Program: _____

PROGRAM TYPE: _____ PROFESSIONAL _____ PRACTICAL

Program Start Date: _____

Degree to be awarded: _____

Application Contact Person: _____

Telephone: _____ Email: _____

Person completing this application if different from contact person: _____

Telephone: _____ Email: _____

\$ 2,195 Fee Submitted: _____ With this application
_____ Under separate cover

Note: The \$1,525 non-refundable survey visit fee is due prior to scheduling the survey visit.

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties and/or the denial of the application of the nursing education program.

Signature of Program Application Contact Person _____ Date _____

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

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

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

SECTION A: Planned Nursing Education Program:

Name: _____

Address: _____

Street

City

State

Zip

Anticipated Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

SECTION B: Controlling Institution:

Name: _____

Address: _____

Street

City

State

Zip

Anticipated or Current Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

SECTION C: Administrator and Faculty Qualifications:

Minimum qualifications for Program Administrator:

Education: _____

Number of years of teaching and/or operating a program: _____

Licensure (States and Types) _____
(PA RN required)

Minimum qualifications for nursing faculty other than interprofessional faculty:

Education: _____

Number of years of teaching and/or operating a program: _____

Participation in nursing curriculum development: _____

Licensure (States and Types) _____

(PA RN required)

Explain the faculty development policy to ensure current competence in the specific area in which faculty teach: _____

Attach the following documents as separate attachments:

Attachment 1: Philosophies and objectives of the Planned Nursing Education Program.

Attachment 2: Philosophies and objectives of the Controlling Institution.

Attachment 3: Rationale for the Planned Nursing Education Program.

Attachment 4: State and local workforce quantitative data supporting the need for the Planned Nursing Education Program

Attachment 5: Organizational chart for the Planned Nursing Education Program.

Attachment 6: Organizational chart depicting the relationship of the Planned Nursing Education Program to the Controlling Institution

Attachment 7: Letter of commitment from the controlling institution to support the Planned Nursing Education Program.

Attachment 8: Five year projected faculty to student complement per year per term. Complete Template A.

Attachment 9: Five-year budget projection of financial viability for the Planned Nursing Education Program including all of the items on the sample budget. Complete Template B.

Attachment 10: Curriculum plan by semester. Complete Template C.

Attachment 11: Syllabus for each course containing each of the topics on the sample syllabus. Complete Template D.

Attachment 12: Cooperating Agency information. Complete Template E.

Attachment 13: Application of NCSBN Simulation Standards. See Template F.

Attachment 14: Copies of written agreements or letters of intent with cooperating agencies.

Attachment 15: Systematic evaluation plan for evaluating the Planned Nursing Education Program.

Attachment 16: Facility and resource plan.

Attachment 17: Handbooks:

- a. Student Handbook (containing all required policies)
- b. Nursing Faculty Handbook (containing all required policies including orientation, supervision, training and evaluation)
- c. Controlling Institution Handbook (if available)

Template A
5 YEAR PROJECTED FACULTY TO STUDENT COMPLEMENT PER YEAR AND TERM

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

(Spring)						
(Summer)						

Template B
(Add Budget Template here)

Template C
CURRICULUM PLAN BY SEMESTER

Semester I:

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

Semester II:

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

Semester III:

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

Semester IV:

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

TOTAL NUMBER OF HOURS

(ALL SEMESTERS)

	Didactic	Clinical	Lab	Sim	Clock hours	Credit
--	----------	----------	-----	-----	-------------	--------

I. Standard(s) used for curriculum development: _____

(Examples: Keating, Billings, Bloom's Taxonomy, NCLEX Test Plan)

II. Standard(s) used for simulation program development: _____

(Examples: INACSL, NCSBN)

Template D
Syllabus Template for Each Course Offering

Course Name and Number

Hours of instruction broken down: ____ Didactic ____ Clinical ____ Lab ____ Sim

Faculty member Name and credentials

Pre requisites

Co requisites

Course Credits

Course description

Course objectives

Learning outcomes

Course Content Outline per Week

Course Materials:

 Required textbooks/References

 Recommended textbooks/References

 Standards of Nursing Practice

 Required Technologies:

 Technology Support

Method of Content Delivery (Lecture, Discussion Boards, Online etc.)

Assessment Tools and Methods:

- 1) Graded Assignments; 2) Learning Activities; 3) Course Objectives Met
- 2) Grading Matrix (Percentage Weight per Assignment)
- 3) Final Course Grade (For example, satisfactory performance tests and clinical with a grade point average above ____)

Clinical Evaluation for each clinical course

[illegible]

TEMPLATE F
NCSBN SIMULATION STANDARDS¹

Provide an explanation for the how the following are included within the program:

- ☐ The school has created a framework that provides adequate resources (fiscal, human, and material) to support the simulation.
- ☐ Policies and procedures are in place to assure quality consistent simulation experiences for the students.
- ☐ The simulation program has an adequate number of dedicated trained simulation faculty to support the learners in simulation-based experiences.
- ☐ The program has job descriptions for simulation faculty/facilitators.
- ☐ The program has a plan for orienting simulation faculty to their roles.
- ☐ The program uses a needs assessment to determine what scenarios to use.
- ☐ The simulation program provides subject matter expertise for each scenario debriefing.
- ☐ The program and faculty incorporate the INACSL Standards of Best Practice: Simulation SM.
- ☐ The program has appropriate designated physical space for education, storage, and debriefing.
- ☐ The faculty have a process for identifying what equipment or relevant technologies are needed for meeting program objectives.
- ☐ The program has adequate equipment and supplies to create a realistic patient care environment.
- ☐ The faculty use evaluative feedback for quality improvement of the simulation program.
- ☐ The administration has a long-range plan for anticipated use of simulation in the forthcoming years.

¹ Maryann Alexander, Carol F. Durham, Janice I. Hooper, Pamela R. Jeffries, Nathan Goldman, Suzan "Suzie" Kardong-Edgren, Karen S. Kesten, Nancy Spector, and others (2015). NCSBN Simulation Guidelines for Prelicensure Nursing Programs. *Journal of Nursing Regulation*, 6(3), 39-42.



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

PHONE: (717) 783-7142
www.dos.pa.gov/nurse

FAX: (717) 783-0822
e-mail: sl-nurse@pa.gov

date

Nursing Program Director
address

Dear name--Program Director,

On _____, the State Board of Nursing (Board) reviewed the _____'s (Program) Application for a _____ Nursing Education Program. The Board voted to approve the application subject to a survey visit by the Board's advisor to assure compliance with the details of the proposal and place the Program on **INITIAL APPROVAL**. Initial approval is granted to new programs that provide evidence to the Board that applicable standards for implementing a nursing education program are met. This designated status will remain until examination results of the Program's first cohort of graduates are available and a compliance review to determine the Program's adherence to the Board's standards are completed by the Board's Advisors. The Program can advertise and accept applications but not admit students until an initial survey visit is conducted by the Board's Nursing Education Advisors.

The Board requested a program code assignment for the Program from the National Council of State Boards of Nursing (NCSBN). The program specific code assigned to the Program by the National Council of State Boards of Nursing (NCSBN) is _____. Please note, at the time of exam registration with the test administrator, Pearson VUE, Program graduates must select the correct educational program code as follows: _____. The purpose of this code is to identify test takers' results for the Program. These test results will be evaluated in accordance to Section _____ of the Board's regulations that state a nursing education program shall achieve and maintain a minimum pass rate of 80% or more of its first-time examinees during an examination year.

Please submit the \$1,525 non-refundable survey visit fee so that the visit can be scheduled. Once submitted, please contact me to arrange the visit. Once the fee is received I will inform confirm the scheduled visit date. In addition, please contact the Board office via lgroce@pa.gov to: 1) orient to our password protected database, eppiccNURSE, 2) register the Program, and 3) submit Program faculty and clinical agencies identified in the proposal.

If you have questions regarding this correspondence please do not hesitate to contact me at the number below.

Sincerely,

Nursing Advisor
717-772-8547 or

mxxxx@state.pa.us

DRAFT

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

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



Application for a Certified Registered Nurse Practitioner Education Program

Entities desiring to establish a certified registered nurse practitioner (CRNP) education program must complete and submit this application along with the required attachments and the application fee to the State Board of Nursing (Board). Prior to submitting this application review the Board's regulations applicable to Approval of CRNP Programs (See Sections 21.361, 21.365-21.370 and 21.372-21.376) available on the Board's website at the address above.

Review these instructions before completing the application:

1. The \$2,195.00 **non-refundable** application fee must accompany the application. The \$1525 **non-refundable** survey visit fee is due prior to scheduling the survey visit.
2. Either type or print the responses to the application and attachments in black or blue ink.
3. Submit the original and three copies of the application and attachments.
4. Format the attachments as follows:
 - a) Submit attachments on 8x11 size paper, double-spaced and single-sided.
 - b) Number every page consecutively including the page dividing each attachment.
 - c) Do not tab, staple, bind, or clip pages.
 - d) Do not abbreviate or use acronyms.
 - e) Do not shade or highlight.
5. The Application Contact Person is the person developing and submitting the proposal to the Board and with whom the Board will communicate.
6. The application will only be placed on the Board's agenda for consideration when it is complete. Placement on the Board's agenda is not a guarantee or assurance that a proposed program will be approved. The Board meeting schedule is posted on the Board's website at the address above.
7. Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

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

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

DRAFT

Application for a Certified Registered Nurse Practitioner Education Program

PROGRAM TYPE:

Proposed CRNP Population Specialty: _____

Program Start Date: _____

Degree to be awarded: _____

Application Contact Person: _____

Telephone: _____ Email: _____

Person completing this application if different from contact person: _____

Telephone: _____ Email: _____

\$ 2,195 Fee Submitted: ☐ With this application
☐ Under separate cover

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. 54904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties and/or the denial of the application of the nursing education program.

Signature of Program Application Contact Person _____ Date _____

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

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

DRAFT

Application for a Certified Registered Nurse Practitioner Education Program

SECTION A: Proposed CRNP Program:

Name: _____

Address: _____

Street

City

State

Zip

Anticipated Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

SECTION B: Controlling Institution:

Name: _____

Address: _____

Street

City

State

Zip

Anticipated or Current Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

SECTION C: Program Director and Faculty Qualifications:

Minimum qualifications for Program Director:

Education: _____

Number of years of teaching and/or operating a program: _____

Licensure and CRNP Certification (States and Types) _____

(PA RN and CRNP required)

Minimum qualifications for nursing faculty other than inter-professional faculty:

Education: _____
Number of years of teaching and/or CRNP Practice: _____
Participation in nursing curriculum development: _____
Licensure and CRNP Certification (States and Types) _____
(PA RN required; PA CRNP certification required for clinical faculty; PA CRNP Certification in the specialty required for faculty teaching in areas of specialized practice)

Explain the faculty development policy to ensure continued competency in accordance with educational program responsibilities: _____

Attach the following documents as separate attachments:

- Attachment 1:* Philosophies and objectives of the Proposed CRNP Education Program.
- Attachment 2:* Philosophies and objectives of the Controlling Institution.
- Attachment 3:* Rationale for the Proposed CRNP Education Program.
- Attachment 4:* Statistical data to support the need for the Proposed CRNP Education Program in the community.
- Attachment 5:* Organizational chart for the Proposed CRNP Education Program.
- Attachment 6:* Organizational chart depicting the relationship of the Proposed CRNP Education Program to the Controlling Institution.
- Attachment 7:* Five-year projected faculty to student complement per year per term. Complete Template A.
- Attachment 8:* Five-year budget projection of financial viability for the Proposed CRNP Education Program including all of the items on the sample budget. Complete Template B.
- Attachment 9:* Statement of educational preparation and nursing experience of faculty members employed. Complete Template C. (If no faculty has been hired, please attach job description)
- Attachment 10:* Full-time curriculum plan by semester. Complete Template D (Complete an additional Template D as needed for part-time and/or post-master's options).
- Attachment 11:* Syllabus for each course containing each of the subject headings on the sample syllabus. Complete Template E.
- Attachment 12:* Evidence the curriculum meets standards of practice defined by the profession. Complete Template F.
- Attachment 13:* Copies of written agreements or letters of intent with cooperating agencies.

Attachment 14: Systematic evaluation plan for the Proposed CRNP Education Program (as delineated in Section 21.370(a)(1)-(2).

Attachment 15: Facility and resource plan, including plan for and qualifications of clinical preceptors.

Attachment 16: Handbooks:

- a. Student Handbook(s) (containing all required policies, including admission and advanced placement)
- b. Nursing Faculty Handbook (containing all required policies including orientation, supervision, training and evaluation)
- c. Controlling Institution Faculty Handbook

Template A
5 YEAR PROJECTED FACULTY TO STUDENT COMPLEMENT PER YEAR AND TERM

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

(Winter)						
(Spring)						
(Summer)						

Template B
(Add Budget Template here)

CRNP PROGRAM FACULTY QUALIFICATIONS

[illegible]

Template D
CURRICULUM PLAN BY SEMESTER

Semester I:

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

Semester II:

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

Semester III:

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

Semester IV:

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

TOTAL NUMBER OF HOURS

(ALL SEMESTERS)

Didactic

Clinical

Lab

Sim

Clock hours

Credit

I. Standard(s) used for curriculum development: _____

(Examples: AACN Essentials, NONPF)

II. Standard(s) used for simulation program development: _____

(Examples: INACSL, NCSBN)

Template E
Syllabus Template for Each Course Offering

Course Name and Number

Hours of instruction broken down: ____ Didactic ____ Clinical ____ Lab ____ Sim

Faculty name and credentials

Pre-requisites

Co-requisites

Course credits

Course description

Course objectives

Course content outline per week

Course materials:

 Required textbooks/references

 Recommended textbooks/references

 Standards of nursing practice

 Required technologies:

 Technology support

Method of content delivery (Lecture, Discussion Boards, Online etc.)

Assessment Tools and Methods:

- 1) Graded Assignments; 2) Learning Activities; 3) Course Objectives Met
- 2) Grading Matrix (Percentage Weight per Assignment)
- 3) Final Course Grade (For example, satisfactory performance tests and clinical with a grade point average above ____)

Clinical evaluation tool for each clinical course reflecting CRNP National competencies for the specialty area

CRNP Core Competencies	CRNP Population-focused Competencies	CRNP Course Objectives	CRNP Program Learning Outcomes



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

PHONE: (717) 783-7142
www.dos.pa.gov/nurse

FAX: (717) 783-0822
e-mail: st-nurse@pa.gov

date

Nursing Program Director
address

Dear name--Program Director,

On _____, the State Board of Nursing (Board) reviewed the _____'s (Program) Application for a _____ Nursing Education Program. The Board voted to approve the application subject to a survey visit by the Board's advisor to assure compliance with the details of the proposal and place the Program on **INITIAL APPROVAL**. Initial approval is granted to new programs that provide evidence to the Board that applicable standards for implementing a nursing education program are met. This designated status will remain until examination results of the Program's first cohort of graduates are available and a compliance review to determine the Program's adherence to the Board's standards are completed by the Board's Advisors. The Program can advertise and accept applications but not admit students until an initial survey visit is conducted by the Board's Nursing Education Advisors.

The Board requested a program code assignment for the Program from the National Council of State Boards of Nursing (NCSBN). The program specific code assigned to the Program by the National Council of State Boards of Nursing (NCSBN) is _____. Please note, at the time of exam registration with the test administrator, Pearson VUE, Program graduates must select the correct educational program code as follows: _____. The purpose of this code is to identify test takers' results for the Program. These test results will be evaluated in accordance to Section _____ of the Board's regulations that state a nursing education program shall achieve and maintain a minimum pass rate of 80% or more of its first-time examinees during an examination year.

Please submit the \$1,525 non-refundable survey visit fee so that the visit can be scheduled. Once submitted, please contact me to arrange the visit. Once the fee is received I will inform confirm the scheduled visit date. In addition, please contact the Board office via lgroce@pa.gov to: 1) orient to our password protected database, eppiccNURSE, 2) register the Program, and 3) submit Program faculty and clinical agencies identified in the proposal.

If you have questions regarding this correspondence please do not hesitate to contact me at the number below.

Sincerely,

Nursing Advisor
717-772-8547 or
mxxxx@state.pa.us

DRAFT

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

PHONE (717)783-7142
FAX (717) 783-0822
www.dos.pa.gov/nurse
email: st-nurse@pa.gov

DRAFT Application for the Review of Curriculum Changes for Professional or Practical Pre-licensure Nursing Education Program

Pre-licensure professional or practical pre-licensure nursing education program must complete and submit this application along with the required attachments and the application fee to the State Board of Nursing (Board). Prior to submitting this application review the Board's regulations applicable to professional (See Sections 21.51-21.125) or practical (See Sections 21.145b and 21.161-21.234) nursing educational programs available on the Board's web site at the address above.

Review these instructions before completing the application:

1. The \$585.00 non-refundable application fee must accompany the application.
2. Either type or print the responses to the application and attachments in black or blue ink.
3. Submit the original and three copies of the application and attachments.
4. Format the attachments as follows:
 - a). Submit attachments on 8x11 size paper, double-spaced and single-sided.
 - b). Number every page consecutively including the page dividing each attachment.
 - c). Do not tab, staple, bind, or clip pages.
 - d). Do not abbreviate or use acronyms.
 - e). Do not shade or highlight.
5. The Application Contact Person is the person developing and submitting the curriculum changes to the Board and with whom the Board will communicate.
6. Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

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

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

DRAFT Application for the Review of Curriculum Changes for Professional or Practical Pre-licensure Nursing Education Program

Name of Nursing Education Program: _____

Application Contact Person: _____

Telephone: _____ Email: _____

Person completing this application if different from contact person: _____

Telephone: _____ Email: _____

\$ 585 Fee Submitted: ☐ With this application
☐ Under separate cover

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties and/or the denial of the application of the nursing education program.

Signature of Program Application Contact Person _____ Date _____

PENNSYLVANIA STATE BOARD OF NURSING

P.O. BOX 2649

HARRISBURG, PA 17105-2649

PHONE (717)783-7142

FAX (717) 783-0822

www.dos.pa.gov/nurse

Email: st-nurse@pa.gov

DRAFT Application for the Review of Curriculum Changes for Professional or Practical Pre-licensure Nursing Education Program

SECTION A: Nursing Education Program:

Name: _____

Address: _____

Street

City

State

Zip

Anticipated or Current Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

SECTION B: Controlling Institution:

Name: _____

Address: _____

Street

City

State

Zip

Anticipated or Current Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

Attach the following documents as separate attachments:

Attachment 1: Philosophies and objectives of the Nursing Education Program.

Attachment 2: Rationale for changes to the revised Nursing Education Program's curriculum.

Attachment 3: Curriculum plan by semester. Complete Template A.

Attachment 4: Syllabus for each course containing each of the topics on the sample syllabus. Complete Template B.

Attachment 5: Systematic evaluation plan for evaluating the revised Nursing Education Program's curriculum (if applicable).

2/1/17

Template A
CURRICULUM PLAN BY SEMESTER

Semester I:

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

Semester II:

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

Semester III:

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

Semester IV:

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

TOTAL NUMBER OF HOURS

(ALL SEMESTERS)

Didactic

Clinical

Lab

Sim

Clock hours

Credit

I. Standard(s) used for curriculum development: _____
 (Examples: Keating, Billings, Bloom's Taxonomy, NCLEX Test Plan)

II. Standard(s) used for simulation program development: _____

Template B
Syllabus Template for Each Course Offering

Course Name and Number

Hours of instruction broken down: ____ Didactic ____ Clinical ____ Lab ____ Sim

Faculty member Name and credentials

Pre requisites

Co requisites

Course Credits

Course description

Course objectives

Learning outcomes

Course Content Outline per Week

Course Materials:

Required textbooks/References

Recommended textbooks/References

Standards of Nursing Practice

Required Technologies:

Technology Support

Method of Content Delivery (Lecture, Discussion Boards, Online etc.)

Assessment Tools and Methods:

- 1) Graded Assignments; 2) Learning Activities; 3) Course Objectives Met
- 2) Grading Matrix (Percentage Weight per Assignment)
- 3) Final Course Grade (For example, satisfactory performance tests and clinical with a grade point average above ____)

Clinical Evaluation for each clinical course

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

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



Application for the Review of Curriculum Changes for a Certified Registered Nurse Practitioner Education Program

Entities desiring to establish a certified registered nurse practitioner (CRNP) education program must complete and submit this application along with the required attachments and the application fee to the State Board of Nursing (Board). Prior to submitting this application review the Board's regulations applicable to Approval of CRNP Programs (See Sections 21.361, 21.365-21.370 and 21.372-21.376) available on the Board's website at the address above.

Review these instructions before completing the application:

1. The \$585.00 non-refundable application fee must accompany the application.
2. Either type or print the responses to the application and attachments in black or blue ink.
3. Submit the original and three copies of the application and attachments.
4. Format the attachments as follows:
 - a) Submit attachments on 8x11 size paper, double-spaced and single-sided.
 - b) Number every page consecutively including the page dividing each attachment.
 - c) Do not tab, staple, bind, or clip pages.
 - d) Do not abbreviate or use acronyms.
 - e) Do not shade or highlight.
5. The Application Contact Person is the person developing and submitting the proposal to the Board and with whom the Board will communicate.
6. Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

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

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

**DRAFT Application for the Review of Curriculum Changes for a Certified Registered Nurse
Practitioner Education Program**

Name of Nursing Education Program: _____

CRNP Population Specialty: _____

Application Contact Person: _____

Telephone: _____ Email: _____

Person completing this application if different from contact person: _____

Telephone: _____ Email: _____

\$ 585 Fee Submitted: ☐ With this application
☐ Under separate cover

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties and/or the denial of the application of the nursing education program.

Signature of Program Application Contact Person _____ Date _____

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

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

DRAFT Application for the Review of Curriculum Changes for a Certified Registered Nurse
Practitioner Education Program

SECTION A: CRNP Program:

Name: _____

Address: _____

Street _____

City _____ State _____ Zip _____

Anticipated or Current Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

SECTION B: Controlling Institution:

Name: _____

Address: _____

Street _____

City _____ State _____ Zip _____

Anticipated or Current Accreditor: _____

Pennsylvania Department of Education Authorization Date _____

Attach the following documents as separate attachments:

- Attachment 1:* Philosophies and objectives of the CRNP Education Program.
- Attachment 2:* Rationale for changes to the CRNP Education Program's curriculum.
- Attachment 3:* Full-time curriculum plan by semester. Complete Template B (Complete an additional Template B as needed for part-time and/or post-master's options).
- Attachment 4:* Syllabus for each course containing each of the subject headings on the sample syllabus. Complete Template B.

Attachment 5: Evidence the revised curriculum meets standards of practice defined by the profession.
Complete Template C.

Attachment 6: Evidence the curriculum meets standards of practice defined by the profession. Complete Template D.

Attachment 7: Systematic evaluation plan for evaluating the revised CRNP Education Program (if applicable).

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

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

[illegible]

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

(ALL SEMESTERS)	Didactic	Clinical	Lab	Sim	Clock hours	Credit
-----------------	----------	----------	-----	-----	-------------	--------

II. Standard(s) used for simulation program development: _____
(Examples: INACSL, NCSBN)

Template B
Syllabus Template for Each Course Offering

Course Name and Number

Hours of instruction broken down: ____ Didactic ____ Clinical ____ Lab ____ Sim

Faculty name and credentials

Pre-requisites

Co-requisites

Course credits

Course description

Course objectives

Course content outline per week

Course materials:

Required textbooks/references

Recommended textbooks/references

Standards of nursing practice

Required technologies:

Technology support

Method of content delivery (Lecture, Discussion Boards, Online etc.)

Assessment Tools and Methods:

- 1) Graded Assignments; 2) Learning Activities; 3) Course Objectives Met
- 2) Grading Matrix (Percentage Weight per Assignment)
- 3) Final Course Grade (For example, satisfactory performance tests and clinical with a grade point average above ____)

Clinical evaluation tool for each clinical course reflecting CRNP National competencies for the specialty area

Template C

Crosswalk of CRNP Core and Population-focused Curriculum/Competencies to Course Objectives for the Proposed CRNP Program

[illegible]

Crosswalk of CRNP Core and Population-focused Curriculum/Competencies to Course Objectives for the Proposed CRNP Program

CRNP Core Competencies	CRNP Population-focused Competencies	CRNP Course Objectives	CRNP Program Learning Outcomes

DRAFT

CONTINUING EDUCATION PROVIDER - RN APPLICATION FOR APPROVAL

Submission of this application requesting approval of a CE activity DOES NOT guarantee approval.

- Application must be submitted by mail at least **90 days** prior to the start date of the activity being offered.
- Attach non-refundable \$115 fee for each CE hour that will be awarded. Make check or money order payable to the "Commonwealth of Pennsylvania."
- A separate application **must** be submitted whenever a change is made to this CE activity other than date or location.
- A copy of all documents that are a part of the application must be submitted to the Board for review.
- Providers of CE activities shall maintain records of course attendance for at least 5 years.

Section I: Complete the following information (please print):

Name of Provider:
Address of Provider:
Telephone Number / Fax / E-mail / Web Address of Provider: ()
Name of Contact Person:
Address of Contact Person:
Telephone Number of Contact Person: ()

Title of Activity:
Date(s) and Location(s) of Activity:
Requested Number of RN CE Hours to be Awarded:

(ORIGINAL SIGNATURE OF PROVIDER)

(DATE)

Section II: Please include the following attachments/outline with this application as indicated in the PA RN Regulations Section §21.134(b) (1)-(14):

- All attachments **must be numbered** as indicated below.
- If submitting multiple pages, include the provider name on the top of each attachment.

<u>Label:</u>	<u>Description:</u>
1	1. The first row of the table contains the header information.
2	2. The second row of the table contains the first data entry.
3	3. The third row of the table contains the second data entry.
4	4. The fourth row of the table contains the third data entry.
5	5. The fifth row of the table contains the fourth data entry.
6	6. The sixth row of the table contains the fifth data entry.
7	7. The seventh row of the table contains the sixth data entry.
8	8. The eighth row of the table contains the seventh data entry.
9	9. The ninth row of the table contains the eighth data entry.
10	10. The tenth row of the table contains the ninth data entry.
11	11. The eleventh row of the table contains the tenth data entry.
12	12. The twelfth row of the table contains the eleventh data entry.
13	13. The thirteenth row of the table contains the twelfth data entry.
14	14. The fourteenth row of the table contains the thirteenth data entry.
15	15. The fifteenth row of the table contains the fourteenth data entry.
16	16. The sixteenth row of the table contains the fifteenth data entry.
17	17. The seventeenth row of the table contains the sixteenth data entry.
18	18. The eighteenth row of the table contains the seventeenth data entry.
19	19. The nineteenth row of the table contains the eighteenth data entry.
20	20. The twentieth row of the table contains the nineteenth data entry.
21	21. The twenty-first row of the table contains the twentieth data entry.
22	22. The twenty-second row of the table contains the twenty-first data entry.
23	23. The twenty-third row of the table contains the twenty-second data entry.
24	24. The twenty-fourth row of the table contains the twenty-third data entry.
25	25. The twenty-fifth row of the table contains the twenty-fourth data entry.
26	26. The twenty-sixth row of the table contains the twenty-fifth data entry.
27	27. The twenty-seventh row of the table contains the twenty-sixth data entry.
28	28. The twenty-eighth row of the table contains the twenty-seventh data entry.
29	29. The twenty-ninth row of the table contains the twenty-eighth data entry.
30	30. The thirtieth row of the table contains the twenty-ninth data entry.
31	31. The thirty-first row of the table contains the thirtieth data entry.
32	32. The thirty-second row of the table contains the thirty-first data entry.
33	33. The thirty-third row of the table contains the thirty-second data entry.
34	34. The thirty-fourth row of the table contains the thirty-third data entry.
35	35. The thirty-fifth row of the table contains the thirty-fourth data entry.
36	36. The thirty-sixth row of the table contains the thirty-fifth data entry.
37	37. The thirty-seventh row of the table contains the thirty-sixth data entry.
38	38. The thirty-eighth row of the table contains the thirty-seventh data entry.
39	39. The thirty-ninth row of the table contains the thirty-eighth data entry.
40	40. The fortieth row of the table contains the thirty-ninth data entry.
41	41. The forty-first row of the table contains the fortieth data entry.
42	42. The forty-second row of the table contains the forty-first data entry.
43	43. The forty-third row of the table contains the forty-second data entry.
44	44. The forty-fourth row of the table contains the forty-third data entry.
45	45. The forty-fifth row of the table contains the forty-fourth data entry.
46	46. The forty-sixth row of the table contains the forty-fifth data entry.
47	47. The forty-seventh row of the table contains the forty-sixth data entry.
48	48. The forty-eighth row of the table contains the forty-seventh data entry.
49	49. The forty-ninth row of the table contains the forty-eighth data entry.
50	50. The fiftieth row of the table contains the forty-ninth data entry.
51	51. The fifty-first row of the table contains the fiftieth data entry.
52	52. The fifty-second row of the table contains the fifty-first data entry.
53	53. The fifty-third row of the table contains the fifty-second data entry.
54	54. The fifty-fourth row of the table contains the fifty-third data entry.
55	55. The fifty-fifth row of the table contains the fifty-fourth data entry.
56	56. The fifty-sixth row of the table contains the fifty-fifth data entry.
57	57. The fifty-seventh row of the table contains the fifty-sixth data entry.
58	58. The fifty-eighth row of the table contains the fifty-seventh data entry.
59	59. The fifty-ninth row of the table contains the fifty-eighth data entry.
60	60. The sixtieth row of the table contains the fifty-ninth data entry.
61	61. The sixty-first row of the table contains the sixtieth data entry.
62	62. The sixty-second row of the table contains the sixty-first data entry.
63	63. The sixty-third row of the table contains the sixty-second data entry.
64	64. The sixty-fourth row of the table contains the sixty-third data entry.
65	65. The sixty-fifth row of the table contains the sixty-fourth data entry.
66	66. The sixty-sixth row of the table contains the sixty-fifth data entry.
67	67. The sixty-seventh row of the table contains the sixty-sixth data entry.
68	68. The sixty-eighth row of the table contains the sixty-seventh data entry.
69	69. The sixty-ninth row of the table contains the sixty-eighth data entry.
70	70. The seventieth row of the table contains the sixty-ninth data entry.
71	71. The seventy-first row of the table contains the seventieth data entry.
72	72. The seventy-second row of the table contains the seventy-first data entry.
73	73. The seventy-third row of the table contains the seventy-second data entry.
74	74. The seventy-fourth row of the table contains the seventy-third data entry.
75	75. The seventy-fifth row of the table contains the seventy-fourth data entry.
76	76. The seventy-sixth row of the table contains the seventy-fifth data entry.
77	77. The seventy-seventh row of the table contains the seventy-sixth data entry.
78	78. The seventy-eighth row of the table contains the seventy-seventh data entry.
79	79. The seventy-ninth row of the table contains the seventy-eighth data entry.
80	80. The eightieth row of the table contains the seventy-ninth data entry.
81	81. The eighty-first row of the table contains the eightieth data entry.
82	82. The eighty-second row of the table contains the eighty-first data entry.
83	83. The eighty-third row of the table contains the eighty-second data entry.
84	84. The eighty-fourth row of the table contains the eighty-third data entry.
85	85. The eighty-fifth row of the table contains the eighty-fourth data entry.
86	86. The eighty-sixth row of the table contains the eighty-fifth data entry.
87	87. The eighty-seventh row of the table contains the eighty-sixth data entry.
88	88. The eighty-eighth row of the table contains the eighty-seventh data entry.
89	89. The eighty-ninth row of the table contains the eighty-eighth data entry.
90	90. The ninetieth row of the table contains the eighty-ninth data entry.
91	91. The ninety-first row of the table contains the ninetieth data entry.
92	92. The ninety-second row of the table contains the ninety-first data entry.
93	93. The ninety-third row of the table contains the ninety-second data entry.
94	94. The ninety-fourth row of the table contains the ninety-third data entry.
95	95. The ninety-fifth row of the table contains the ninety-fourth data entry.
96	96. The ninety-sixth row of the table contains the ninety-fifth data entry.
97	97. The ninety-seventh row of the table contains the ninety-sixth data entry.
98	98. The ninety-eighth row of the table contains the ninety-seventh data entry.
99	99. The ninety-ninth row of the table contains the ninety-eighth data entry.
100	100. The hundredth row of the table contains the ninety-ninth data entry.

- 1 Full name and address of the provider
- 2 Title of the activity
- 3 Date(s) and location(s) of the activity
- 4 Faculty qualifications (provide CV if applicable)
- 5 Schedule of the activity, including, for activities with multiple presenters, the title of each subject, lecturer and time allotted. For example:

Timeframe	Topic of Discussion	Faculty	Method(s) of Instruction

- 6 Hours of RN continuing education (CE)
- 7 Method of certifying attendance, and *Certificate of Attendance* to be provided to course participants
- 8 Course objectives
- 9 Curriculum
- 10 Target audience
- 11 Program Coordinator
- 12 Instruction methods – please provide a copy of PowerPoint if used
- 13 Evaluation method(s), including participant evaluation and activity evaluation
- 14 Other information requested in writing by the Board. (You will be notified if additional information is required after the evaluation of your application.)

Section III: FACULTY INFORMATION FORM (Please make copies as needed)

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

(PRINT NAME OF CONTINUING EDUCATION PROVIDER HERE)

DRAFT CONTINUING EDUCATION PROVIDER - LDN APPLICATION FOR APPROVAL

Submission of this application requesting approval of a CE activity DOES NOT guarantee approval.

- Application must be submitted by mail at least 60 days prior to the start date of the course being offered.
- Attach non-refundable \$115 fee for each hour of CE. Make check or money order payable to the Commonwealth of Pennsylvania.
- A separate application **must** be submitted whenever a change is made to this CE course other than date or location.
- Providers of CE activities shall maintain records of course attendance for at least 5 years.

Section I: Complete the following information (please print):

Name of Provider:
Address of Provider:
Telephone Number / Fax / E-mail / Web Address of Provider: ()
Name of Contact Person:
Address of Contact Person:
Telephone Number of Contact Person: ()

Title of Course:
Date(s) and Location(s) of Course:
Requested Number of CE Hours to be Awarded:

(ORIGINAL SIGNATURE OF PROVIDER)

(DATE)

Section II: Please include the following attachments/outline with this application as indicated in the PA Regulations Section §21.724.

- All attachments **must be numbered** as indicated below
- If submitting multiple pages, include provider name on the top of each attachment

<u>Label:</u>	<u>Description:</u>
1	The full name and address of the provider
2	The title of the program
3	The dates and location(s) of the program
4	The faculty names, titles, affiliations, degrees and areas of expertise
5	The schedule of the program – title of subject, lecturer and time allocated
6	The total number of hours requested
7	The method of certifying attendance, and certificate of attendance to be provided to course participants (as applicable)
8	The course objectives
9	The target audience
10	The core subjects
11	The program director
12	The instruction and evaluation methods
13	Other information requested in writing by the Board (you will be notified if additional information is required after the evaluation of your application).

Section III: FACULTY INFORMATION FORM (Please make copies as needed)

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

(PRINT NAME OF CONTINUING EDUCATION PROVIDER HERE)

PENNSYLVANIA STATE BOARD OF NURSING

P.O. BOX 2649

HARRISBURG, PA 17105-2649

PHONE (717) 783-7142

FAX (717) 783-0822

www.dos.state.pa.us/nurse

Email: st-nurse@state.pa.us

DRAFT

CONTINUING EDUCATION PROVIDER - CRNP APPLICATION FOR APPROVAL

Submission of this application requesting approval of a CE activity DOES NOT guarantee approval.

- Application must be submitted by mail at least **60 days** prior to the start date of the course being offered.
- Attach non-refundable \$115 fee for each hour of CE. Make check or money order payable to the Commonwealth of Pennsylvania.
- A separate application must be submitted whenever a change is made to this CE course other than date or location.
- Providers of CE activities shall maintain records of course attendance for at least 5 years.

Section I: Complete the following information (please print):

Name of Provider:
Address of Provider:
Telephone Number / Fax / E-mail / Web Address of Provider: ()
Name of Contact Person:
Address of Contact Person:
Telephone Number of Contact Person: ()

Title of Course:
Date(s) and Location(s) of Course:
Requested Number of CE Hours to be Awarded:

(ORIGINAL SIGNATURE OF PROVIDER)

(DATE)

Section II: Please include the following attachments/outline with this application as indicated in the PA CRNP Regulations Section §21.336(b)(1)-(13).

- All attachments **must be numbered** as indicated below
- If submitting multiple pages, include provider name on the top of each attachment

<u>Label:</u>	<u>Description:</u>
1	The full name and address of the provider
2	The title of the program
3	The dates and location(s) of the program
4	The faculty names, titles, affiliations, degrees and areas of expertise
5	The schedule of the program – title of subject, lecturer and time allocated
6	The total number of hours requested
7	The method of certifying attendance, and certificate of attendance to be provided to course participants (as applicable)
8	The course objectives
9	The target audience
10	The core subjects
11	The program director
12	The instruction and evaluation methods
13	Other information requested in writing by the Board (you will be notified if additional information is required after the evaluation of your application).

Section III: FACULTY INFORMATION FORM (Please make copies as needed)

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

(PRINT NAME OF CONTINUING EDUCATION PROVIDER HERE)

DRAFT CONTINUING EDUCATION PROVIDER - CNS APPLICATION FOR APPROVAL

Submission of this application requesting approval of a CE activity DOES NOT guarantee approval.

- Application must be submitted by mail at least **60 days prior** to the start date of the course being offered.
- Attach non-refundable \$115 fee for each hour of CE. Make check or money order payable to the Commonwealth of Pennsylvania.
- A separate application must be submitted whenever a change is made to this CE course other than date or location.
- Providers of CE activities shall maintain records of course attendance for at least 5 years.

Section I: Complete the following information (please print):

Name of Provider:
Address of Provider:
Telephone Number / Fax / E-mail / Web Address of Provider: ()
Name of Contact Person:
Address of Contact Person:
Telephone Number of Contact Person: ()

Title of Course:
Date(s) and Location(s) of Course:
Requested Number of CE Hours to be Awarded:

(ORIGINAL SIGNATURE OF PROVIDER)

(DATE)

Section II: Please include the following attachments/outline with this application as indicated in Section §21.825(a) of the Board's Regulations.

- All attachments **must be numbered** as indicated below
- If submitting multiple pages, include provider name on the top of each attachment

<u>Label:</u>	<u>Description:</u>
1	The full name and address of the provider
2	The title of the program
3	The dates and location(s) of the program
4	The faculty names, titles, affiliations, degrees and areas of expertise
5	The schedule of the program – title of subject, lecturer and time allocated
6	The total number of hours requested
7	The method of certifying attendance, and certificate of attendance to be provided to course participants (as applicable)
8	The course objectives
9	The target audience
10	The core subjects
11	The program director
12	The instruction and evaluation methods
13	Other information requested in writing by the Board (you will be notified if additional information is required after the evaluation of your application).

Section III: FACULTY INFORMATION FORM (Please make copies as needed)

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

FACULTY NAME & TITLE	
AFFILIATION(S)	
DEGREE(S) & AREA(S) OF EXPERTISE	

(PRINT NAME OF CONTINUING EDUCATION PROVIDER HERE)



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

PHONE: (717) 783-7142
www.dos.state.pa.us/nurse

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

PA CE Provider Number: _____

DRAFT RENEWAL OF CONTINUING EDUCATION (CE) PROVIDER ACTIVITY

Attach the \$35 fee and mail this **completed** form to the Board to renew the Board's approval for the CE activity number referenced above. Your initials on each item below indicate that these items have not changed. A *Letter of Approval* will follow as applicable. Sign and date this form in the space provided. **DO NOT FAX OR ATTACH THIS FORM TO AN EMAIL.**

Please initial each unchanged item below for the CE activity.

____ Name and address of the provider

____ Title of the activity

____ Faculty qualifications

____ Schedule of the activity, including for activities with multiple presenters, the title of each subject, lecturer and time allotted

____ Hours of continuing education

____ Method of certifying and assuring attendance, and draft certificate of attendance to be provided to course participants

____ Course objectives

____ Curriculum

____ Target audience

____ Program coordinator

____ Instruction methods

____ Evaluation methods

SIGNATURE

DATE

NOTE: A new application and fee must be submitted if the curriculum content or faculty of this CE Activity change. Applications are available at www.dos.state.pa.us/nurse. Credit will only be granted for program offerings during the approval dates.

**STATE BOARD OF NURSING
CURRENT FINANCIAL STATUS**

LICENSE COUNT	CURRENT RENEWAL FEE	TOTAL RENEWAL FEES
221,633	\$ 65.00	\$ 14,406,145.00
54,210	\$ 60.00	\$ 3,252,600.00
12,371	\$ 75.00	\$ 927,825.00
4,304	\$ 63.00	\$ 270,762.00
12,942	\$ 23.00	\$ 313,550.00
222	\$ 50.00	\$ 11,000.00
305,792		\$ 19,191,482.00
		\$ 3,853,000.00
		\$ 1,681,000.00
		\$ 24,645,482.00

LICENSE CLASSES

Registered Nurse
Licensed Practical Nurse
Certified Registered Nurse Practitioner
Dietician-Nutritionist (LDH)
Prescriptive Authority
Critical Nurse Specialist

TOTAL RENEWAL REVENUE:
TOTAL APPLICATION FEES:
TOTAL OTHER NON-RENEWAL REVENUE:
TOTAL BOARD REVENUE:

PRIOR INCREASE IN FEES WAS IN FY2010 DUE TO
THE ADDITION OF THE NURSE PEEP ASSISTANCE
PROGRAM.

FINANCIAL STATUS	Actual FY 15-16	Actual FY 16-17	Projected FY 16-19	Projected FY 17-18	Projected FY 18-19	Projected FY 19-20	Projected FY 20-21	Projected FY 21-22	Projected FY 22-23	Projected FY 23-24	Projected FY 24-25	Projected FY 25-26	Projected FY 26-27	Projected FY 27-28
Beginning Balance:	1,461,187.55	(416,132.00)	(6,900,865.67)	(4,821,965.67)	(6,900,865.67)	(11,241,385.67)	(15,882,865.67)	(19,893,865.67)	(24,488,865.67)	(28,905,865.67)	(33,799,865.67)	(41,487,865.67)	(49,909,865.67)	(57,166,865.67)
Revenue:	12,066,799.53	10,310,767.70	12,951,000.00	11,081,000.00	12,958,000.00	11,081,000.00	12,958,000.00	11,081,000.00	12,958,000.00	11,081,000.00	12,958,000.00	11,081,000.00	12,958,000.00	11,081,000.00
Total Available:	13,527,937.18	9,898,635.70	4,122,134.33	6,006,134.33	6,006,134.33	(150,488.67)	(2,887,865.67)	(7,882,865.67)	(11,483,865.67)	(17,683,865.67)	(22,793,865.67)	(30,439,865.67)	(46,914,865.67)	(64,116,865.67)
Expenses/Budget:	13,942,029.18	14,717,441.37	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00	15,082,000.00
Remaining Balance:	(414,132.00)	(4,821,865.67)	(6,900,865.67)	(11,241,385.67)	(9,088,865.67)	(15,882,865.67)	(19,893,865.67)	(24,488,865.67)	(28,905,865.67)	(33,799,865.67)	(41,487,865.67)	(49,909,865.67)	(57,166,865.67)	(64,116,865.67)

**STATE BOARD OF NURSING
PROPOSED BIENNIAL RENEWAL FEE INCREASE - EFFECTIVE APRIL 2019
OPTION 4**

BOARD APPROVED 10/27/2016

PROPOSED FEE INCREASE IS SCHEDULED TO
TAKE EFFECT IN FY2016-2019.

PRIOR INCREASE IN FEES WAS IN FY2010 DUE TO
THE ADDITION OF THE NURSE PEER ASSISTANCE
PROGRAM.

LICENSE COUNT	CURRENT RENEWAL FEE	TOTAL RENEWAL FEES	LICENSE COUNT	PROPOSED RENEWAL FEE	TOTAL REVENUE
221,633	\$ 63.00	\$ 14,000,145.00	221,633	\$ 122.00	\$ 27,039,228.00
54,210	\$ 60.00	\$ 3,252,600.00	54,210	\$ 78.00	\$ 4,110,960.00
12,371	\$ 75.00	\$ 927,825.00	12,371	\$ 91.00	\$ 1,000,951.00
4,304	\$ 65.00	\$ 279,760.00	4,304	\$ 71.00	\$ 305,584.00
12,542	\$ 25.00	\$ 313,550.00	12,542	\$ 41.00	\$ 514,722.00
232	\$ 50.00	\$ 11,500.00	232	\$ 58.00	\$ 12,982.00
305,292		\$ 19,191,480.00	305,292		\$ 32,994,035.00
		\$ 3,253,060.00			\$ 4,361,530.00
		\$ 1,581,000.00			\$ 1,581,000.00
		\$ 24,045,480.00			\$ 41,027,588.00
				(FY19-20/FY20-21)	\$ 41,027,588.00

LICENSE CLASSES

Registered Nurse
Licensed Practical Nurse
Certified Registered Nurse Practitioner
Delegation-Nurse (LDN)
Prescriptive Authority
Child Nurse Specialist

TOTAL RENEWAL REVENUE:
TOTAL APPLICATION FEES:
TOTAL OTHER NON-RENEWAL REVENUE:
TOTAL BOARD REVENUE:

FINANCIAL STATUS	CURRENT YEAR			PROJECTED FEE									
	Actual FY 15-16	Actual FY 16-17	Projected FY 17-18	Projected FY 18-19	Projected FY 19-20	Projected FY 20-21	Projected FY 21-22	Projected FY 22-23	Projected FY 23-24	Projected FY 24-25	Projected FY 25-26	Projected FY 26-27	Projected FY 27-28
Beginning Balance:	1,461,187.55	(415,132.00)	(4,821,865.67)	(6,908,865.67)	(7,351,865.67)	(8,477,865.67)	1,977,134.33	7,527,134.33	9,046,134.33	13,238,134.33	13,245,134.33	18,068,134.33	14,647,134.33
Revenue:	12,065,709.63	10,310,707.70	12,995,000.00	14,941,000.00	22,196,000.00	18,031,000.00	22,196,000.00	18,431,000.00	22,196,000.00	18,031,000.00	22,196,000.00	18,031,000.00	22,196,000.00
Total Available:	13,526,897.18	9,895,575.70	8,173,134.33	8,032,134.33	14,844,134.33	17,963,134.33	24,173,134.33	26,358,134.33	31,242,134.33	32,068,134.33	35,541,134.33	37,899,134.33	36,843,134.33
Expenses/Budget:	13,942,028.18	14,717,441.37	15,042,000.00	15,384,000.00	15,682,000.00	16,006,000.00	16,646,000.00	17,312,000.00	18,004,000.00	18,724,000.00	19,413,000.00	20,252,000.00	21,062,000.00
Remaining Balance:	(415,132.00)	(4,821,865.67)	(6,908,865.67)	(7,351,865.67)	(8,477,865.67)	(1,977,134.33)	7,527,134.33	9,046,134.33	13,238,134.33	13,245,134.33	18,068,134.33	14,647,134.33	15,781,134.33

Commonwealth of Pennsylvania

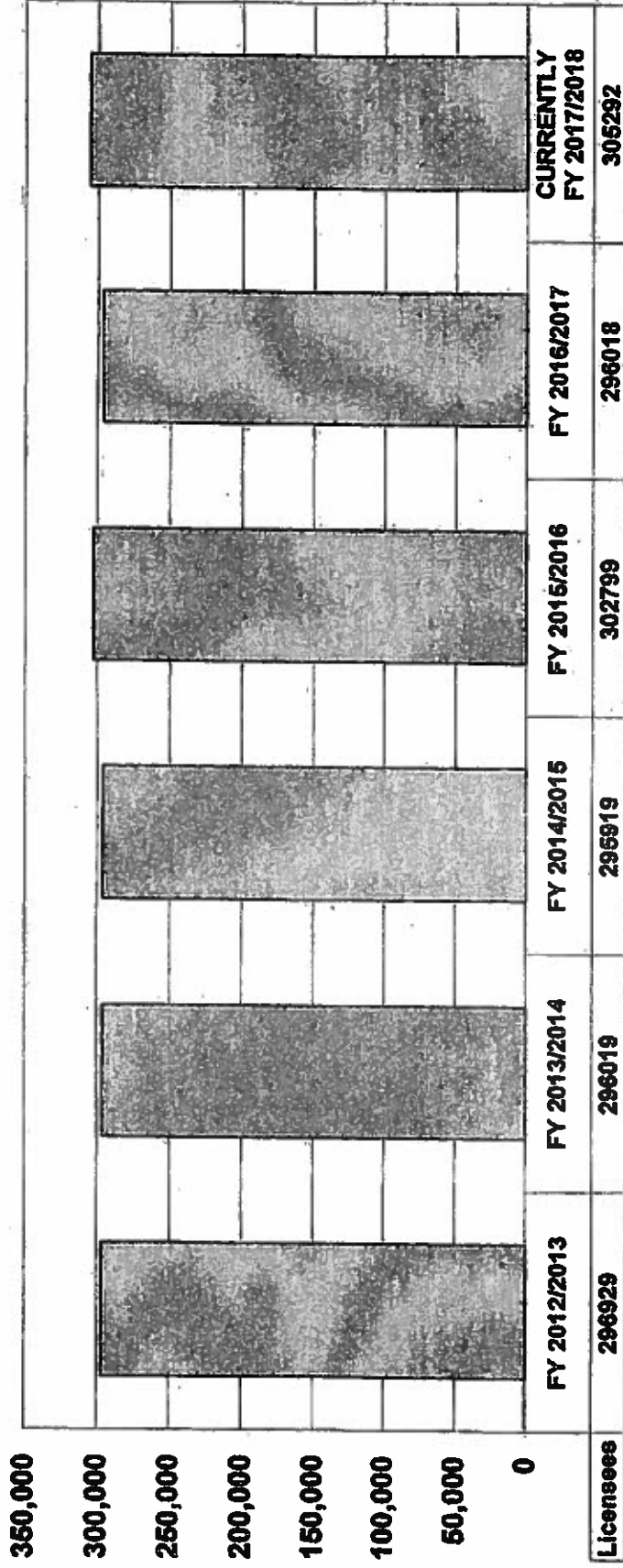


DEPARTMENT OF STATE

STATE BOARD OF NURSING

**FY 2016-2017 EXPENDITURES
FY 2017-2018 BUDGET INFORMATION
FY 2018-2019 BUDGET PLANNING**

STATE BOARD OF NURSING RENEWABLE LICENSEE COUNTS



LICENSEES BY CLASS

	FY 15-16	FY 16-17	FY 17-18
Registered Nurse	217,942	217,808	221,633
Practical Nurse	58,669	51,178	54,210
Certified Registered Nurse Practitioner	10,599	11,369	12,371
Dietitian-Nutritionist (LDN)	4,182	3,982	4,304
Prescriptive Authority	11,088	11,454	12,542
Clinical Nurse Specialist	219	227	232
TOTAL	302,799	296,018	305,292

REVENUE BY SOURCE DEFINITIONS

Renewals: Revenue collected from license and certificate renewal fees during the renewal period.

Applications: Revenue collected for applications received from candidates for new licensure, certification or registration.

Letters of Good Standing/Certifications: Revenue collected for requests from licensees and certificate holders for Letters of Good Standing and Certifications. These letters and certifications are used by the licensees or certificate holders to send to other jurisdictions to verify that the holder of the license or certificate is in "good standing" with the Commonwealth of PA.

Act 48: Revenue collected from citations issued and civil penalties imposed by the Bureau of Enforcement and Investigation's inspectors for non-compliance to standards found during routine inspections.

Civil Penalties: Revenue deposited as a result of penalties imposed for an offense that violates the Board or Commission's licensing laws and/or regulations.

Licensee List: Revenue collected for licensee list requests from the public through the Bureau of Professional and Occupational Affairs. The information provided on these lists include name, address, license number, county, certification and expiration date.

Investigations: Revenue collected for the reimbursement of investigations.

DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

STATE BOARD OF NURSING
FY15-16 AND FY16-17 SOURCES OF REVENUE

<u>REVENUE BY SOURCE</u>	<u>FY15-16 ACTUAL</u>	<u>FY16-17 ACTUAL</u>	<u>BIENNIAL TOTAL</u>
Renewals	9,818,990.00	7,703,192.00	17,522,182.00
Applications	1,527,934.75	1,759,862.50	3,287,797.25
Letters of Good Standing/Certifications	509,415.00	541,555.00	1,050,970.00
Civil Penalties	45,494.00	41,101.00	86,595.00
Act 48	30,250.00	16,725.00	46,975.00
Investigations	3,900.85	4,248.00	8,148.85
Licensee List	129,725.03	244,024.20	373,749.23
TOTAL REVENUE	<u>12,065,709.63</u>	<u>10,310,707.70</u>	<u>22,376,417.33</u>

Biennial Renewal Fees: Last fee increase was in 2010 (Application and Renewal Fee Increase approved 10/2016 - effective FY18-19)

- Registered Nurse - \$65.00 (new approved fee - \$122.00)
- Clinical Nurse Specialist - \$60.00 (new approved fee - \$66.00)
- Certified Registered Nurse Practitioner - \$75.00 (new approved fee - \$81.00)
- Prescriptive Authority Approval - \$25.00 (new approved fee - \$41.00)
- Practical Nurse - \$60.00 (new approved fee - \$76.00)
- Dietitian-Nutritionist - \$65.00 (new approved fee - \$71.00)

COST CATEGORY DEFINITIONS

Board Administration: Timesheet based staff expenses (personnel, operating and fixed assets) for the licensing divisions in the Bureau of Professional and Occupational Affairs. Direct charges, such as printing and mailing costs for board and commission renewal notices, informational handouts, Acts, Rules and Regulations are included in this cost category. Operating and fixed asset expenses that are distributed based on their benefit to the board using licensee population, such as License 2000, copy paper, Data PowerHouse, staff augmentations for BPOA, Penn Center lobby security, and interagency billings (i.e., Civil Service Commission, Comptroller's Office, etc.).

Commissioner's Office: Timesheet based staff expenses (personnel, operating and fixed asset charges) for those staff assigned to the Commissioner's Office.

Revenue Office: Timesheet based staff expenses (personnel, operating and fixed asset charges) for those staff assigned to the Revenue Office, which handles license renewals and application fees as well as other sources of revenue.

Departmental Services: Timesheet based charges for support provided by the various support offices within the agency. These include the Executive Office, which consists of offices of the Secretary of the Commonwealth, the Executive Deputy Secretary, the Deputy of Administration, the Deputy Secretary of Regulatory Programs, the Chief Information Office, Office of Policy, Office of Chief Counsel, Office of Communications and Press, and Office of Legislative Affairs. In addition, costs are included for the offices of Bureau of Management Information Services, Bureau of Finance and Operations and Human Resource Office.

Legal Office: Timesheet based staff expenses (personnel, operating and fixed assets) for board counsel, board prosecutors, legal review of policy and regulatory matters, and support staff. Examples of direct charges are expert witness services and advertising costs of license suspensions, revocations or fines assessed.

Hearing Expenses: Timesheet based staff expenses (personnel, operating and fixed assets) for staff assigned to the Hearing Examiners' Office. There are also direct charges for hearing related expenses such as court reporting services.

Enforcement and Investigation: Timesheet based staff expenses (personnel, operating and fixed assets) are captured for headquarters and the four regional offices.

Professional Compliance Office: Timesheet based staff expenses (personnel, operating and fixed assets) for staff assigned to the Professional Compliance Office.

Board Member Expenses (direct charges): Board member per diem, conference registration fees, nameplates, travel expenses and membership dues for national professional organizations.

Professional Health Monitoring Program (client based): Staff expenses (personnel, operating and fixed assets) are distributed based on the number of clients for each of the participating licensing boards in this program.

Nurse Peer Assistance Program: The program in which licensed professionals suffering from a physical or mental impairment receive assistance from a peer to help them resolve these issues.

DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

STATE BOARD OF NURSING

A	B	C	D	E
COST CATEGORY	FY 2015-2016 ACTUAL EXPENSES	FY 2016-2017 ACTUAL EXPENSES	FY 2017-2018 BUDGET	FY 2017-2018 EXPENSES AS OF 1/11/2018
ADMINISTRATIVE COSTS:				
Board Administration	4,123,084.03	4,578,940.78	4,556,000.00	1,900,817.67
Commissioner's Office	233,134.13	289,919.77	270,000.00	112,439.86
Revenue Office	137,331.48	145,742.22	138,000.00	57,674.42
Departmental Services	1,430,789.52	1,473,010.21	1,508,000.00	430,176.36
Board Member Expenses	43,415.81	49,891.95	58,000.00	18,521.20
LEGAL COSTS:				
Legal Office	3,650,036.45	3,700,132.80	3,825,000.00	1,794,805.86
Hearing Expenses	521,892.55	514,674.99	580,000.00	286,432.08
Professional Compliance Office	491,109.91	555,923.37	650,000.00	322,717.20
Enforcement and Investigation	1,823,917.00	1,988,321.73	2,135,000.00	1,014,635.19
PHMP	646,342.32	598,887.55	543,000.00	228,094.30
Nurse Peer Assistance Program	840,996.00	840,996.00	841,000.00	630,747.00
TOTAL BOARD COSTS:	13,942,029.18	14,717,441.37	15,082,000.00	6,794,660.94

FINANCIAL STATUS	PROPOSED			
	ACTUAL FY 15-16	ACTUAL FY 16-17	BUDGET FY 17-18	BUDGET FY 18-19*
BEGINNING BALANCE:	1,461,187.55	(415,132.00)	(4,821,865.67)	(6,908,865.67)
REVENUE:	12,065,709.63	10,310,707.70	12,995,000.00	14,941,000.00
TOTAL REVENUE:	13,526,897.18	9,895,575.70	8,173,134.33	14,944,134.33
EXPENSES/BUDGET:	13,942,029.18	14,717,441.37	15,082,000.00	15,892,000.00
REMAINING BALANCE:	(415,132.00)	(4,821,865.67)	(6,908,865.67)	(847,865.67)
				1,977,134.33

*Application and Renewal Fee increase effective during FY18-19.

CATEGORY DESCRIPTION

BOARD PER DIEMS: Daily per diem per board member.

BOARD BENEFITS: Paid benefits for social security, medicare, etc against the daily per diem per board member.

BOARD TRAVEL: Regularly scheduled board meetings; special board meetings, hearings, committee meetings; conferences, trainings, special requested board meeting attendance. All travel includes hotel rooms, meals, ground transportation, airline tickets, and shuttle costs per person.

BOARD CONFERENCE REGISTRATIONS: Registrations for each participant who is required to pay a conference fee.

BOARD OFFICE SUPPLIES: Office supplies used to sustain the board's needs.

BOARD PRINTING COSTS: Cost to print nameplates for board members.

MEMBERSHIP DUES: The costs attributed to membership in national and state associations related to board operations.

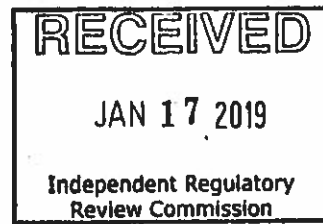
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

STATE BOARD OF NURSING

CATEGORY	FY15-16		FY16-17		FY17-18		FY17-18		FY18-19	
	ACTUAL	EXPENSES	ACTUAL	EXPENSES	BUDGETED	AS OF 1/10/2018	EXPENSES	AS OF 1/10/2018	REQUEST	REQUEST
<u>BOARD MEMBER EXPENSES:</u>										
Board Per Diems	\$10,580.00		\$11,700.00		\$14,000.00		\$6,360.00		\$14,000.00	
Board Benefits	\$966.24		\$1,070.55		\$1,400.00		\$581.94		\$1,400.00	
Board Travel	\$31,359.57		\$32,854.90		\$37,000.00		\$11,146.72		\$37,000.00	
Board Conference Registrations	\$500.00		\$4,445.00		\$5,500.00		\$0.00		\$5,500.00	
Board Office Supplies	\$0.00		\$21.50		\$50.00		\$0.00		\$50.00	
Board Printing Costs	\$30.00		\$0.00		\$50.00		\$8.00		\$50.00	
Membership Dues	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
TOTAL:	\$43,415.81		\$49,891.95		\$58,000.00		\$18,096.66		\$58,000.00	

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

(Pursuant to Commonwealth Documents Law)



DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to
form and legality. Attorney General

BY: *Ray M. Elliott*
(DEPUTY ATTORNEY GENERAL)

JAN 07 2019

DATE OF APPROVAL

Copy below is hereby certified to be a true and correct
copy of a document issued, prescribed or promulgated by:

State Board of Nursing
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 16A-5142

DATE OF ADOPTION: *Linda L. Kmetz*

BY: *Linda L. Kmetz*
Linda L. Kmetz, PhD, RN

TITLE: Chairperson
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

| | Check if applicable
Copy not approved.
Objections attached.

Copy below is approved as
to form and legality.
Executive or Independent
Agencies.

BY: *Marissa H. Z. Zehn*

DEC 14 2018

DATE OF APPROVAL

(Executive Deputy General Counsel
Strike inapplicable title)

| | Check if applicable. No
Attorney General approval or
objection within 30 day after
submission.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
49 PA. CODE, CHAPTER 21**

49 Pa. Code §§ 21.5, 21.147, 21.253, 21.705 and 21.805

FEES

The State Board of Nursing (Board) and the Commissioner of Professional and Occupational Affairs (Commissioner) hereby jointly propose to amend §§ 21.5, 21.147, 21.253, 21.705 and 21.805 (relating to fees) to read as set forth in Annex A. The proposed rulemaking provides for new and increased application fees and increased biennial renewal fees for Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Certified Registered Nurse Practitioners (CRNPs), Licensed Dietitian-Nutritionists (LDNs) and Clinical Nurse Specialists (CNSs), as well as new and increased application fees relating to nursing education programs.

Effective Date

The amendments will be effective upon final-form publication in the *Pennsylvania Bulletin*. It is anticipated that the fees will be implemented in the last quarter of fiscal year (FY) 2018-2019.

Statutory Authority

Section 11.2(a) and (b) of the Professional Nursing Law (RN Law) (63 P.S. § 221.2(a) and (b)) and section 17.5(a) and (b) of the Practical Nurse Law (LPN Law) (63 P.S. § 667.5(a) and (b)) require the Board to fix and increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties are not sufficient to meet expenditures over a 2-year period. Additionally, section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P. S. § 279.1(a)(3) and (7)) authorizes the Commissioner to issue all certificates and other official documents of the various professional and occupational examining boards and, unless otherwise provided by law, to fix the fees to be charged by the boards within the Bureau of Professional and Occupational Affairs.

Background and Purpose

Under section 11.2(a) of the RN Law and section 17.5(a) of the LPN Law, the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. In addition, these acts provide that the Board shall increase fees if the revenue raised by fees, fines and civil penalties is not sufficient to meet expenditures over a 2-year period. The Board raises approximately 80 percent of its revenue through biennial renewal fees. The remaining 20 percent of its revenue comes from other fees, fines and civil penalties. If revenue is inadequate to meet the minimum enforcement efforts required, section 11.2(b) of the RN Law and section 17.5(b) of the LPN Law require the Bureau of Professional and Occupational Affairs (Bureau), after consultation with the Board, to increase the fees such that adequate revenues are raised to meet the required enforcement effort.

The Board receives an annual report from the Department of State's Bureau of Finance and Operations (BFO) regarding the Board's income and expenses. On February 23, 2015, BFO advised the Board that it would be necessary to raise its biennial renewal fees to meet current and projected expenses and recommended an increase for RNs, LPNs and LDNs. BFO noted that the Board has

incurred significant increases in legal, hearing examiner and enforcement and investigation expenses. The Board attributes these increases to the rapid rise in the number of disciplinary matters that have resulted based upon the criminal information that the Board receives from the Pennsylvania Justice Network (JNET), the disciplinary information it receives from the National Council of State Boards of Nursing's NURSIS verification databases, as well as self-reports by licensees required by §§ 21.29a and 21.156b (relating to reporting of crimes and disciplinary action). BFO expects these increases to continue as these information-generating methods have resulted in increased open cases, the performance of additional mental and physical examinations by contractors on behalf of the Board, and increased investigations and data collection by the Bureau of Enforcement and Investigation.

Unlike the licensees of other licensing Boards within the Bureau, RNs, CRNPs and CNSs biennially renew in four cohorts over the biennial period (April and October each year) in addition to the biennial renewal for LPNs (June of even-numbered years) and LDNs (September of even-numbered years). During their conversations, BFO and the Board discussed the fact that, other than an increase in biennial renewal fees for the licensure classes in 2010, none of the Board's other applications and services had been analyzed to determine whether the Board was recouping the actual costs associated with the services being provided. The Board noted that some of its application fees had not been increased since about 1987. BFO suggested that rather than promulgating the recommended biennial renewal fee increase, the Board may wish to review its operations and determine whether the application fees sufficiently covered the costs of the services being provided. Thereafter, if necessary, the amount of the biennial renewal increases could be determined.

As a result of these discussions, the Bureau's Revenue Office and Board staff conducted a review of the operations conducted by the Board. The fees for services for licensees, applicants and nursing education programs were analyzed to determine if the fees reflected the actual cost of providing the services. Actual cost calculations are based upon the following formula:

$$\begin{array}{c} \text{number of minutes to perform the function} \\ \times \\ \text{pay rate for the classification of the personnel performing the function} \\ + \\ \text{a proportionate share of administrative overhead} \end{array}$$

The analysis determined that current fees do not accurately reflect the actual cost of processing the following applications and services: licensure by examination, licensure by endorsement, re-examination, initial and extension of graduate nurse (GPN) and temporary practice permits (TPPs), review and challenge of examinations, reactivation (after 5 years), restoration (following revocation or suspension), verification of licensure with and without histories, approval of new nursing education programs, review of stand-alone courses requiring Board approval, review of non-

preapproved continuing education activities, review of nursing education program annual reports and curriculum changes after initial approval, and survey visits of new nursing education programs.

Following the Board's review of all of the services being provided by the Board and the costs associated with those services, on September 16, 2016, BFO again met with the Board and provided an updated recommendation regarding biennial fee increases. BFO offered three options for increases to RN, LPN and LDN biennial renewal fees: \$27, \$45 or \$50. The Board determined that: (1) the lower recommendations would not stem the deficits appropriately, (2) CRNPs with prescriptive authority authorizations (CRNP-PA) and CNSs should also pay increased renewal fees as there are additional costs associated with these additional authorizations/licenses, (3) LPNs should pay a lower renewal fee accounting for the disparity in the number of LPNs and the Board's disciplinary and administrative workload related to LPNs, and (4) the CRNP-PA renewal fee should be 50% of the determined CRNP renewal fee. The Board asked BFO to offer another recommendation based on this discussion. BFO returned to the Board's October 27, 2016, meeting to present its revised recommendation, at which time the Board agreed to initiate the rulemaking process to raise fees accordingly.

During BFO's presentations in 2015, 2016, 2017 and again at its January 19, 2018, meeting, BFO reported that the Board would face an inability to meet its obligations if fees were not increased. Using the most recent fiscal information, BFO advised the Board that for the biennial period that included FY 2013-2014 and FY 2014-2015, the Board's 2-year expenditures were \$23,444,076 and its revenue was \$22,056,032, for an operating deficit of \$1,388,044. For the biennial period FY 2015-2016 and 2016-2017, the Board's 2-year expenditures were \$28,659,470 and its revenue was \$22,376,417, for an operating deficit of \$6,283,053. These operational deficits have depleted the Board's reserves, leaving the Board with a negative balance of \$415,132 at the end of FY 2015-2016 and a negative balance of \$4,821,865.67 at the end of FY 2016-2017. BFO estimates a projected negative balance of \$6,908,865.67 at the conclusion of FY 2017-2018 and \$11,241,865.67 by the end of FY 2018-2019. Without a fee increase, BFO projects accumulating deficits increasing to approximately \$57,000,000 by the end of FY 2026-2027.

However, if the application and renewal fees are increased as proposed, BFO projects biennial revenues of \$41,027,000, while projected expenditures for the next 5 biennial periods are projected at \$31,698,000 for FY 2019-2020 and FY 2020-2021, \$33,776,000 for FY 2021-2022 and FY 2022-2023, \$36,728,000 for FY 2023-2024 and 2024-2025 and \$39,725,000 for FY 2025-2026 and 2026-2027. These increases would permit the Board to recoup the accumulated deficits and result in a positive balance in the Board's account, estimated at approximately \$15,000,000 by the end of FY 2026-2027 (an amount that is less than one year's operating budget).

Accordingly, BFO recommended, and the Board agreed, to amend a total of 68 fees, consisting of 39 existing application fees, 6 existing biennial renewal fees and 23 new and existing fees for education-related services, some of which had previously not resulted in a charge to applicants or licensees. The Board sent the proposal to its stakeholders on November 4, 2016,

inviting their input. On January 31, 2017, the Board reviewed the stakeholder comments and voted to adopt the fees in proposed form. The Board believes that the proposed fees will be adequate to cover operating expenses through at least FY 2027-2028.

The last increase to RN and LPN licensure by examination fees for graduates of Board-approved nursing education programs, RN and LPN re-examination fees, and RN and LPN verification of licensure fees was on December 26, 1987, when the RN examination and re-examination fees increased from \$24 to \$35, the LPN examination and re-examination fees increased from \$18 to \$35 and a new verification of licensure fee for RNs and LPNs was established at \$15. See 17 *Pa. B.* 5329.

The last increase to RN and LPN licensure by examination fees for graduates of out-of-State nursing education programs, RN and LPN licensure by endorsement (with and without examination) fees, RN and LPN TPP initial and extension fees, RN and LPN review and challenge of examination fees, RN and LPN reactivation (after 5 years) fees, RN and LPN restoration (after revocation or suspension) fees, RN and LPN verification of licensure (with histories) fees, and CRNP application for certification fees (graduates of Board-approved and out-of-State nursing education programs) was on June 17, 2000. See 30 *Pa. B.* 3040. The RN and LPN licensure by examination fees for graduates of out-of-State nursing education programs increased from \$30 to \$100, the RN and LPN licensure by endorsement without examination fees increased from \$25 to \$100, the RN and LPN TPP fees increased from \$20 to \$35, the RN and LPN review and challenge of examination fees increased from \$130 to \$170, the RN and LPN reactivation (after 5 years) fees increased from \$20 to \$50, the RN and LPN restoration (after revocation or suspension) fees increased from \$20 to \$50, and the CRNP application for certification fees for graduates of Board-approved nursing education programs increased from \$45 to \$100. Additionally, the \$135 fee for RN and LPN licensure by endorsement with examination, the \$60 RN and LPN TPP/GPP extension fees, the \$40 RN and LPN verification of licensure (with histories) fees, and the \$100 CRNP application for certification fees for graduates of out-of-State nursing education programs were also added on June 17, 2000.

The last increase to the application fees for approval of new RN, LPN and CRNP nursing education programs was on June 3, 2006 when the RN and LPN nursing education program fees increased from \$475 to \$935 and the CRNP nursing education program fees increased from \$475 to \$735. See 36 *Pa. B.* 2673.

The last increase to biennial renewal fees for nurses occurred on August 21, 2010, when the fee for LPNs was increased from \$40 to \$60, the fee for RNs was increased from \$45 to \$65, the fee for CRNPs was increased from \$50 to \$75 and the fee for LDNs was increased from \$45 to \$65. See 40 *Pa. B.* 4755. The biennial renewal fee for CNSs of \$50 was established on July 17, 2010. See 40 *Pa. B.* 3944. The biennial renewal fee for CRNP-PA of \$25 was established on November 19, 2005. 35 *Pa. B.* 6658. Neither the CNS nor CRNP-PA biennial renewal fees have ever been adjusted since their inception.

The \$50 CRNP-PA application fees and the \$30 additional prescriptive authority fee were established on November 19, 2005. See 35 *Pa. B.* 6658. The \$100 approval of a non-preapproved CRNP continuing education provider fee was established on July 5, 2008. See 38 *Pa. B.* 3656. The \$75 per hour approval of a non-preapproved RN continuing education provider fee was established on July 12, 2008. See 38 *Pa. B.* 3796. All LDN application fees were established on April 19, 2006 while all CNS fees were established on July 17, 2010. See 36 *Pa. B.* 2396 and 40 *Pa. B.* 3944. None of these fees have been revised since their establishment.

Currently there are no fees being charged for the approval of non-preapproved LDN continuing education activities/providers, renewal of non-preapproved RN, CRNP, LDN and CNS continuing education activities/providers, review of the annual compliance report for Board-approved nursing education programs, review of Board-approved nursing education program curriculum changes, and survey visits for new nursing education programs. The Board's nursing education advisers dedicate significant time to these activities, the costs of which are not covered by the initial approval fee. There are also no fees being imposed for the Board's review of stand-alone course evaluations that require Board approval such as the reactivation courses, IV-therapy courses and advanced pharmacology courses. Additionally, no fees are currently being charged for CRNP verification of certification with or without histories and restoration of CRNP certifications and prescriptive authority authorizations (after suspension or revocation).

Description of Amendments

The Board proposes to amend §§ 21.5, 21.147, 21.253, 21.705 and 21.805 to update its fee schedules. Specifically, the proposal would amend §§ 21.5 and 21.147 to increase fees for RN and LPN licensure by examination for graduates of Board-approved nursing education programs from \$35 to \$95 and applications for graduates of out-of-State nursing education programs from \$100 to \$115. The difference in cost for graduates of Board-approved programs and out-of-State programs is related to the evaluation of transcripts to determine equivalency with the course of study required in the Commonwealth as required by section 7 of the RN Law (63 P.S. § 217) and section 6 of the LPN Law (63 P.S. § 656). RN and LPN re-examination fees would increase from \$30 to \$75. Currently all RN and LPN licensure by endorsement applicants pay a \$100 application fee. For those who are also required to take the licensure examination as part of the endorsement application, a processing fee is charged to make the applicants eligible to take the examination. In this proposal, the application fee for licensure by endorsement (without examination) would increase from \$100 to \$120. Additionally, for ease of calculation for applicants for licensure by endorsement who are required to take the licensure examination, the Board included a new fee for RN and LPN licensure by endorsement applications with examination of \$145 (to incorporate the processing fee mentioned above).

RN and LPN TPP applications would increase from \$35 to \$70 and TPP extensions would increase from \$60 to \$85. The cost for the extensions are greater than for the initial TPP because the extension applications require a review of the applicants' compliance with §§ 21.7 and 21.149

(relating to temporary practice permits).

RN and LPN applications to review and challenge the licensure examinations would increase from \$170 to \$435. Challenges to the licensure examinations require an advisor to schedule a review time for the examination vendor and the applicant, attend the meeting wherein the challenged questions and responses are discussed and report the vendor's results to the applicant. The proposed fee captures these costs.

Reactivations of RN and LPN licenses that have lapsed or been inactive for 5 or more years would increase from \$50 to \$130 to assure compliance with the continued competency requirements in §§ 21.30a and 21.156a (relating to continued competency). No change is being made in §§ 21.705 and 21.805 to the related LDN and CNS fees for reactivation after 5 or more years as the current fee covers the review conducted. No additional fee is being charged for CRNP reactivations as minimal additional review services are required. Restorations following a revocation or suspension of RN, LPN, LDN and CNS licenses would increase from \$50 to \$60. The proposal would also add restoration fees following a revocation or suspension of certification for CRNPs in § 21.253.

Currently the public may verify a professional/occupational license online for free from the Department's PA Licensing System (PALS) at www.pals.pa.gov/verify. Nonetheless, there are times when licensees or their employers desire verifications that include the Bureau's seal. In this proposal, the Board would increase the verification of licensure/certification for RNs, LPNs, CRNPs, LDNs, and CNSs to \$45. Verifications with history for RNs and LPNs would increase from \$40 to \$50, for LDNs from \$25 to \$50 and CNSs from \$30 to \$50. A new fee of \$50 will be added for CRNP verification of certification with history. In addition to the licensure/certification information, verifications with history include examination, education and discipline information.

The application fee for CRNP certification for graduates of Board-approved nursing education programs does not change in this proposal. The certification applications for CRNPs who graduated from out-of-State nursing education programs would increase from \$100 to \$140 in the same way that the RN and LPN licensure by examination fees for out-of-State programs are slightly higher than for Board-approved programs. Additionally, CRNP initial prescriptive authority applications would increase from \$50 to \$95 and additional prescriptive authority applications would increase from \$30 to \$45. These fees include the costs associated with processing subsequent updates to the prescriptive authority collaborative agreements as required by § 21.285(b) (relating to prescriptive authority collaborative agreements). The Board receives approximately 200 prescriptive authority updates weekly.

Licensure applications for LDNs would increase from \$45 to \$95. CNS certification application fees would increase from \$100 to \$115.

The Board and the Commissioner also propose increases to existing application fees and additional fees for Board-approved nursing education programs. The Board's review of nursing

education programs is three-fold under sections 6.1 and 6.2 of the RN Law (63 P.S. §§ 216.1 and 216.2) and section 9 of the LPN Law (63 P.S. § 659): (1) review and approve new nursing education programs; (2) monitor Board-approved programs' compliance with the Board's regulations through annual report submissions, and for RN programs, triennial site visits; and (3) prepare and make available for public distribution lists of all approved nursing education programs. The review of a new nursing education program is extensive as it requires consideration of the program's rationale, organization and administrative policies, administrative structure, proposed curriculum (including a review of course descriptions, curriculum plan of study, syllabi, course sequencing, and clinical sites), student policies, budgets, facilities for administration and teaching, and faculty qualifications. In addition to requiring a significant amount of review time by the Board's advisors, new nursing education program applications are reviewed by the entire Board following a presentation by the program at a Board meeting. Thereafter, a survey of the nursing education program is conducted by an advisor in accordance with §§ 21.31(a), 21.51(h), 21.172(d) and 21.365(e) (relating to surveys; list of approved nursing education programs; and establishment) to assure conformity with the information in the application. Often, there are several supplementary submissions from the nursing education programs prior to their Board presentation. After a nursing education program is approved, the program is placed on initial status until after a first class is graduated wherein the advisors conduct a second survey, and if the nursing education program achieves the minimum pass rate required in §§ 21.33b and 21.162b (relating to minimum rate for graduates of nursing education programs to pass the National licensure examination), the program receives full approval status.

Annually the 217 total RN, LPN and CRNP Board-approved nursing education programs are required to submit annual compliance reports to the Board through a web-based education program portal and information communication channel. This information technology system, deployed in 2007, fully replaced the traditional paper-based system for the submission of information and documentation regarding faculty, administration, clinical agencies and curriculum. This information and documentation is reviewed by the advisors to assure compliance with Board regulations. Additionally, throughout the year, as faculty directors, clinical agencies and curriculum changes, Board-approved programs are required to report those changes to the Board. Annually, there is about 15-20% turnover in faculty members. In addition, curriculum is updated triennially to comport with changes made to the licensure examination test plan. Significant expenditures of time are allocated by the advisors to review the annual reports and the curriculum changes.

Currently, RN and LPN nursing education programs pay a new program application fee of \$935, while CRNP programs pay a new program application fee of \$735. The Board proposes to increase the fee for applications for approval of new programs to \$2,195 and add a new survey visit fee of \$1,525. Because the survey visit is not conducted until the Board provisionally approves the nursing education program, the \$1,525 fee would not be charged until the survey visit is scheduled after the Board's action. Initially, the Board contemplated conducting the survey visit and charging the fee when the new program application is submitted, however, because physical changes are made while the Board's review is being conducted, the Board believes that it is appropriate to conduct the

survey visit before the program actually accepts students rather than when the program is being conceptualized. Additionally, for RN, LPN and CRNP nursing education programs, the Board proposes to add a \$430 fee for review of Board-approved nursing education programs' annual compliance reports and a \$585 fee for review of curriculum revisions. Currently, there are no fees associated with these activities, although the Board expends significant resources reviewing these reports and curriculum revisions. Because the existing fees do not adequately cover the significant costs incurred by the Board in reviewing, approving and assuring ongoing compliance of nursing education programs, the individual licensees essentially cover these costs through their biennial renewal fees. This rulemaking corrects that inequity. Nursing education programs seeking Board approval should be required to cover all associated costs.

The Board also proposes to add a \$285 application fee for the review and approval of stand-alone courses that require Board-approval. Reactivation programs for RNs and LPNs referenced in §§ 21.30a(a)(2) and 21.156a(a)(2) (related to continued competency) require Board approval as well as LPN IV therapy courses referenced in § 21.145b(b) (relating to IV therapy curriculum requirements) and CRNP advanced pharmacology courses referenced in § 21.283(b)(1)(i) (relating to authority and qualifications for prescribing, dispensing and ordering drugs).

In the area of continuing education, the Board proposes to set the fee for approval for non-preapproved RN, CRNP, LDN and CNS continuing education programs at \$115 per course-hour and \$35 for the renewal of these programs. Currently, the fee for RN and CNS non-preapproved programs is \$75 per course-hour and \$100 total for CRNP non-preapproved programs. There is currently no fee for the approval of LDN non-preapproved continuing education programs or the renewal of any non-preapproved continuing education courses.

The proposal would amend biennial renewal fees for each of the licensure classes. RN renewal fees would increase from \$65 to \$122; LPN renewal fees would increase from \$60 to \$76; CRNP renewal fees would increase from \$75 to \$81; LDN renewal fees would increase from \$65 to \$71; CNS biennial renewal fees would increase from \$50 to \$56; and CRNP prescriptive authority biennial renewal fees would increase from \$25 to \$41. Initially, the Board considered increasing only the biennial renewal fees for RNs, LPNs and LDNs, and making no changes for CRNP, CRNP prescriptive authority and CNS renewal because renewal of the RN license is required as a prerequisite for CRNP, CRNP prescriptive authority and CNS renewal. In subsequent discussions, the Board determined that CRNPs and CNSs should also pay increased renewal fees as there are additional costs associated with the additional licenses/authorizations.

Finally, the Board would combine and amend § 21.705 (c) and (d) to clarify that applicants for licensure as licensed dietitian-nutritionists are required to pay the examination fee to either the Commission on Dietetic Registration or the Board for Certification of Nutrition Specialists, as applicable, in addition to the application fee payable to the Board.

Fiscal Impact and Paperwork Requirements.

The proposed amendments will increase the application and biennial renewal fees for licensees of the Board. As of January 19, 2018, there are approximately 221,633 RNs, 54,210 LPNs, 12,371 CRNPs, 4,304 LDNs, 232 CNSs and 12,542 CRNP prescriptive authority authorizations, for a total of approximately 305,292 licensees/certificate holders who will be required to pay more to renew their licenses/certifications/authorizations when they expire. There are also 217 Board-approved nursing education programs who will be required to pay more for review of their programs. Additionally, there are approximately 38,895 applications filed with the Board annually, including 10,250 applications for licensure by examination, 5,150 applications for licensure by endorsement, 1,400 reexamination applications, 3,740 initial and TPP/GPP extension applications, 450 reactivation applications, 38 restoration applications, 426 applications for verifications of licensure/certifications, 12,135 applications for verifications of licensure/certifications with histories, 300 LDN licensure applications, 1,350 CRNP certification applications, 3,300 prescriptive authority authorizations, 30 CNS certification applications, and 326 applications involving nursing education programs. These fees may be paid by applicants/licensees while others may be paid by their employers should their employers choose to pay these fees. The proposed regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

The proposed rulemaking will require the Board to alter/create applications and biennial forms to reflect the new fees; however, the amendments will not create additional paperwork for the regulated community or for the private sector.

Sunset Date

The Board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned. Additionally, BFO provides the Board with an annual report detailing the Board's financial condition. In this way, the Board continuously monitors the adequacy of its fee schedule.

Regulatory Review

Under section 5(f) of the Regulatory Review Act (71 P. S. § 745.5(f)), on January 17, 2019, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC). A copy of this material is available to the public upon request. On the same date, the Board submitted the proposed rulemaking to the Legislative Reference Bureau for publication in the *Pennsylvania Bulletin*. The Board will submit the proposed rulemaking and required material to the standing committees of the House and Senate no later than the second Monday after the date by which both committee designations have been published in the *Pennsylvania Bulletin*.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days from the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria that 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 and objections raised.

Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding this proposed rulemaking to Regulatory Counsel, State Board of Nursing by mail at P.O. Box 69523, Harrisburg, PA 17106-9523 or by email at RA-STRegulatoryCounsel@pa.gov, within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Please reference (16A-5142 – Fees) when submitting comments.

Linda L. Kmetz, Ph.D., RN
Chairperson

Ian Harlow, Commissioner
Bureau of Professional and Occupational Affairs

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter A. REGISTERED NURSES

GENERAL PROVISIONS

§ 21.5. Fees.

(a) The following application fees are charged by the Board for services provided to licensees and applicants:

[Examination and licensure] <u>Licensure by examination – Board-approved nursing education program graduates</u>	95
Reexamination.....	75
Licensure by endorsement.....	120
<u>Licensure by endorsement with examination</u>	145
Temporary <u>practice</u> permit.....	70
Extension of temporary <u>practice</u> permit.....	85
Fee for review and challenge of RN [exams] <u>exam</u>	435
[Application fee for out-of-State graduates] <u>Licensure by examination – Graduates of out-of-State nursing education programs</u>	115
Verification of licensure.....	45
Reactivation of <u>inactive or lapsed</u> license (5 years or longer).....	130
Restoration after suspension or revocation.....	60
Certification of scores.....	25

[Certification of license] Verification of licensure with history.....\$[40] 50

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of license.....\$[65] 122

(c) The following fees are charged by the Board for services provided to nursing education programs:

Application for approval of new nursing education program.....\$[935] 2,195

Review of curriculum revisions fee.....\$585

Review of annual compliance report fee.....\$430

New nursing education program survey visit fee.....\$1,525

(d) The following fees related to continuing education are charged by the Board:

[Request, under § 21.134(b)(relating to continuing education sources) by a provider of a]
Approval of each hour of registered nurse continuing education activity by sources not listed in §
21.134(a) (relating to continuing education sources) [or an individual seeking credit for a
continuing education activity not pre-approved by the Board, for approval of each hour of
continuing education for which credit is requested].....\$[75] 115

Renewal of approval of registered nurse continuing education activity by sources not listed in §
21.134(a).....\$35

(e) The following fee is charged for evaluations of programs requiring Board
approval under § 21.30a(a)(2)(relating to continued competency).....\$285

(f) In addition to the [examination and licensure fee] fees prescribed in subsection
(a), which [is] are payable directly to the Board, a candidate for the registered nurse licensing
examination shall also pay a fee to the National Council of the State Board of Nursing

(www.ncsbn.org) to cover costs associated with the preparation and administration of the registered nurse licensing examination.

* * * * *

Subchapter B. PRACTICAL NURSES

GENERAL PROVISIONS

§ 21.147. Fees.

(a) The following application fees are charged by the Board for services to licensees and applicants:

[Examination and licensure] <u>Licensure by examination – Board-approved nursing education program graduates</u>	[\$35] 95
Reexamination.....	[\$30] 75
Licensure by endorsement.....	[\$100] 120
<u>Licensure by endorsement with examination</u>	\$ 145
Temporary <u>practice</u> permit.....	[\$35] 70
Extension of temporary <u>practice</u> permit.....	[\$60] 85
Fee for review and challenge of PN [exams] <u>exam</u>	[\$170] 435
[Application fee for out-of-State graduates] <u>Licensure by examination – Graduates of out-of-State nursing education programs</u>	[\$100] 115
Verification of licensure.....	[\$15] 45
Reactivation of <u>inactive or lapsed</u> license (5 years or longer).....	[\$50] 130
Restoration after suspension or revocation.....	[\$50] 60
Certification of scores.....	\$25

[Certification of license] Verification of licensure with history.....\$[40] 50

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of license.....\$[60] 76

(c) The following fees are charged by the Board for services to nursing education programs:

Application for approval of new nursing education program.....\$[935] 2,195

Review of curriculum revisions fee.....\$585

Review of annual compliance report fee.....\$430

New nursing education program survey visit fee.....\$1,525

(d) The following fee is charged for evaluations of curricula and programs requiring Board approval under §§ 21.145b(b) and 21.156a(2) (relating to IV therapy curriculum requirements; and continued competency).....\$285

(e) In addition to the [examination and licensure fee] fees prescribed in subsection (a), which [is] are payable directly to the Board, a candidate for the practical nurse licensing examination shall also pay a fee to the National Council of the State Boards of Nursing (www.ncsbn.org) to cover costs associated with the preparation and administration of the practical nurse licensing examination.

* * * * *

Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS

GENERAL PROVISIONS

§ 21.253. Fees.

(a) The following application fees are charged by the Board for services to licensees and applicants:

CRNP Certification— <u>Board-approved nursing education program graduates</u>	\$100
<u>CRNP Certification—graduates of out-of-State nursing education programs</u>	\$140
Verification of certification	[\$15] 45
<u>Verification of certification with history</u>	\$50
Application for prescriptive authority.....	[\$50]95
Each additional [collaborative agreement] <u>application</u> for prescriptive authority.....	[\$30] 45
<u>Restoration of CRNP certification after suspension or revocation</u>	\$60
<u>Restoration of CRNP prescriptive authority after suspension or revocation</u>	\$60

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of CRNP certification.....	[\$75]81
Biennial renewal of prescriptive authority approval.....	[\$25]41

(c) The following fees for approval and review of CRNP education programs are charged by the Board:

Application for approval of new nursing <u>education</u> program.....	[\$735] 2,195
<u>Review of curriculum revisions fee</u>	\$585
<u>Review of annual compliance report fee</u>	\$430
<u>New nursing education program survey visit fee</u>	\$1,525

(d) The following fee is charged for course evaluations requiring Board approval under § 21.283(b)(1)(i)(relating to authority and qualifications for prescribing, dispensing and ordering drugs).....\$285

(e) The following fees related to continuing education are charged by the Board:

[Application for approval] <u>Approval of each hour of CRNP continuing education [course] activity by sources not listed in § 21.334(a) (relating to sources of continuing education).....</u>	<u>\$[100]115</u>
<u>Renewal of approval of CRNP continuing education activity by sources not listed in § 21.334(a).....</u>	<u>\$35</u>

* * * * *

Subchapter G. DIETITIAN-NUTRITIONISTS

GENERAL PROVISIONS

§ 21.705. Fees.

(a) The following application fees are charged by the Board for services to licensees and applicants:

Application for licensure.....	<u>\$[45] 95</u>
Reactivation of inactive or lapsed license (<u>after 5 years or longer</u>).....	<u>\$50</u>
[License verification fee] <u>Verification of licensure</u>	<u>\$[15] 45</u>
[License certification fee] <u>Verification of licensure with history</u>	<u>\$[25] 50</u>
Restoration after suspension or revocation.....	<u>\$[50] 60</u>
<u>Approval of each hour of LDN continuing education activity by sources not listed in § 21.724(b) (relating to continuing education).....</u>	<u>\$115</u>
<u>Renewal of approval of LDN continuing education activity by sources not listed in § 21.724(b).....</u>	<u>\$35</u>

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of license.....	<u>\$[65] 71</u>
----------------------------------	------------------

(c) In addition to the application fee prescribed in subsection (a), which is payable directly to the Board, a candidate [for the Registration Examination for Registered Dietitians] will also pay an additional examination fee [. A candidate may contact] to the Commission on Dietetic Registration [, 216 West Jackson Blvd., Chicago, IL 60606-6995, www.dcrnet.org for more information regarding the examination and examination fee.

(d) In addition to the application fee prescribed in subsection (a), which is payable directly to the Board, a candidate for the Certification Board for Nutrition Specialists examination for Certified Nutrition Specialists will also pay an additional examination fee. A candidate may contact the Certification] or to the Board for Certification of Nutrition Specialists[, 300 S. Duncan Avenue, Suite 225, Clearwater, FL 33755, www.cbns.org for more information regarding the examination and examination fee] for the examinations set forth in § 21.722(b) (relating to education and examination of applicants).

* * * * *

Subchapter H. CLINICAL NURSE SPECIALISTS

GENERAL PROVISIONS

§ 21.805. Fees.

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

Certification as a CNS.....	\$[100] <u>115</u>
Biennial renewal fee.....	\$[50] <u>56</u>
Restoration of certificate after [sanction] <u>suspension or revocation</u>	\$[50] <u>60</u>
[Restoration] <u>Reactivation</u> of <u>inactive or lapsed</u> certificate [after lapse of] (5 years or [greater] <u>longer</u>).....	\$50
[Fee for verification] <u>Verification</u> of certification.....	\$[15] <u>45</u>

[Fee for certification of license] <u>Verification of certification with history</u>	\$[30] 50
[Application for approval of a] <u>Approval of each hour of CNS continuing education activity by sources not listed in § 21.825(a)(relating to sources of continuing education)</u>	\$[75] 115
<u>Renewal of approval of CNS continuing education activity by sources not listed in § 21.825(a)</u>	\$35

(b) In addition to the application fee prescribed in subsection (a), which is payable directly to the Board, a candidate for National certification will also pay an additional fee to the certifying organization. A candidate may contact the certifying organization for more information regarding the National certification examination and examination fee.



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

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 7837142

January 17, 2019

The Honorable George D. Bedwick, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Nursing
16A-5142: FEES

Dear Chairman Bedwick:

Enclosed is a copy of a proposed rulemaking package of the State Board of Nursing pertaining to Fees.

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

Sincerely,

A handwritten signature in black ink that reads "Ann M. Coughlin".

Ann M. Coughlin, MBA, MSN, RN, Chairperson
State Board of Nursing

AMC/JPS:rs

Enclosure

cc: Ian J. Harlow, Commissioner of
Professional and Occupational Affairs
Kalonji Johnson, Director of Policy, Department of State
Cynthia K. Montgomery, Deputy Chief Counsel
Department of State
Judith Pachter Schulder, Counsel
State Board of Nursing
State Board of Nursing

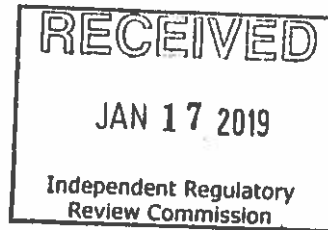
**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-5142

SUBJECT: Fees

AGENCY: DEPARTMENT OF STATE
Bureau of Professional and Occupational Affairs
State Board of Nursing

TYPE OF REGULATION



X Proposed Regulation

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 Disapproved Regulation

a. With Revisions b. Without Revisions

FILING OF REGULATION

<u>DATE</u>	<u>SIGNATURE</u>	<u>DESIGNATION</u>
<i>HOUSE COMMITTEE ON PROFESSIONAL LICENSURE</i>		
_____	_____	MAJORITY CHAIR _____
_____	_____	MINORITY CHAIR _____
<i>SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE</i>		
_____	_____	MAJORITY CHAIR _____
_____	_____	MINORITY CHAIR _____
1/17/19	K Cooper	<i>INDEPENDENT REGULATORY REVIEW COMMISSION</i>
_____	_____	<i>ATTORNEY GENERAL (for Final Omitted only)</i>
1/17/19	Beth A. Pappas	<i>LEGISLATIVE REFERENCE BUREAU (for Proposed only)</i>

January 9, 2019