Regulatory Analysis Form (Completed by Promulgating Agency) (All Comments submitted on this regulation will appear on IRRC's website)	INDEPENDENT REGULATORY REVIEW COMMISSION RECEIVED Independent Regulatory Review Commission September 8, 2026 IRRC Number**: 3426**
(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing	
(2) Agency Number: **16A** Identification Number: **5141**	

(3) PA Code Cite:
49 Pa. Code §§ 21.1, 21.5, 21.11, 21.18, 21.31-21.116, 21.118, 21.121-21.125, 21.141-21.148, 21.161-21.234, 21.251, 21.282a, 21.283, 21.361-21.377, 21.901-21.991.

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

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(6) Type of Rulemaking (check applicable box): ☐ Proposed Regulation ☒ **FINAL REGULATION** ☐ Final Omitted Regulation	☐ Emergency Certification Regulation; ☐ Certification by the Governor ☐ Certification by the Attorney General

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

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

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

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

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

Regarding the fee for IV therapy education evaluations required by 21.943(c) (relating to infusion therapy education requirements) to be imposed under 21.5(e) (relating to fees), section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P.S. § 279.1(a)(3) and (7)) authorizes the Commissioner of Professional and Occupational Affairs to issue all certificates and other official documents of the various professional and occupational examining boards and, unless otherwise provided by law, to fix the fees to be charged by the boards within the Bureau of Professional and Occupational Affairs.

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

No, this rulemaking is not mandated by any Federal or State law or court order, or Federal regulation.

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

This rulemaking consolidates and updates requirements for the three Programs that the board approves: RN Programs, PN Programs and CRNP Programs. Currently, these requirements are divided by licensure type. In this rulemaking, the board places all provisions relating to Programs in new Subchapter I.

As of October 1, 2025, there are 261 Programs in the Commonwealth broken down into 94 RN Programs, 58 PN Programs, and 115 CRNP Programs. Based upon the latest Annual Reports for the 2023-2024 reporting period there are 6,058 faculty members and 29,296 students in Pennsylvania RN and PN Programs. Pennsylvania ranks sixth in the number of registered and practical nurse candidates that tested Nationally. As of May 31, 2025, based upon responses from CRNP Programs there were at least 671 faculty members and 5,514 students in CRNP Programs.

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

RN education can be obtained in this Commonwealth through an entry-level master's in nursing degree (DE-MSN), a baccalaureate degree in nursing (BSN), an associate degree (AD) or a hospital-based diploma. The general length of the education ranges from 16-48 months. As of October 1, 2025, there are 4 DE-MSN Program, 48 BSN Programs, 28 AD Programs, and 14 hospital-based diploma Programs. As

documented in the NCSBN's 2023 Environmental Scan, Nationally, there is a growing trend among students seeking to become RNs to acquire a BSN.

PN education can be obtained through AD, diploma and certificate programs. In this Commonwealth, there are 20 certificate Programs, 36 diploma Programs, 1 AD in specialized technology (AST) Program, and 1 AD in applied science Program at 10 community colleges, 31 vocational and technical schools and 17 private licensed schools. The general length of the education ranges from 12-18 months. As the Pennsylvania Association of Practical Nursing Administrators (PA-PNA) advised the board in its October 27, 2017, presentation and White Paper entitled, *Practical Nursing Front & Center: The Role, Trends & Future of Practical Nursing in Pennsylvania*, between 2003 and 2013, there was 33% growth in practical nursing enrollment due to the need for long term care services. They also reported that at that time, 57% of the PN education took place in career tech centers, 24% in PLSs and 19% in community colleges. Based upon the current PN Program numbers, there has been a decrease in PN education taking place in career tech centers, currently at 53%, and community colleges, currently at 17%, and an increase in this education by private licensed schools, currently at 29%.

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

Unlike RN and PN Programs that are approved per controlling institution, CRNP Programs are approved by degree and particular clinical specialty area meaning that one controlling institution may have multiple CRNP Programs. Currently, in this Commonwealth, there are 34 BSN-DNP Programs, 61 PMC/MSN Programs, 9 PMC Programs and 11 MSN Programs at 31 colleges and universities of which there are 17 in AGAC, 19 in AGPC, 42 in FIAL, 5 in NN, 3 in P-C, 7 in P-PC, 17 in PMH and 5 in WH.

Consolidation

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

Codification of Current Board Practice

The board also intends to codify current board practice. For example, prior to approving any new Program, the board sets an appointment at a board meeting for the new Program to make a presentation to the board about the proposal and answer questions before the board votes on whether to approve the new Program. This practice was instituted to reduce the instances when an application had to be tabled until further information was supplied. Similarly, because administrators and faculty of a new Program may not be hired or there is not an agreement executed between the Program and the site where clinical experiences will be obtained when the application is submitted, the board requires Programs to submit this information for board approval prior to commencement of the Program or use of the clinical site. Concomitantly, because Programs are required to possess authority to operate from the Pennsylvania Department of

Education (PDE), whenever this authority changes, the board requires that it be notified in advance. Consistent with current requirements from the Program establishment regulations, the board is revising its education regulations, many of which were not amended since originally promulgated in 1976 for RN Programs, 1983 for PN Programs and 2006 for CRNP Programs. The board believes it is appropriate to add these and similar specific provisions to the board's regulations. Moreover, the board believes these approvals contribute to the success of both Programs and students, as is discussed further below.

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

Update Requirements

Beyond consolidating and codifying current requirements and practices, this regulation requires Programs to obtain and maintain accreditation for the nursing program itself, referred to as programmatic accreditation, in addition to the currently required accreditation/authorization for the controlling institution. This "dual accreditation" is an indicium of quality of both the Program and the institution and is akin to what is statutorily mandated for many other professions, such as medicine, dentistry and psychology within the Bureau of Professional and Occupational Affairs. Further, programmatic accreditation enables Title IV funding for controlling institutions that may not qualify, leads to higher program pass rates, and enables seamless academic progression, known as articulation, for AD and diploma graduates into baccalaureate degree Programs, enabling these nurses to achieve higher levels of education and thereby fill clinical and educational roles. Moreover, since 100% of the RN and CRNP Programs and 40% of the PN Programs currently maintain programmatic accreditation, this requirement will not impose a significant burden on Programs. For those Programs that do not already hold programmatic accreditation, this rulemaking provides those Programs 5 years from final publication to accomplish this requirement.

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

Further, because Programs on provisional status fail to maintain standards, impacting both students and Programs, this rulemaking increases the board's oversight of these Programs by requiring them to obtain approval prior to making alterations to their existing program, including adding practice locations,

curriculum plans of study, delivery methods, cohorts or program options, enrollment increases and specialties or degrees. At the same time, the rulemaking increases the panoply of restrictions on these Programs when deemed appropriate by the board, including limiting or prohibiting class or cohort size, additional delivery methods, specialty or degree types or program sites, imposing clinical restrictions and requiring programs on provisional status to submit additional reports. Currently, the board's panoply of restrictions is limited and are not delineated in the regulations.

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

This rulemaking also increases the educational requirements for administrators and faculty at all Programs who have not been previously approved to be an administrator/faculty member at the same Program-type when the regulations are published as final. As with the programmatic accreditation standard, in this final-form regulation, administrators and faculty who do not meet the new requirements and were not previously approved will have 5 years from final publication to obtain the required education.

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

Amendments to Existing Provisions

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

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

There are no applicable Federal licensure standards.

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

In evaluating whether this regulation puts Pennsylvania at a competitive advantage or disadvantage, the board looked to the following states in the Northeastern Region: Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Vermont and West Virginia. In all states, aside from New York where nursing education programs are regulated by the Board of Regents, boards of nursing regulate nursing education programs. Programs seeking to provide nursing education are required to apply to the boards of nursing wherein they must provide information on the rationale for and details about the planned program, including its length, expected opening date,

administrator and faculty qualifications, clinical agencies, curriculum plan and details about the relationship with the controlling institution including compatible philosophy and adequate fiscal, physical and clerical support. As such, Pennsylvania is not at a competitive disadvantage in terms of regulating nursing education programs.

All states require that the controlling institution be accredited/approved. This regulation adds the requirement for programmatic accreditation of nursing programs. The following states require programmatic accreditation: Connecticut, Maine, Massachusetts, Maryland, District of Columbia, Delaware, New Hampshire, Rhode Island, Vermont and West Virginia (RN only). Programmatic accreditation is not required in: New Jersey, New York (not regulated by the New York Board of Nursing), Ohio and West Virginia (PN only). Not only is programmatic accreditation akin to what is statutorily mandated for many other professions, it enables Title IV funding for controlling institutions that may not qualify, leads to higher program pass rates, and enables seamless academic progression for AD and diploma graduates into baccalaureate degree Programs, enabling these nurses to achieve higher levels of education and thereby fill clinical and educational roles. Moreover, since 100% of the RN and CRNP Programs and 40% of the PN Programs currently maintain programmatic accreditation, and those without it will have 5 years to obtain the accreditation, this new requirement will not impose a significant burden on Programs and will not put Pennsylvania at a competitive disadvantage.

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

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

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

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

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

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

This rulemaking will not affect other regulations of the board or other state agencies. Of note, these regulations continue to require that Programs receive Pennsylvania Department of Education's (PDE) authorization to offer nursing education in the Commonwealth.

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

The board discussed this regulation or information contained in this regulation at its meetings on: July 18, 2013, April 7, June 3, September 8, October 24, and December 5, 2014, January 22, April 8, May 12-13, June 25, July 28, October 26-27, and December 3, 2015, January 21, March 2, April 20, July 27, and September 16, 2016, July 25, September 12, and December 6, 2018, January 17, June 6, July 25, October 24, and December 5, 2019, January 24, July 22, and September 9, 2020, October 21 and December 9, 2021, January 27 and June 10, 2022, June 3, and July 20, 2023, and April 16, June 5, July 16, and September 4, 2025, and March 2 and April 20, 2026. In addition, the board receives status updates about pending regulations at each meeting.

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

With the advent of the Pennsylvania Licensure System (PALS) and the board's review of its operational processes, information gleaned from the board's almost quarterly meetings with Programs on provisional status which reflected that additional standards and restrictions for failure to meet standards were needed,

and updated information about the NCLEX® test plan and changes related to the Next Generation NCLEX® for RN and PN nurse applicants, the board again reevaluated the proposal beginning at its September 12, 2018, meeting and amended the proposal. In addition to again receiving written pre-draft comment, the board received oral input on the proposal from the regulated community at its meetings on June 3 and September 8, 2014, April 8 and October 27, 2015, January 17, June 6, and December 5, 2019, January 24, 2020, and June 5, 2023. A draft of the proposal was also made available to the public at the January 24, 2020, meeting and to stakeholders who received copies of the agenda by email prior to the meeting. Following discussion about the comments received and presentations from the Department of Labor & Industry and PDE, the board adopted this Annex at its January 24, 2020, meeting but made additional revisions and adopted the amended Annex at its July 22 and September 9, 2020, meetings.

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

On June 10, 2022, the board made an additional amendment to new § 21.944(b)(5) to reference the PA-SUPPORT curriculum, the approved opioid education curriculum necessitated by section 5102 of the act of November 2, 2016 (P.L. 987, No. 126) (Act 124 of 2016). The board adopted the revised Annex at that meeting. On June 5, 2023, based upon comments that PA-PNA raised at its April, 2023 meeting about the co-requirements for programmatic and controlling institution accreditation as it applies to PN Programs, the board amended the accreditation provisions in §§ 21.916(a) and 21.921(14) and (15) and adopted the revised Annex. On June 3, 2023, and again on July 20, 2023, the board discussed changes necessitated by the revisions to the National accreditation standards and adopted the Annex.

Following receipt of post-publication and IRRC comments, *see* Attachment A, the board discussed amendments to the proposed regulation on April 16, June 5, and July 16, 2025, and adopted the revised regulation in final-form at its September 4, 2025, meeting. Additional discussions were had about §§ 21.933 and 21.934 at its March 4 and April 20, 2026, meetings that were also adopted at those meetings.

(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?

As of October 1, 2025, there are 261 Programs in the Commonwealth broken down into 94 RN Programs, 58 PN Programs, and 115 CRNP Programs. Based upon the latest Annual Reports for the 2023-2024 reporting period there are 6,058 faculty members and 29,296 students in Pennsylvania RN and PN Programs. Pennsylvania ranks sixth in the number of registered and practical nurse candidates that tested Nationally. As of May 31, 2025, based upon responses from CRNP Programs there were at least 671 faculty members and 5,514 students in CRNP Programs.

RN education can be obtained through a DE-MSN, a BSN, an AD or a hospital-based diploma. The general length of the education ranges from 16-48 months. In Pennsylvania, there are 4 DE-MSN Program,

48 BSN Programs, 28 AD Programs, and 14 hospital-based diploma Programs. As documented in the NCSBN's 2023 Environmental Scan, Nationally, there is a growing trend among students seeking to become registered nurses to acquire a BSN.

PN education can be obtained through AD, diploma and certificate programs. In Pennsylvania, there are 20 certificate Programs, 36 diploma Programs, 1 AD in specialized technology Program, and 1 AD in applied science Program at 10 community colleges, 31 vocational and technical schools and 17 private licensed schools. The general length of the education ranges from 12-18 months.

Unlike RN and PN Programs that are approved by the board per institution that houses the nursing education Program, referred to as the controlling institution, CRNP Programs are approved by the board per degree and particular clinical specialty area meaning that one controlling institution may have multiple CRNP Programs. In Pennsylvania, there are 34 BSN-DNP Programs, 61 PMC/MSN Programs, 9 PMC Programs and 11 MSN Programs at 31 colleges and universities of which there are 17 in AGAC, 19 in AGPC, 42 in FIAL, 5 in NN, 3 in P-C, 7 in P-PC, 17 in PMH and 5 in WH.

All of the 261 Programs in the Commonwealth will be affected by these regulations. Each will be required to comply with the controlling institution and programmatic accreditation requirements, the administrator and faculty qualification requirements, the standards for operating a program, including maintaining the minimum pass rate, submitting Annual Reports and providing notifications and/or seeking preapproval for program changes, and the inclusion of the infusion therapy education for RNs. Because many of these requirements have either been incorporated into current practice or are, or will be, part of programmatic accreditation standards, these regulations will not negatively impact Programs. The only exceptions may be the impact on Programs on provisional status and the 36 PN Programs who have yet to obtain programmatic accreditation. For Programs on provisional status, the board's enhanced monitoring and reporting requirements will cause Programs to review their performance more regularly and, if there is a lack of improvement, board restrictions could negatively impact the number of students in their Programs, however, this impact is necessary to create improvements. For the Programs who have yet to obtain programmatic accreditation, there will be an initial financial and recordkeeping impact, however, the benefits of programmatic accreditation to the Programs, including increased Title IV funding, higher pass rates, and seamless academic progression for AD and diploma graduates into baccalaureate degree Programs, outweighs any negative impact.

According to the Small Business Administration (SBA), there are approximately 1,169,008 small businesses in Pennsylvania, which is 99.6% of all Pennsylvania businesses. Of the 1,169,008 small businesses, 230,244 are small employers (those with fewer than 500 employees) and the remaining 938,764 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

Small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3), which provides that a small business is defined by the SBA 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). According to the Pennsylvania Department of Labor and Industry (L&I), in 2022 (the most recent year for which data is available) nursing education programs are offered by the following types of businesses statewide: colleges, universities and professional schools (611310), psychiatric and substance abuse hospitals (622210), management of companies and enterprises (bank 551112, other 551112) and self-employed workers, primary. Some types of businesses are marked 'Confidential' in the Pennsylvania Department of Labor and Industry 2022 report, including technical and trade schools (611519), junior colleges (611210), general medical and

surgical hospitals (622110), specialty (except psychiatric and substance abuse) hospitals (622310), home health care services (621610) and state government, excluding education and hospitals.

Applying the NAICS standards, colleges, universities, and professional schools are considered small businesses if they have $34.5 million or less in average annual receipts, psychiatric and substance abuse hospitals are considered small businesses if they have $47 million or less in average annual receipts, management of companies and enterprises are considered small businesses if they have $38.5 million or less (bank) or $45.5 million or less (other) in average annual receipts, technical and trade schools are considered small businesses if they have $21 million or less in average annual receipts, junior colleges are considered small businesses if they have $32.5 million or less in average annual receipts, general hospitals are considered small businesses if they have $47 million or less in average annual receipts, specialty (except psychiatric and substance abuse) hospitals are considered small businesses if they have $47 million or less in average annual receipts and home health care services are considered small businesses if they have $19 million or less in average annual receipts. For the most part, except for private licensed Programs, like Fortis, which is part of Educational Affiliates, or hospital-based diploma programs that are part of large health systems, like Geisinger and UPMC, most nursing education programs are considered small businesses.

In addition to the Programs themselves, faculty members will also be affected by this regulation by way of the qualification and Program review requirements. There are no fees imposed by the board upon this group. Health systems and institutions often have funding available for employees.

For faculty members, including administrators, who meet the education requirements in §§ 21.933(a)(1)(i) and (ii)(A), (b)(1)(ii), and (c)(1)(ii) and 21.934(a)(1)(i), (2)(i)(B) and (3)(i)(B), or fall within the exemptions in §§ 21.933(a)(1)(ii)(B), (b)(1)(i), and (c)(1)(i), 21.934(a)(2)(i)(A) and (3)(i)(A), this regulation does not impose additional costs. For those who do not meet the educational requirements and do not fall within an exemption, the costs to obtain the deficient education may be borne by the faculty member or the Program and would be based upon each particular faculty member's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. The enhanced education will make the faculty members more marketable, enhance their teaching abilities, and potentially lead to better outcomes for their students. As such, these regulations will not negatively impact Programs, faculty members or students.

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

Programs, faculty members and students will be required to comply with the regulations. There are 261 Programs in the Commonwealth broken down into 94 RN Programs, 58 PN Programs, and 115 CRNP Programs. Based upon the latest Annual Reports for the 2023-2024 reporting period there are 6,058 faculty members and 29,296 students in Pennsylvania RN and PN Programs. Pennsylvania ranks sixth in the number of RN and LPN candidates that tested nationally. As of May 31, 2025, based upon responses from CRNP Programs there were at least 671 faculty members and 5,514 students in CRNP Programs.

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

The most significant fiscal impact of this final-form regulation is the cost of obtaining programmatic accreditation as the fees for Program and course approval, other than the stand-alone infusion therapy course, were promulgated by the board at 49 *Pa.B*. 3891 on July 27, 2019. Fees relating to accreditation will not kick in for at least 5 years as programmatic accreditation will not become effective until 5 years from publication of the final-form regulation. Currently, 100% of RN and CRNP Programs and 37% PN Programs possess programmatic accreditation. As such, the costs of programmatic accreditation for the 36 PN Programs who do not already possess it will not be incurred for about 6 to 8 years.

The costs associated with programmatic accreditation for one Program ranges from $7,750.00 to $11,505.00 depending upon the accreditor selected regardless of the program type. The average annual fee once accreditation is achieved is $2,977.00. ACEN™ charges an initial candidacy fee of $2,700.00, an initial accreditation fee of $1,335.00, a site visit fee of $2,850.00 (consisting of $950.00 for 3 peer evaluators for 3 days), a first accreditation fee of $3,500.00, totaling $10,385.00. Thereafter, the Program pays an annual accreditation fee of $3,195.00 and a site visit fee of $$2,850.00 (consisting of $950.00 for 3 peer evaluators for 3 days). CCNE charges an evaluation fee of $5,250 (consisting of $1,750 for three evaluators) and a new applicant fee of at least $2,500, depending upon the number of programs being accredited, totaling $7,750.00. Thereafter the Program pays an annual fee of $2,948.00. CNEA charges a pre-accreditation candidacy applicant fee of $3,575.00, depending upon the number of programs being accredited, and an accreditation fee of $7,930.00, totaling $11,505.00. Thereafter, the Program pays an annual fee of $3,135.00.

Despite the costs for those Programs that do not possess programmatic accreditation, the board disagrees that the costs, which can be apportioned throughout the 5-year implementation period, outweigh the significant benefits to these Programs and their students. First, as HAP advised, a critical benefit of programmatic accreditation for diploma and certificate Programs is that it enables students enrolled in these Programs to obtain Federal financial aid under Title IV of the Higher Education Act. ACEN™, for example, is the pathway used by many private licensed schools and diploma Programs as it is approved by the United States Department of Education (USDOE) to act as a Title IV gatekeeper. According to the United States Health Resources & Services Administration's (HRSA) 2024 Health Workforce Analysis based on the results of the National Sample Survey of Registered Nurses, "2.2 million nurses (50.8% of all RNs) indicated that they had borrowed money to finance either their initial nursing degree, an additional nursing degree, or both." Similarly, according to AACN debt reporting in October 2017, Nationally, approximately 72%–87% of all college students receive some form of financial aid, with roughly 69% of graduate nursing students taking out Federal loans. In Pennsylvania, 64% of learners accrue student debt, with many nursing students relying on scholarships, grants, and Federal loans to cover costs. In addition to qualifying for Federal financial aid, accreditation also enables students to take advantage of Health & Human Services scholarships and Veteran Affairs employment and residencies.

A second benefit of programmatic accreditation is that it is geared specifically to nursing and provides an indication of quality nursing education. Non-specialized accreditors like COE and ACCSC, cited by commentators, review how programs within an institution contribute to the achievement of its mission and objectives. Nonetheless, these non-specialty accreditors do not have the expertise and bandwidth to provide the ongoing nursing curriculum analysis conducted by specialized or programmatic accreditors to assure that the curriculum and program standards align with best practices in nursing and industry needs. PA-PNA reinforced this principle in its White Paper emphasizing that the programmatic accreditation

process assists schools "to continuously improve the quality of their program, meet common core educational and, in the case of nursing programs, nurse practice standards, and invest the commensurate resources to achieve results."

A third benefit of programmatic accreditation is higher Program NCLEX ® pass rates. While the programmatic accreditors do not publish comparison rates for their accredited programs and non-programmatically accredited PN Programs like they do for RN Programs, data based upon a comparison of PN Programs who maintain programmatic accreditation and those that do not in this Commonwealth reflect that programmatically accredited PN Programs achieved a 93.81% pass rate vs. an NCLEX® Statistics average pass rate of 89.46%. Additionally, it is uncontroverted by any commentator that the NCLEX-RN® pass rates are higher for programmatically accredited Programs than non-accredited ones. This is significant, even for LPN graduates, as about 700,000 RNs (16% of the workforce) were licensed as LPNs before obtaining RN licensure according to HRSA's 2024 Health Workforce Analysis.

Fourth, the board's requirement for programmatic accreditation is consistent with program requirements in other states and NCSBN Model Rules. According to the NCSBN Board Member Profiles 2025 Educational Survey Report, 38 or 66% of Boards of Nursing require programmatic accreditation. Similarly, Article VI, section 3 of the NCSBN Model Rules requires that the program be accredited by a National nursing accrediting body and with section 5(a)(1) requiring that new programs provide evidence that the program is actively seeking pre-accreditation or candidate accreditation from a National nursing accrediting body.

There are no significant paperwork requirements associated with this rulemaking. New Programs currently apply for approval and provide almost identical information to that being required in new § 21.921. Additionally, Programs continue to file an Annual Report and provide almost identical information to that being required in new § 21.972.

For faculty members, including administrators, who meet the education requirements in §§ 21.933(a)(1)(i) and (ii)(A), (b)(1)(ii), and (c)(1)(ii) and 21.934(a)(1)(i), (2)(i)(B) and (3)(i)(B), or fall within the exemptions in §§ 21.933(a)(1)(ii)(B), (b)(1)(i), and (c)(1)(i), 21.934(a)(2)(i)(A) and (3)(i)(A), this regulation does not impose additional costs. For those who do not meet the educational requirements and do not fall within an exemption, the costs may be borne by the faculty member or the Program and would be based upon each particular faculty member/administrator's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. Additionally, there are scholarship opportunities available, including through the Foundation for Academic Nursing. The costs for each credit depend upon whether the institution is public or private and ranges between $200-$1,000 per credit. Master's degrees vary in credits but generally consist of a minimum of 30 credits while doctoral degrees are often between 60-72 credits.

According to the 2017 Bureau of Health Planning, Division of Plan Development, Report on Nursing Education Programs in Pennsylvania, the last published Report, 99.9% of the then 4,342 RN faculty members and 773 PN faculty members met current faculty requirements or were working toward completing those requirements by 2022. On the 2021-2022 Annual Report, RN Programs reported that 86% of Program faculty have graduate degrees, 13% are working on graduate degrees and 1% have not enrolled in graduate studies. For PN Programs, on the 2021-2022 Annual Report, 95% have BSNs or higher, 3% are working on BSNs or graduate degrees and 2% are not enrolled in further education. This information is not available for CRNP Programs. Like programmatic accreditation, administrators and faculty have 5 years to obtain the enhanced education.

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

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

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

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

The cost of programmatic accreditation for those PN Programs who do not current hold this accreditation is outweighed by the board's duty to license and regulate nursing education in the public interest as well as the benefits highlighted in #17.

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

For programs that possess programmatic accreditation, this regulation does not impose additional costs. Currently, 100% of the RN Programs and 100% of the CRNP Programs are accredited. The only anticipated new cost is for the 36 PN Programs who do not currently have programmatic accreditation. The costs for programmatic accreditation range from $$ $7,750.00 to $11,505.00 plus an average annual fee, once accreditation is achieved, of $2,977.00. As noted in #17, the programmatic accreditation costs for these 36 PN Programs will not become effective until 5 years from publication of the final-form regulation. As such, the costs of this accreditation can be spread out over the 5 years if Programs desire.

For faculty members, including administrators, who meet the education requirements, this regulation does not impose additional costs. For those who do not meet the educational requirements, the costs may be borne by the faculty member or the nursing education program and would be based upon each particular faculty member/administrator's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. Additionally, there are scholarship opportunities available, including through the Foundation for Academic Nursing. The costs for each credit depends upon whether the institution is public or private and ranges between $200-$1,000 per credit. Although Programs have been required to keep track of this information, unless the Program has requested an extension of the 5-year completion requirement, the

board has not collected this information and cannot determine the number of faculty members who will have to obtain this additional education. Nonetheless, based upon responses to NCSBN's 2024 National Nursing Workforce Study collected between March-December 2024, more than 73% of RNs are now in possession of a baccalaureate degree or higher. On the 2023-2024 Annual Report filed with the board, RN Programs reported that 88% of Program faculty have graduate degrees, 11% are working on graduate degrees and 1% have not enrolled in graduate studies. For PN Programs, on the 2023-2024 Annual Report, 97% have BSNs or higher, 2% are working on BSNs or graduate degrees and 1% are not enrolled in further education. This information is not available for CRNP Programs. Additionally, because the amount of education needed is faculty member specific, the board cannot determine the number of credits needed to satisfy the new requirement. Master's degrees vary in credits but generally consist of a minimum of 30 credits while doctoral degrees are often between 60-72 credits.

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

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

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

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

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

This rulemaking will not require significant additional recordkeeping, nor will there be any legal, accounting or consulting procedures required for implementation of the final-form rulemaking. The regulations do not require students or faculty to submit paperwork and Programs currently submit information to the board as Proposals for new Programs and changes to those Programs in the Pennsylvania Licensure System (PALS) or by letter depending upon the change requested.

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

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

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

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

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

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

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

These forms include:

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

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

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

	Current FY Year (26-27)	FY +1 Year (27-28)	FY +2 Year (28-29)	FY +3 Year (29-30)	FY +4 Year (30-31)	FY +5 Year (31-32)
SAVINGS:	$	$	$	$	$	$
Regulated Community	$0	$0	$0	$0	$0	$0
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Savings	$0	$0	$0	$0	$0	$0
COSTS:						
Regulated Community	$0	* See below	* See below	* See below	* See below	* See below
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Costs	$0	* See below	* See below	* See below	* See below	* See below
REVENUE LOSSES:						
Regulated Community	$0	$0	$0	$0	$0	$0
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Revenue Losses	$0	$0	$0	$0	$0	$0

* Programmatic accreditation does not become effective until 5 years from publication of the final-form regulation. As such, the costs of this accreditation can be spread out over the 5 years. Based upon the most recent annual report, the board estimates that 36 programs will need to acquire programmatic accreditation, which would result in a total cost of $279,000-$414,180.

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

Program	FY -3 (2023-2024) (actual)	FY -2 (2024-2025) (actual)	FY -1 (2025-2026) (actual)	Current FY (2026-2027) (budgeted)
State Board of Nursing	$17,342,612.20	$24,048,729.35	$24,748,059.51	$25,176,500.00

(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.

Responses:

(a) Almost all Programs are considered "small businesses" as that term is defined by the Regulatory Review Act and the SBA. Faculty members and students, while required to comply with the regulations, are not small businesses. As of October 1, 2025, there are 261 Programs in the Commonwealth broken down into 94 RN Programs, 58 PN Programs, and 115 CRNP Programs. Most of the Programs would likely be categorized as small businesses.

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

(c) For Programs who do not hold programmatic accreditation, the probable effect is increased review and analysis of the Program and completion of the accreditation self-study and review process costing $279,000-$414,180. Given the carve out for existing faculty in PN and CRNP Programs, the increased educational requirements for faculty will have no impact on small business.

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

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

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

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

In the definition of "examination year" in § 21.901, the board considered changing the examination year from the October 1st-September 30th timeframe to a cohort of test-takers who tested during the first 6 months from completion of a Program, similar to the timeframe used by the Ohio State Board of Nursing. The concern for the board was that a six-month timeframe would only give the board a snapshot of a Program's performance rather than a cumulative evaluation of all graduates within the Program and would reduce remediation for students not passing the NCLEX®. Therefore, the board did not change the examination year.

In the definition of "minimum pass rate" in § 21.901, the board considered but rejected reducing the minimum pass rate from 80% of first-time test takers within a given examination year as it is the standard applied by the majority of states. The board's rationale for setting a minimum pass rate and specifically selecting 80% as that rate was enunciated in the Preamble to §§ 21.33, 21.33b, 21.162 and 21.162b published in the *Pennsylvania Bulletin* at 38 *Pa.B*. 344 (January 19, 2008) and 39 *Pa.B.* 2103 (April 25, 2009). According to responses on NCSBN's Member Board Profiles 2024 Education Survey, 37 of the

52 Boards of Nursing calculate their pass rates based upon first-time test takers during an examination year and 73% utilize the same minimum pass rate of 80% to evaluate Programs. The board also considered, but rejected, permitting each Program to set the level of pass rate akin to the ACEN™ accreditation standard. The board noted that despite ACEN™ making Programs responsible to set their expected level of achievement, ACEN™ requires the same 80% pass rate of first-time test takers as the board. Additionally, allowing Programs to set their own pass rate would result in varying standards to be applied by the Programs possibly even within cohorts. In light of these factors, the board retains the 80% minimum pass rate for first-time test takers during an examination year.

The board discussed whether to limit the amount of time that a Program may be on provisional status in § 21.911 but ultimately decided not to do so. First, there is no scientific evidence that one timeframe is preferable over another. Second, no other state includes such a limit. Third, the board believes that the restrictions on provisional Programs throughout the regulations provides the board with sufficient oversight over the Program.

In promulgating § 21.912(e), the board considered extending the timeframe within which a Program can be on provisional status to 3 or more years before an extension must be requested. The board rejected this idea because the current 2-year timeframe ensures early intervention with Programs experiencing difficulty and emphasizes the development of a plan to ensure improvement so that the Programs on provisional status can be returned to full approval status. In the board's experience, requiring Programs to seek an extension of provisional status after 2 years heightens the attention on the Program by both the controlling institution and the Program. At the same time, the board is cognizant that there is a correlation between the length of the Program and the time it takes to correct the deficiencies. As such, the board permits a Program to remain on provisional status for the length of the full-time Program, but no less than 2 years, before having to seek an extension. Under this provision, a BSN-DNP Program would be permitted to remain on provisional status about 3 to 4 years before seeking an extension, an MSN Program would be permitted to remain on provisional status about 1 to 2 years before seeking an extension, a BSN Program would be permitted to remain on provisional status for about 4 years before seeking an extension, an AD Program would be permitted to remain on provisional status for about 2-3 years before seeking an extension, and a diploma Program or PN Program would be permitted to remain on provisional status for 2 years before seeking an extension.

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

The board considered a 10-year timeframe for implementation of the requirement for programmatic accreditation in § 21.916 when it began discussing these regulations, however, the board opted for a 5-year implementation timeframe. The board has discussed the requirement for programmatic accreditation at both board meetings and at Pennsylvania Association of Practical Nursing Administrators (PA-PNA) meetings such that the PN Programs have had an opportunity to learn and prepare for programmatic accreditation. Currently, 37% of PN Programs hold programmatic accreditation by ACEN or CNEA according to the most recent Annual Reports. Additionally, the benefits of programmatic accreditation, including being eligible for Title IV funding, easier articulation with higher degree programs and increased Program NCLEX® pass rates, explained in the Preamble, are worthy of an earlier implementation date.

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

In § 21.917(a)(1), the board considered eliminating the requirements that the degree granting RN Programs possess regional accreditation, and unless state chartered, PDE authorization to grant an academic degree based upon comments from a stakeholder and commentators that regional accreditation for the controlling institution is unnecessary since the board is also requiring programmatic accreditation under § 21.916. Also, requiring controlling institutions to possess academic degree granting authority could restrict the types of Programs that private licensed schools may offer. Nonetheless, in 2020, the USDOE amended its regulations at 34 CFR 602.3 to remove the distinction between regional and National accreditation on the grounds that USDOE holds all accrediting agencies to the same standards. In light of the USDOE's justification, in § 21. 917(a)(1)), the board chose to accept accreditation bodies recognized by the USDOE for the controlling institution for RN Programs. Additionally, the board chose to incorporate the requirement for PDE academic degree granting authority as it assures more seamless articulation in that it allows graduates of AD and diploma Programs to progress to BSN and advanced academic degree Programs. Without the combined accreditation and PDE academic degree granting authorization, the board is concerned that graduates of non-academic degree RN Programs could potentially have to obtain an academic degree from another controlling institution in order to articulate to a BSN Program.

While the board would have preferred to similarly require that PN Programs' controlling institutions be accredited by a USDOE accrediting agency, stakeholders have advised that many of the private licensed schools as well as some career-technical schools are only authorized to operate by PDE. Therefore, the board distinguishes between the requirements for RN and PN Programs' controlling institutions in subsections (a)(1) and (b)(1) and simply requires that PN Programs be currently authorized by PDE to award at a minimum a diploma or certificate in practical nursing but RN Programs must be granted degree-granting authority by PDE.

In § 21.918(a), the board considered not requiring that a Program's minimum admission requirements match those of the controlling institution based upon concerns that requiring Programs to be consistent with the controlling institution could require burdensome checking on the part of Programs and potentially stymie Programs' creativity in designing educational pathways. The board chose not to remove this requirement because the academic degree is conferred by the controlling institution, not the Program.

In § 21.918(a)(1), the board considered requiring that students complete a minimum of a high school diploma or its equivalent and have completed two courses in mathematics, with one being in Algebra, and two courses of physical science with a related lab or the equivalent prior to being admitted into a Program. The board considered whether this enhanced requirement could result in a significant decrease in PN Program applicants, as this is not the current standard, and potentially exacerbate nursing shortages, because a significant number of students have not had this education, especially students who did not complete an academic track, students whose education did not include a laboratory requirement and older learners who are returning to school. In order to avoid these outcomes but still assure that students begin their nursing education with the necessary prerequisites, in proposed rulemaking, the board, determined that students may be admitted into a Program before meeting the requirements but cannot commence the Program until the requirements are met. The board relied upon information from L&I's Bureau of Workforce Partnership Operations that there are services, including education, provided by the Workforce

Investment and Opportunity Act through Career Link and other programs to retrain persons with deficient education so that they could qualify for other career pathways. In addition, Individual Training Accounts could tailor training programs to meet an individual's needs. Further, RN and PN Programs may be eligible to provide the coursework and obtain reimbursement. In the final rulemaking, due to concerns of post-publication commentators, the board, as explained further in the Preamble, removed the minimum admission requirements for PN Program students but added this curriculum to PN Programs. This should not result in a burden because PN Programs advised the board that this curriculum is already part of their Programs.

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

In § 21.921(b), the board initially considered a 15-month timeframe from the intended admission of students for the submission of new program application documentation, however, based upon suggestions, the board reduced the submission date to 12 months and replaced the intended admission of students with the first advertisement of the Program. While this timeframe is earlier than the 8 months currently required for RN Programs in § 21.51(c)(4) and the 6 months currently required for PN Programs in § 21.172(b)(1), in the board's experience, Program proposals involve lengthy staff review and often require revisions before they are voted upon by the board at regularly scheduled meetings. After the board vote to approve, Programs may advertise and recruit new students, and following a facility review may admit students into the Program. Additionally, the 12-month timeframe is consistent with the one required for CRNP Programs in § 21.365(c)(1). Further, while the board lengthens the ~~time~~ timeframe when a Program must submit a proposal to the board, it shortens the minimum timeframe in which the administrator and faculty must be employed by the Program in subsection (c). Current § 21.51(c)(3) and (5) require that that RN Programs employ an administrator at least 1 year before the admission of students and faculty at least 1 term prior to the commencement of classes. Current § 21.172(b)(1) and (2) requires that PN Programs employ an administrator 6 months prior to the intended admission date of students and faculty members at least 1 month prior to the initiation of their teaching responsibilities. Current CRNP Program regulations do not prescribe minimum hiring dates. The board believes that a combination of these provisions is appropriate. Given the extra time required for submission of a proposal to the board in new § 21.921(b), assuring that the Program will be fully developed, coupled with the fact that many administrators are not involved in Program development, the board believes that for the Programs economically, 6 months is an acceptable minimum timeframe for the hiring of an administrator. Similarly, the board believes that the final-form timeframe of at least 1 term prior to commencement of classes for faculty hiring provides faculty members with sufficient time to onboard with the controlling institution and Program as well as prepare for their upcoming teaching assignments.

In § 21.921(b)(1), the board initially considered reiterating the requirements in §§ 21.51(c)(1)(i), 21.172(b)(4)(i) and 21.365(c)(1)(i) that applicants for approval of a Program submit statistical data on potential applicants, employers and faculty to support the need for the Program in the geographical area of the Program. Because Programs attract students throughout the county, the board decided not to require data be limited to the geographical area. The board added the requirement for data about the availability of clinical sites and, as applicable, preceptors based upon stakeholders' suggestions.

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

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

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

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

In § 21.925, the board considered requiring all programs to report all changes to the board and in most instances requiring preapproval prior to implementing the changes. Stakeholders recommended that Programs with full approval status be permitted to report all changes to existing Programs, including administrative structure, faculty, clinical agencies, and the addition of cohorts on their Annual Reports. The board agrees that for Programs with full approval status, some of this information could be included in the Annual Report, like enrollment and attrition information, but others would require board notification

or board approval as outlined in this section. Even then, based upon this recommendation, the board determined that an existing program does not have to provide documentation previously provided unless there are changes to the information in that documentation or degree types and specialties. The board chose not to implement the stakeholders' suggestion about clinical sites and faculty approval because the turnaround time to approve faculty is very quick and the board tracks where faculty members work in order to monitor whether the faculty member meets the education requirements. Similarly, for clinical sites, which are also approved quickly, the board assures that the Programs have sufficient clinical experiences for their students. Whether changes to course content or instruction in paragraph (7) requires merely notification or pre-approval depends upon the criteria in § 21.946(a) and (b).

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

For § 21.932, the board considered requiring the addition of a financial aid advisor and a secretary to the required complement of Program staff, however, it decided that subsection (e), which requires that the Program have support staff including administrative, library, admissions, financial aid, academic counseling, student services, technological and dedicated clerical support, accomplishes the same objective.

In § 21.933, the board initially considered requiring the same minimum qualifications for the administrator of RN and PN Programs because the responsibilities are the same, however, stakeholders suggested that the qualifications should be based upon the degree and completion document being awarded. Owing to the concerns of the stakeholders that such a requirement could lead to a shortage of faculty for PN Programs, in proposed-form, the board based the educational requirements on the level of the nursing education being obtained and provided a phase-in period for administrators to obtain the education requirements. The board believed that this timeframe adequately balances the board's desire to enhance educational requirements to meet National standards with the cost and time associated with obtaining the additional education. The board chose not to require that the doctoral degree requirement also be in nursing as a degree in education, research or public health would be valuable to an administrator as would a doctoral degree in nursing. In final-form, commentators maintained that highly qualified existing

administrators of hospital-based RN diploma and PN Programs would likely retire rather than obtain the additional education required to continue as an administrator. Due to that concern, in final-form, the board was persuaded to carve out an exemption for administrators who are approved for the specific program-type prior to the date the regulations are published in final. Those administrators would have to meet existing requirements while new administrators who were not previously approved would have to meet the additional requirements.

In § 21.933(d), the board expands the length of time that an interim administrator may serve in that capacity but chose not to remove the initial 1-year timeframe contained in §§ 21.71(b)(3) and 21.365(b). Nonetheless, to minimize the impact on Programs with interim administrators, subsection (d) permits Programs who cannot meet the one-year timeframe to seek and receive an extension of that timeframe following a demonstration by the Program that it has exhausted all efforts at hiring an administrator who meets the requirements of § 21.933.

In promulgating § 21.934(a), the board considered requiring both RN and PN Program faculty to hold a minimum of a master's degree as the necessary education and faculty responsibilities should be the same regardless of the program type. However, the board was persuaded by stakeholders from PN Programs who explained that a significant number, in some cases more than half, of the PN faculty hold BSNs, rather than a master's degrees, and use the time teaching in a PN Program as an opportunity to "test the waters" before obtaining a master's degree. They also advised that many of the PN Program faculty also maintain a clinical practice in addition to their teaching responsibilities. Owing to the concern that a master's degree requirement for PN Program faculty would result in a PN Program faculty shortage, the board required that faculty educational requirements be tied to the type of program with RN Program faculty continuing to earn a minimum of a graduate degree and PN Program faculty earning a minimum of a bachelor's degree. Commentators on the proposed regulation recommended that the board create pathways for experienced RNs who are not pursuing graduate degrees to teach in Programs and also remove the enhanced faculty qualifications for PN faculty. In light of the comments about an anticipated hardship on experienced faculty who do not meet the new qualifications and thereby the Programs in which they teach, the board is persuaded that similar to the carve out for administrators in § 21.933, faculty approved by the board to teach in a PN or CRNP Program prior to publication of the final-form regulation may continue to teach using those credentials. As such, the board has amended § 21.934(a)(2)(i) and (3)(i) to add an exclusion in (A) for faculty of PN and CRNP Programs who were approved by the board as of the publication date of the final-form regulation. Because the RN Program faculty requirements in § 21.934(1)(i) do not differ substantively from § 21.71(c) that has been in place since July 12, 2008, the board has not received requests to change this requirement in 18 years, and 88% of RN faculty have a graduate degree, the board has not amended the RN faculty requirements in § 21.934(1)(i).

In promulgating § 21.934(b), the board considered whether faculty should be required to complete the education requirements within 5 years. Some stakeholders argued that eliminating exceptions eliminates good instructors. Other stakeholders requested the board to remove any exception as it dilutes the qualification requirements. While the board does not desire to eliminate or extend the 5-year timeframe generally, the board appreciates that like for administrators in § 21.933(d(2)), there may be circumstances that warrant an extension. Owing to those extraordinary circumstances, § 21.934(b)(1) permits Programs to obtain extensions when they demonstrate that they have exhausted all efforts to hire qualified faculty and paragraph (2) which clarifies that the deficient education would have to be completed within 5 years unless the board grants a limited extension.

Stakeholders requested that the provisions relating to curriculum and program content in new §§ 21.941 and 21.942 be condensed into broad categories that reflect the dynamic changes necessary to prepare

nurses for licensure. The board has chosen not to implement this recommendation because regulations are not broad evolving categories, rather, they are prescriptive and alert licensees and students to what is required of them.

In § 21.941(a)(5), the board considered requiring that course syllabi include instructors, course schedule, attendance requirements, make-up work and weekly outlines. Owing to comments received and because attendance requirements and make-up work can be included in the Student Handbook, the board does not require these items be included on the syllabus.

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

Like the consideration for a shortened review process for Programs on full approval in § 21.925, the board considered whether to permit Programs with full approval status to implement curricular changes prior to board approval in § 21.946(b). The board decided that Programs who meet the following five requirements may make the changes in advance of approval provided the board is notified of the changes 90 days prior to planned implementation: the Program has full approval status, holds programmatic accreditation, has an active faculty committee and an institutional review committee that reviews curriculum recommendations and actively engages in a review of the systematic evaluation plan. The board agrees that permitting these changes to be implemented prior to board-approval would enable Programs to implement changes more quickly. The board also agrees that any changes that it requires would not have to be implemented during the middle of an academic year. Rather, those changes would not have to be implemented until the next academic year.

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

In light of the foregoing, the least burdensome acceptable alternatives have been selected.

(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.

Responses:

a) & b) All Programs are required to comply with the regulations. The board did not consider less stringent reporting requirements or deadlines for small businesses but included future deadlines to permit Programs and faculty to complete the requirements of accreditation and education.
c) There are no compliance or reporting requirements that could be consolidated or simplified.
d) The regulations do not contain design or operational standards that need to be altered for small businesses.
e) To exclude any Programs, faculty or students from the requirements contained in the rulemaking based on the size of the business would not be consistent with the board's mission to regulate nursing education in this Commonwealth

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

A list of reference citations which the board used in the development of the regulation are contained in Attachment C.

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

A. The length of the public comment period:	30 days.
B. The date or dates on which any public meetings or hearings will be held:	The regulation was discussed at public board meetings from 2014 through 2026, excluding 2017 and 2024. 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 2026
D. The expected effective date of the final-form regulation:	Upon publication as final except for §§ 21.916(a) and (b), 21.933(a)(1)(ii)(A), (b)(1)(ii) and (c)(1)(ii) which become effective 5 years from publication.
E. The expected date by which compliance with the final-form regulation will be required:	Upon publication as final except for §§ 21.916(a) and (b), 21.933(a)(1)(ii)(A), (b)(1)(ii) and (c)(1)(ii) which become effective 5 years from publication.
F. The expected date by which required permits, licenses or other approvals must be obtained:	N/A

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

The board regularly evaluates the effectiveness of its regulations. Additionally, the board regularly reviews requests by licensees and members of the public to amend its regulations causing the board to evaluate the regulations' impact and necessity. The board reviews all regulatory proposals at regularly scheduled meetings. The board will meet on the following remaining dates in 2026: September 11, October 23, and December 14 and the following dates in 2027: January 25, March 16, April 30, June 15, July 30, September 14, October 25, and December 10. More information can be found on the board's website.

ATTACHMENT A

16A-5141 Comments from Public on Proposed[1]

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[1] Pursuant to 1 Pa. Code § 307.2, no commentators requested additional information on the final-form regulation.

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16A-5141 Comments from Legislative Members

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ATTACHMENT B

DRAFT—RAF #22a

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PHONE (717)783-7142
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Email: st-nurse@pa.gov

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

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

GENERAL INSTRUCTIONS:

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

FEES:

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

FORMAT:

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

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

ATTACHMENTS:

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

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

- Attachment 9: Student and Nursing Faculty Handbooks
- Attachment 10: Curriculum Plan by Semester – **(Complete & attach Template A)**
- Attachment 11: Simulation Program Plan – **(Complete & attach Template B)**
- Attachment 12: Syllabi **(Submit all syllabi in Format Template E)** for all Courses on the Curriculum Plan to include:
  - Hours of instruction broken down into didactic, clinical, laboratory and simulation hours
  - Faculty member's name and credentials
  - Course name and number
  - Course pre- and co-requisites
  - Clock Hours/Credit to be awarded
  - Course description
  - Course objectives
  - Learning outcomes
  - Course content outline per week
  - Required and recommended textbooks/references
  - Standards of nursing practice
  - Required technologies, including technology support
  - Methods of course delivery (lecture, discussion boards, online)
  - Assessment tools and methods including the grading matrix and final course average
- Attachment 13: Clinical Agency Information – **(Complete & attach Template C)**
- Attachment 14: Written Agreements or Letters of Intent for each Clinical Agency identified
- Attachment 15: Systematic Evaluation Plan. An organized, continuous analysis of all nursing education program components, such as curriculum, Nursing Faculty, facilities, policies and outcome measures, that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.
- Attachment 16: Sample Nursing Faculty and the Student Evaluations
- Attachment 17: Facility and Resource Plan. Describe the planned office, instructional and administrative facilities, clinical laboratories, library facilities and resources, as well as equipment for the Nursing Education Program. Attach drawings or pictures of the planned space.
- Attachment 18: Administrator's CV and transcripts. The CV shall detail the Administrator's experience practicing and teaching, including the courses taught and the number of years teaching, and administering/operating an education program.
  RN PROGRAMS-BACCALAUREATE DEGREE ONLY-If the Administrator does not possess an earned doctoral degree also include a plan to complete the doctoral degree within 5 years.
  RN PROGRAMS-ASSOCIATE DEGREE ONLY-The Administrator must hold at least one graduate degree in nursing. On or after _____ (five years from publication of the final form regulation), the Administrator of an RN Program—Associate Degree must hold at least one graduate degree in nursing and an earned doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment.
  PN PROGRAMS ONLY- The Administrator must hold a baccalaureate degree, preferably in nursing, with experience in the areas of nursing practice, nursing education and administration. On or after _____ (five years from publication of the final form regulation), the Administrator of a PN Program must hold at least one graduate degree in nursing or have a specific plan for completing graduate degree in nursing within five years of appointment.
- Attachment 19: Work history for each Nursing Faculty member.
  RN PROGRAMS - If the nursing faculty member does not possess a minimum of a master's degree, also include a plan to obtain the master's degree.
- ***PN PROGRAMS*** - If the Nursing Faculty member does not possess a baccalaureate degree, also

include a plan to obtain the baccalaureate degree.

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

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

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

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

Provider Information:

Provider:

Provider's Name: _____

Provider's Mailing Address: _____

Provider's Physical Address: _____

Provider's Telephone Number: _____

Provider's Website Address: _____ Web Link to the Provider's Catalogue: _____

Provider's Accreditor/Approver:
____ Regional Accrediting Agency ____Joint Commission____Pennsylvania Department of Education

____ Other _____

Pennsylvania Department of Education Approval Date: _____

Nursing Education Program:

Date of Proposed Program Implementation: _____

Nursing Education Program's Name: _____

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

_____

Nursing Education Program's Physical Address: _____

Type of Nursing Education Program proposed: _____RN ____PN

Degree/Diploma proposed:

RN PROGRAMS ONLY:

____Associate degree	____Baccalaureate degree	____Diploma
____Full-time	____Full-time	____Full-time
____Part-time	____Part-time	____Part-time

Other _____
_____ Full-time
_____ Part-time

PN PROGRAMS ONLY:

____Diploma/Certificate	____Vocational/Technical	____Other_____
_____Full-time	____Full-time	____Full-time
_____Part-time	____Part-time	____Part-time

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

Nursing Education Program's Anticipated Accreditor: ____ACEN ____CCNE ____CNEA

Other _____

Anticipated Date of Accreditation:_____

Policies:

Are the faculty and student policies of the nursing education program at least equal to those of the provider's other programs? ____Yes ____No (Explain) _____

_____

_____

Contact Person Information:

Contact Person's Name: _____

Contact Person's Physical Address: _____

Contact Person's Telephone Number:
_____

Contact Person's Email Address: _____

Education Information:

Rationale for the Planned Nursing Education Program Development:

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

Curriculum plan by semester (**Complete and Attach Template A**)

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

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

_____

_____

_____

_____

Faculty Information:

ADMINISTRATOR

Have you identified an Administrator for this program?

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

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

Identified Administrator:

Administrator's PA Temporary Practice Permit/License Number: _____

Administrator's Name: _____

Administrator's Education: _____

Program Name: _____

City/State: _____

Degree(s) and Year Awarded: _____

Program Name: _____

City/State: _____

Degree(s) and Year Awarded: _____

Program Name: _____

City/State:_____

Degree(s) and Year Awarded:_____

Administrator's Appointment Status:_____Interim ____Permanent
Administrator's TelephoneNumber: _____

Administrator's Jurisdiction of Licensure: _____

Administrator's Clinical/Functional Specialization(s):

_____Medical-Surgical_____Obstetrics_____Pediatrics_____Psychiatric_____Community

_____Other _____

Administrator's Employment Status:_____Part-time ____Full-time ____Contract/Per-diem

Administrator's Area(s) Teaching Responsibility:

_____Medical-Surgical_____Obstetrics_____Pediatrics_____Psychiatric_____Community

_____Other _____

Administrator's Date of Appointment:

_____

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

Minimum Qualifications for the Administrator:

> ***PN PROGRAMS ONLY***- If the Administrator does not possess a graduate degree in nursing also include a plan to obtain the graduate degree in nursing within 5 years
> ***RN PROGRAMS—****The Administrator of an RN Program—Baccalaureate Degree must have at least one graduate degree in nursing and an earned doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment. The Administrator of an RN Program--Associate Degree must have* at least one graduate degree in nursing. On or after _____ (five years from publication of the final form regulation) *the Administrator of an RN Program—Associate Degree must hold at least one graduate degree in nursing and an earned doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment. Administrators of all RN Programs must also hold either a PA RN temporary permit or a license and have experience in nursing practice, nursing education and administration. Detail the Program's minimum qualifications for its Administrator, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.*
>
> ***PN PROGRAMS****-The Administrator of a PN Program must have earned a baccalaureate degree, preferably in nursing, and if not a graduate degree, a specific plan for completing a graduate degree by ___(five years from publication of the regulation in final form), and have experience in nursing practice, nursing education and administration. Detail the Program's minimum qualifications for its Administrator, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.*

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

_____

_____

_____

NURSING FACULTY MEMBERS

Have you identified Nursing Faculty for this program?

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

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

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

Nursing Faculty Member's Name: _____

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

Program Name: _____

City/State: _____

Degree and Year Awarded: _____

Program Name: _____

City/State: _____

Degree and Year Awarded: _____

Program Name: _____

City/State: _____

Degree and Year Awarded: _____

Program Name:
_____

City/State:
_____

Degree and Year Awarded: _____

Nursing Faculty Member's Jurisdiction of Licensure:
_____

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

_____Medical-Surgical_____Obstetrics_____Pediatrics_____Psychiatric
_____Community

_____Other
_____

Nursing Faculty Member's Employment Status:_____Part-time_____Full-time_____Contract/Per-diem

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

_____Medical-Surgical_____Obstetrics_____Pediatrics_____Psychiatric
_____Community

_____Other
_____

Nursing Faculty Member's Date of Appointment:
_____

Nursing Faculty Member's Title/Position:
_____

Nursing Faculty Member's Start Date:
_____

Add a separate attachment for additional Faculty Members.

Minimum Qualifications for the Nursing Faculty

> ***RN PROGRAM ONLY*** *- The RN Nursing Faculty must have at least one graduate degree in nursing or have a specific plan for completing graduate preparation within five years of appointment, hold either a PA RN temporary permit or a license and have expertise in their area of instruction.*
> ***PN PROGRAM ONLY*** *- The PN Nursing Faculty must have earned a baccalaureate degree, preferably in nursing, with additional preparation for teaching nursing, hold either a PA RN temporary permit or a license and have experience and skill in nursing practice.*

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

_____

_____

_____

_____

ALLIED FACULTY
(Allied Faculty Members are those without a degree in nursing but who hold at least one graduate degree in a subject area pertinent to their area of teaching. Allied faculty teach basic sciences or specialized areas of health practice.)
Have you identified Allied Faculty for this Program?

- Yes – Go directly to Allied Faculty Information

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

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

_____

Allied Faculty Member's Name:

_____

Allied Faculty Member's Education

Program Name:

_____

City/State:

_____

Degree and Year Awarded: _____

Program Name:

_____

City/State:

_____

Degree and Year Awarded: _____

Program Name:

_____

City/State:

_____

Degree and Year Awarded: _____

Allied Faculty Member's Jurisdiction of Licensure:

_____

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

_____

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

_____

Allied Faculty Member's Title/Position:

_____

Allied Faculty Member's Start Date:

_____

Add a separate attachment for additional Allied Faculty.

Minimum Qualifications for the Allied Faculty

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

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

_____

_____

_____

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

Signature of Program Application Contact Person:_____Date:
_____

Provider Name: _____

Template A
CURRICULUM PLAN BY SEMESTER

Semester I:

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

Semester II:

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

Semester III:

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

Semester IV:

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

TOTAL NUMBER OF HOURS _____ _____ _____ ___ _____ _____

(ALL SEMESTERS) Didactic Clinical Lab Sim Clock hours Credit

Provider Name_____

TEMPLATE B

Simulation Program Plan

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

_____

_____

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

_____

_____

Describe the specific scenarios unique to each course.

_____

_____

Describe the evaluation methods including the debriefing process.

_____

_____

Provider Name_____

_

TEMPLATE C

CLINICAL AGENCIES

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

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

Provider Name_____

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

	Projected student enrollment		Projected faculty complement		Faculty/Student Ratio	
	New	Continuing & Returning	Full Time	Part Time	Didactic	Clinical
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)						

Provider Name_____

Template E

SYLLABUS FORMAT

PCT103	Electrocardiograph Technique & Application	48 Total Hours	3.0 Quarter Credits	24 Lecture Hours 24 Laboratory Hours

COURSE TITLE: ELECTROCARDIOGRAPH TECHNIQUE & APPLICATION

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

INSTRUCTOR: TBA

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

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

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

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

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

MEDIA, TEXT & RESOURCE REQUIREMENTS:

Cohn, E. & Gilroy-Doohan, M. (2002): Flip and See ECG, 2nd Edition Saunders Elsevier Publishing.

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

INSTRUCTIONAL STRATEGIES:

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

COURSE OUTLINE*

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

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

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

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

GRADING REQUIREMENTS:

Final grades will be determined as follows:

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

ATTENDANCE REQUIREMENTS:

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

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

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

MAKE-UP WORK:

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

INSTRUCTOR RESPONSIBILITIES:

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

STUDENT: TEACHER RATIO

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

PCT103	**Electrocardiograph Technique & Application**	**48 Total Hours**	**3.0 Credits**	**24 Lecture Hours 24 Laboratory Hours**

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

Texts:

Cohn, E. & Gilroy-Doohan, M. (2002): Flip and See ECG, 2nd Edition Saunders Elsevier Publishing.

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

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

Pennsylvania Department of State
State Board of Nursing (eppiccNurse)

CRNP Program Annual Report BSN-DNP

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

General Information

- The 2022-2023 Annual Report is open for submission until 01/01/2024.

- Submit Program information for the period starting on 06/01/2022 and ending on 05/31/2023.

- Limit information/data to those students enrolled in each Board approved program leading to certification as a registered nurse practitioner in Pennsylvania.

- A separate Annual Report must be submitted by the Program Director of each separate program specialty (population).

CRNP program specialty (population) Public Contact Information : _____

Mailing Address : _____

Phone Number : _____

Fax Number : _____

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

Accrediting Organizations and dates for the Graduate Nursing Program

ACEN

ACEN Date : _____

CCNE

CCNE Date : _____

CNEA

CNEA Date : _____

National Certification Organization(s) exam(s) for which graduates of this program specialty (population) are eligible :
AANP
AACN
ANCC
NCC
ONCC
PNCB

Faculty

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

ID	Title	Value
1	- Total Number of CRNP Program Faculty members for Clinical Courses Only between Jun 01, 2022 and May 31, 2023	FT: PT:
2	- Total number of CRNP Program Faculty members for Didactic Teaching only between Jun 01, 2022 and May 31, 2023	FT: PT:
3	- Total number of CRNP Program Faculty members teaching both clinical and didactic courses between Jun 01, 2022 and May 31, 2023	FT: PT:
4	- Minimum number of visits per student by CRNP Program Clinical Faculty at a clinical site between Jun 01, 2022 and May 31, 2023	
5	- How many clinical faculty members are also on-site clinical preceptors between between Jun 01, 2022 and May 31, 2023	

Curriculum

Pennsylvania Department of State
State Board of Nursing (eppiccNurse)

CRNP Program Annual Report BSN-DNP

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

Is the entire CRNP program specialty (population) offered at more than one site, e.g. a secondary site different from the Board approved location of the controlling institution? :
Yes/No

Indicate number of secondary sites : _____

Site Location(s) : _____

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

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

Total number of clinical hours in the CRNP program specialty (population) :
Less than 500 hours
500 hours or more

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

Supervision of students in the clinical areas (check all that apply) :
One faculty member supervises no more than 6 students in a clinical course
One onsite faculty member who is also a preceptor supervises no more than 2 students
One faculty member with own case load supervisies only 1 student
Other

Provide Reason if Other : _____

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

Research : Yes/No

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

Health care policy and organization : Yes/No

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

Ethics : Yes/No

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

Professional Role Development : Yes/No

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

Theoretical foundations of nursing practice : Yes/No

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

Human diversity and social issues : Yes/No

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

Health promotion and disease prevention : Yes/No

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

Advanced health/physical assessment : Yes/No

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

Advanced Physiology and Pathophysiology : Yes/No

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

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

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

Advanced Nursing Practice Core Pharmacology

Offered across the lifespan : Yes/No

Stand alone course : Yes/No

Advanced Nursing Practice Core Health / Physical Assessment

Offered across the lifespan : Yes/No

Stand alone course : Yes/No

Advanced Nursing Practice Core Physiology and Pathophysiology

Offered across the lifespan : Yes/No

Stand alone course : Yes/No

Students

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

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

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

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

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

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

Provide Other Reason : _____

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

  FT (Admitted): : _____

  PT (Admitted): : _____

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

  FT (Enrolled): : _____

  PT (Enrolled): : _____

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

  FT (completed): : _____

  PT (completed): : _____

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

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

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

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

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

Program at maximum student capacity : _____

Program at maximum student capacity for number of faculty : _____

Program unable to obtain clinical sites : _____

Program unable to obtain preceptors : _____

Other : _____

: _____

Attrition

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

Academic Failure : _____

Financial : _____

Change in Career Goals : _____

Health : _____

Relocation : _____

Transfer to other program within college/university : _____

Attrition Other : _____

Reason for Other : _____

Affidavit

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

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

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

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

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

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

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

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

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

Pennsylvania Department of State
State Board of Nursing (eppiccNurse)

CRNP Program Annual Report MSN

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

General Information

- The 2022-2023 Annual Report is open for submission until 01/01/2024.

- Submit Program information for the period starting on 06/01/2022 and ending on 05/31/2023.

- Limit information/data to those students enrolled in each Board approved program leading to certification as a registered nurse practitioner in Pennsylvania.

- A separate Annual Report must be submitted by the Program Director of each separate program specialty (population). A separate report is not required for the Post-Master's Certificate program in this specialty (population)

CRNP program specialty (population) Public Contact Information : _____

Mailing Address : _____

Phone Number : _____

Fax Number : _____

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

Accrediting Organizations and dates for the Graduate Nursing Program

ACEN

ACEN Date : _____

CCNE

CCNE Date : _____

CNEA

CNEA Date : _____

National Certification Organization(s) exam(s) for which graduates of this program specialty (population) are eligible :
AANP
AACN
ANCC
NCC
ONCC
PNCB

Faculty

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

Pennsylvania Department of State
State Board of Nursing (eppiccNurse)

CRNP Program Annual Report MSN

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

ID	Title	Value
1	- Total Number of CRNP Program Faculty members for Clinical Courses Only between Jun 01, 2022 and May 31, 2023	FT: PT:
2	- Total number of CRNP Program Faculty members for Didactic Teaching only between Jun 01, 2022 and May 31, 2023	FT: PT:
3	- Total number of CRNP Program Faculty members teaching both clinical and didactic courses between Jun 01, 2022 and May 31, 2023	FT: PT:
4	- Minimum number of visits per student by CRNP Program Clinical Faculty at a clinical site between Jun 01, 2022 and May 31, 2023	
5	- How many clinical faculty members are also on-site clinical preceptors between between Jun 01, 2022 and May 31, 2023	

Pennsylvania Department of State
State Board of Nursing (eppiccNurse)

CRNP Program Annual Report MSN

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

Curriculum

Is the entire CRNP program specialty (population) offered at more than one site, e.g. a secondary site different from the Board approved location of the controlling institution? : Yes/No

Indicate number of secondary sites : _____

Site Location(s) : _____

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

Total number of clinical hours in the CRNP program specialty (population) :
Less than 500 hours
500 hours or more

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

Supervision of students in the clinical areas (check all that apply) :
One faculty member supervises no more than 6 students in a clinical course
One onsite faculty member who is also a preceptor supervises no more than 2 students
One faculty member with own case load supervisies only 1 student
Other

Provide Reason if Other : _____

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

Research : Yes/No

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

Health care policy and organization : Yes/No

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

Ethics : Yes/No

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

Professional Role Development : Yes/No

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

Theoretical foundations of nursing practice : Yes/No

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

Human diversity and social issues : Yes/No

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

Health promotion and disease prevention : Yes/No

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

Advanced health/physical assessment : Yes/No

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

Advanced Physiology and Pathophysiology : Yes/No

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

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

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

Advanced Nursing Practice Core Pharmacology

Offered across the lifespan : Yes/No

Stand alone course : Yes/No

Advanced Nursing Practice Core Health / Physical Assessment

Offered across the lifespan : Yes/No

Stand alone course : Yes/No

Advanced Nursing Practice Core Physiology and Pathophysiology

Offered across the lifespan : Yes/No

Stand alone course : Yes/No

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

If No provide Reason : _____

Students

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

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

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

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

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

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

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

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

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

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

Provide Other Reason : _____

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

FT (Admitted): : _____

PT (Admitted): : _____

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

FT (Enrolled): : _____

PT (Enrolled): : _____

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

FT (completed): : _____

PT (completed): : _____

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

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

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

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

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

Program at maximum student capacity : _____

Program at maximum student capacity for number of faculty : _____

Program unable to obtain clinical sites : _____

Program unable to obtain preceptors : _____

Other : _____

: _____

Attrition

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

Academic Failure : _____

Financial : _____

Change in Career Goals : _____

Health : _____

Relocation : _____

Transfer to other program within college/university : _____

Attrition Other : _____

Reason for Other : _____

Affidavit

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

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

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

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

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

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

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

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

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

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

To Nursing Program Administration

1. Submit the required Annual Report to the Board anytime between the period starting 01/01/2023 and no later than 12/31/2023

2. The Program Information requested is from the period 10/01/2022 through 09/30/2023.

3. Submit a SEPARATE report for EACH type (PN, ADN, BSN etc.) of nursing education program.

GENERAL NURSING EDUCATION PROGRAM INFORMATION

Please check the Type of Nursing Program: :
Practical Nursing
RN Diploma
Associate Degree
Baccalaurette Degree
MSN

Complete any missing information

Name Of Nursing Education Program : _____

College or University Affiliation/Controlling Institution : _____

Nursing Education Program Administrator Name & Title : _____

Nursing Education Program Address : _____

City, State, Zip : _____

County : _____

Nursing Education Program Telephone (Number Including area code and extension) : _____

Email Address For Board Office Use Only : _____

Email Address For Public Contact : _____

Nursing Education Program Web Site Address : _____

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

Accreditation Profile For Nursing Education Program

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

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

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

Commission on Collegiate Nursing Education : Yes/No

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

Commission for Nursing Education Accreditation : Yes/No

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

Accreditation For Controlling Institution : Yes/No

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

Other Accreditation/Licensing : Yes/No

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

CURRICULUM PROGRAMMING

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

Please Check all options that apply to the program :
Full-Time Program With Daytime Scheduling
Part-Time Program With Daytime Scheduling
Full-Time Program With Evening/Weekend Scheduling
Part-Time Program With Evening/Weekend Scheduling
Program Offered At Additional Site(s) Other Than Main Campus.

Please Indicate the number of sites : _____

Nursing Education Program Information

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

Nursing Theory Hours : _____

Nursing Clinical Hours : _____

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

Program Administrator

Indicate the highest earned NURSING degree of the program Administrator: : PHD,EDD,DNSC,DNP,MS/MSN,BSN,ADN,DIPLOMA,OTHER

: _____

Indicate the highest earned degree of the program Administrator: : PHD,EDD,DNSC,DNP,MS/MSN,BSN,ADN,DIPLOMA,OTHER

: _____

PRACTICAL NURSING FACULTY: Full-time faculty only

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

(Do not count the Administrator)

1.*Indicate the total number of full-time PN
In the boxes below please break the total number of full-time PN faculty into the following qualification categories: : _____

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

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

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

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

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

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

PRACTICAL NURSING FACULTY: Part-time faculty only

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

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

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

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

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

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

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

PRACTICAL NURSING FACULTY: contracted or per diem faculty only

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

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

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

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

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

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

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

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

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

Teach didactic lessons

Supervise clinical education

Other - Enter in Box Provided

: _____

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

Faculty List

Active Faculties

No	Title	Faculty Name (Type)	License No	Appointment Date	Degree	Faculty Status

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

Not Active Faculties

No	Title	Faculty Name (Type)	License No	Appointment Date-End Date	Degree	Faculty Status

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

Faculty

CURRENT FACULTY

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

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

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

Total: : _____

Faculty Who Left Since the Last Annual Report

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

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

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

Total: : _____

VACANT FACULTY POSITION

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

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

Community : _____

Critical Care : _____

Maternity : _____

Medical Surgical : _____

Pediatric : _____

Psychiatric : _____

Other : _____

Other-Please specify area : _____

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

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

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

Community : _____

Critical Care : _____

Maternity : _____

Medical Surgical : _____

Pediatric : _____

Psychiatric : _____

Other : _____

Specify Other Area : _____

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

Clinical Placement Sites

Clinical Placement Sites

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

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

Pediatrics : _____

Obstetrics : _____

Psych : _____

Critical Care : _____

Med-Surg : _____

Other (Specify) : _____

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

Decreased length of stay : _____

Decreased census : _____

Other nusring programs using facility : _____

Distance to facility from school : _____

Other - Please Indicate : _____

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

Enrollment Information

Section I. Application/Admission

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

1. Number of Classes admitted into the Full-Time program each year. : _____

2. Number of Classes admitted into the Part-Time program each year. : _____

3. Total number of applicants. : _____

4. Total number of applicants who met all program admission criteria. : _____

5. Number of students offered admission. : _____

6. If the nursing education program was unable to offer admission to all of its qualified applicants, please indicate why. (Check all that apply)

Program at maximum physical capacity (capabilities, fixtures, etc)

Program at maximum faculty capacity (not enough faculty)

Program at maximum clinical site capacity

Other (Please specify)

: _____

7. Number of vacant seats. : _____

Section II. Enrollment

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

1. Number of students currently enrolled in your Full-Time program. : _____

2. Number of students currently enrolled in your Part-Time program. : _____

3. Total number of students currently enrolled. : _____

4. Number of students expected to graduate 10/01/2023 to September 09/30/2024. : _____

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

Attrition

Retention/Attrition Data

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

1. Number of students in the original cohort/s (including transfer, advanced standing, returning). : _____

2. Number of students in the original cohort/s who left without graduating/completing the program. : _____

Attrition Information

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

Academic Failure : _____

Financial : _____

Change In Career Goals : _____

Health : _____

Relocation : _____

Other : _____

Other reasons (If 0, enter N/A) : _____

Total : : _____

Were any of these students readmitted to the program?

: Yes/No

Indicate how many and to which class. :

Class of 2024 : _____

Class of 2025 : _____

Current Class : _____

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

Affidavit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To Nursing Program Administration

1. Submit the required Annual Report to the Board anytime between the period starting 07/13/2023 and no later than 12/31/2023

2. The Program Information requested is from the period 10/01/2022 through 09/30/2023.

3. Submit a SEPARATE report for EACH type (PN, ADN, BSN etc.) of nursing education program.

GENERAL NURSING EDUCATION PROGRAM INFORMATION

Please check the Type of Nursing Program: :
Practical Nursing
RN Diploma
Associate Degree
Baccalaurette Degree
MSN

Complete any missing information

Name Of Nursing Education Program : _____

College or University Affiliation/Controlling Institution : _____

Nursing Education Program Administrator Name & Title : _____

Nursing Education Program Address : _____

City, State, Zip : _____

County : _____

Nursing Education Program Telephone (Number Including area code and extension) : _____

Email Address For Board Office Use Only : _____

Email Address For Public Contact : _____

Nursing Education Program Web Site Address : _____

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Accreditation Profile For Nursing Education Program

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

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

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

Commission on Collegiate Nursing Education : Yes/No

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

Commission for Nursing Education Accreditation : Yes/No

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

Accreditation For Controlling Institution : Yes/No

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

Other Accreditation/Licensing : Yes/No

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

CURRICULUM PROGRAMMING

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Please Check all options that apply to the program :
Full-Time Program With Daytime Scheduling
Part-Time Program With Daytime Scheduling
Full-Time Program With Evening/Weekend Scheduling
Part-Time Program With Evening/Weekend Scheduling
Program Offered At Additional Site(s) Other Than Main Campus.

Please Indicate the number of sites : _____

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Nursing Education Program Information

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

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

Nursing Course Credits Or Course Units : _____

Non-Nursing Course Credits Or Course Units : _____

Total Credits Or Course Units Required For Completion

: _____

Program Administrator

Please indicate the highest earned NURSING degree of the program Administrator: : PHD,EDD,DNSC,DNP,MSN,BSN,OTHER

: _____

Please indicate the highest earned degree of the program Administrator: :
PHD,EDD,DNSC,DNP,MS/MSN,MASTER_IN_OTHER_FIELD,BSN,BACCALAUREATE_IN_OTHER_FIELD,OTHER

: _____

PROFESSIONAL NURSING FACULTY: Full-time faculty only

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

1.*Indicate the total number of full-time RN faculty.
In the boxes below please break the total number of full-time RN faculty into the following qualification categories: : _____

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

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

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

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

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PROFESSIONAL NURSING FACULTY: Part-time faculty only

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

1.*Indicate the total number of part-time RN faculty.
In the boxes below please break the total number of part-time RN faculty into the following qualification categories: : _____

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

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

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

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

PROFESSIONAL NURSING FACULTY: contracted or per diem faculty only

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

1.Indicate the total number of contracted or per diem RN faculty.
In the boxes below please break the total number of contracted or per diem RN faculty into the following qualification categories: : _____

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

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

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

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

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

Teach didactic lessons

Supervise clinical education

Other - Enter in Box Provided

: _____

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Faculty List

Active Faculties

No	Title	Faculty Name (Type)	License No	Appointment Date	Degree	Faculty Status

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Not Active Faculties

No	Title	Faculty Name (Type)	License No	Appointment Date-End Date	Degree	Faculty Status

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Faculty

CURRENT FACULTY

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

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

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

Total: : _____

Faculty Who Left Since the Last Annual Report

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

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

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

Total: : _____

VACANT FACULTY POSITION

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

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

Community : _____

Critical Care : _____

Maternity : _____

Medical Surgical : _____

Pediatric : _____

Psychiatric : _____

Other : _____

Other-Please specify area : _____

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

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

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Community : _____

Critical Care : _____

Maternity : _____

Medical Surgical : _____

Pediatric : _____

Psychiatric : _____

Other : _____

Specify Other Area : _____

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Clinical Placement Sites

Clinical Placement Sites

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

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

Pediatrics : _____

Obstetrics : _____

Psych : _____

Critical Care : _____

Med-Surg : _____

Other (Specify) : _____

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

Decreased length of stay : _____

Decreased census : _____

Other nusring programs using facility : _____

Distance to facility from school : _____

Other - Please Indicate : _____

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Enrollment Information

Section I. Application/Admission

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

1. Number of Classes admitted into the Full-Time program each year. : _____

2. Number of Classes admitted into the Part-Time program each year. : _____

3. Total number of applicants. : _____

4. Total number of applicants who met all program admission criteria. : _____

5. Number of students offered admission. : _____

6. If the nursing education program was unable to offer admission to all of its qualified applicants, please indicate why. (Check all that apply)

Program at maximum physical capacity (capabilities, fixtures, etc)

Program at maximum faculty capacity (not enough faculty)

Program at maximum clinical site capacity

Other (Please specify)

: _____

7. Number of vacant seats. : _____

Section II. Enrollment

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

1. Number of students currently enrolled in your Full-Time program. : _____

2. Number of students currently enrolled in your Part-Time program. : _____

3. Total number of students currently enrolled. : _____

4. Number of students expected to graduate 10/01/2023 to September 09/30/2024. : _____

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Attrition

Retention/Attrition Data

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

1. Number of students in the original cohort/s (including transfer, advanced standing, returning). : _____

2. Number of students in the original cohort/s who left without graduating/completing the program. : _____

Attrition Information

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

Academic Failure : _____

Financial : _____

Change In Career Goals : _____

Health : _____

Relocation : _____

Other : _____

Other reasons (If 0, enter N/A) : _____

Total : : _____

Were any of these students readmitted to the program?

: Yes/No

Indicate how many and to which class. :

Class of 2024 : _____

Class of 2025 : _____

Current Class : _____

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Affidavit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GENERAL INSTRUCTIONS

- The requirements for the establishment of a CRNP Program are contained in Section 21.365 of the Board's regulations with additional information contained in Sections 21.361 (general criteria), 21.366 and 21.372 (organization), 21.367-21.368 (faculty), 21.369 (curriculum), 21.370 (evaluation), 21.373 (facilities and resources), 21.374-21.375 (policies) and 21.376-21.377 (records) of the Board's regulations. Applications must be submitted to the Board no later than 12 months prior to the intended admission date of students.
- For purposes of this application, the Provider is the controlling institution that awards the degree.
- For purposes of this application, the Contact Person is the author of the proposal and with whom the Board will communicate on behalf of the CRNP Program. The Contact Person and the Program Director may be the same.
- A separate application must be submitted for each degree type within each population specialty. A Post-Master's option does not necessitate a separate application.
- At the time the application is submitted, the Program must either identify the Program Director and the Nursing Faculty or detail the qualifications required for these positions provided that the regulations do not require that the positions are filled.
- All applications must be reviewed by the Board at a regularly scheduled meeting. Applications will be placed on the agenda once the application is complete and any deficiencies have been corrected.
- If seeking an additional educational site beyond the one(s) approved by the Board, complete a separate application for each additional location. If content (curriculum, policies etc.) requested on the template form(s) is unchanged from the Board approved program indicate that on the form in the section where the related attachment is requested. Do NOT attach a copy of the previously approved materials.

FEES

- The $735.00 **non-refundable** application fee must be submitted for each degree type within each population specialty. The fee must accompany the application.
- Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

FORMAT

- Where citations are required, use established citation format. For example, Author, S. P. (Year of publication). *Title of work: Capital letter also for subtitle*. Location: Publisher.
- Submit the original and three copies of the application and attachments.
- Submit attachments on 8.5x11 size paper, double-spaced and single-sided.
- Number every page consecutively including the page dividing each attachment.

- Do not tab, staple, bind, or clip pages.
- Do not abbreviate or use acronyms.
- Do not shade or highlight.

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

- Attachment 1: Provider's Philosophies and Objectives
- Attachment 2: Provider's Organizational Chart depicting the relationship with the CRNP Program
- Attachment 3: Provider's Letter of Commitment to the CRNP Program
- Attachment 4: Pennsylvania Department of Education's Authorization to offer a degree in the planned specialty
- Attachment 5: CRNP Program's Philosophies and Objectives
- Attachment 6: CRNP Program's Organizational Chart
- Attachment 7: CRNP Program's Faculty Policies on:
  - Orientation
  - Faculty Responsibilities
  - Faculty Development
  - Evaluation
  - Faculty Organization Minutes Retention
  - Record Management
  - Maintaining expertise in clinical/functional area(s) of specialization
  - Selection and Retention of Preceptors
- Attachment 8: CRNP Program's Student Policies on:
  - Admission and Selection
  - Advanced Standing
  - Retention
  - Progression
  - Refunds
  - Record Maintenance
- Attachment 9: Curriculum Plan By Semester - Template A
  - Only one degree to be awarded can be submitted with each application. Include a separate curriculum plan by semester for the full-time, part-time or Post-Master's option.
- Attachment 10: Syllabi for each course on the Curriculum Plan to include:
  - Hours of instruction broken down into didactic, clinical, laboratory and simulation hours
  - Faculty member's name
  - Course name and number
  - Course pre- and co-requisites
  - Course credits
  - Course description
  - Course objectives
  - Course content outline per week
  - Required and recommended textbooks/references
  - Technology requirements
  - Methods of course delivery (lecture, discussion boards, online)

- Assessment tools and methods including the grading matrix and clinical evaluation

- Attachment 11: Course Objectives to National Educational Standards Crosswalk
- Attachment 12: Systematic Evaluation Plan
  An organized, continuous analysis of all CRNP program components, such as curriculum, faculty, facilities, policies and outcome measures to include outcomes of graduates at 1 and 3-year intervals, that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.
- Attachment 13: Sample Faculty Evaluations and Student Evaluations for clinical and theory
- Attachment 14: Facility and Resource Plan
  Describe the planned office, instructional and administrative support, clinical laboratories, library facilities, technology and resources, as well as equipment for the CRNP Program.
- Attachment 15: Program Director's CV and transcripts. The CV shall detail the Program Director's experience practicing and teaching, including the courses taught and the number of years teaching, and administering/operating an education program.
  If the Program Director does not possess a doctoral degree also include the plan to obtain the doctoral degree within five years.
- Attachment 16: CV for each Nursing Faculty member
- Attachment 17: Copies of Affiliation Agreements/Letters of Intent from the cooperating agencies identified indicating a positive commitment to the CRNP program and the availability of sufficient resources to meet the educational requirements of the CRNP program.
- Attachment 18: 5-Year Projected Nursing Faculty to Student Complement Per Year and Term - Template B
- Attachment 19: 5-Year Budget Projection of Financial Viability
  An Excel spreadsheet setting forth the details required for the 5-year budget projection is available on the Board's website.

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Application for a Certified Registered Nurse Practitioner Education Program

Provider Information

Provider's Name: _____

Provider's Mailing Address: _____

Provider's Physical Address: _____

Provider's Telephone Number: _____ Provider's Web Address: _____

Web Link to the Provider's Catalogue: _____

Provider's Accreditor:

____Regional Accrediting Agency

____Other (Explain) _____

CRNP Program Information

CRNP Specialty Sought (Select One):

_____Adult-Gerontology Acute Care
_____Adult-Gerontology Primary Care
_____Family/Individual Across the Lifespan
_____Neonatal
_____Pediatric Acute Care
_____Pediatric Primary Care
_____Psychiatric-Mental Health
_____Women's Health/Gender-Related

Other _____

CRNP Program's Name: _____

CRNP Program's Mailing Address: _____

CRNP Program's Physical Address: _____

Degree to be awarded for the planned specialty (Select One Degree):

_____Master's Degree
_____Full-time
_____Part-time
_____Doctorate
_____Full-time
_____Part-time

Other _____

Do you plan to offer a Post-Master's option? _____ Yes _____ No

CRNP Program's Intended Admission Date of Students: _____

Anticipated Accreditor:

_____ACEN _____CCNE _____CNEA

Other _____

Anticipated Nurse Practitioner Examination Eligibility: (Select All That Apply)

_____American Academy of Nurse Practitioners (AANP)
_____American Association of Critical Care Nurses (AACN)
_____American Nurses Credentialing Center (ANCC)
_____National Certification Corporation (NCC)
_____Oncology Nursing Certification Corporation (ONCC)
_____Pediatric Nursing Certification Board (PNCB)

Other _____

Anticipated Nurse Practitioner Examination Specialty: (Select All That Apply)

_____Adult-Gerontology Acute Care
_____Adult-Gerontology Primary Care
_____Family/Individual Across the Lifespan
_____Neonatal
_____Pediatric Acute Care
_____Pediatric Primary Care
_____Psychiatric-Mental Health
_____Women's Health/Gender-Related

Other _____

Policies

Are the faculty and student policies of the CRNP program at least equal to those of the provider's other programs?

_____ Yes _____ No (Explain)_____

Web Link to the CRNP Program's Faculty Handbook: _____

Web Link to the Graduate Student Handbook: _____

Contact Person Information

Contact Person Name: _____

Contact Person Physical Address: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

Education Information

Rationale--*Provide state and local statistical data to support the need for the CRNP program and to assure the availability of an adequate number of interested candidates. Cite all references in APA format.*

_____

_____

Using the courses listed on the Curriculum Plan by Semester, identify by course number the following content:

- Research _____
- Health Care Policy and Organization _____
- Ethics _____
- Professional Role Development _____
- Theoretical Foundations of Nursing Practice _____
- Human Diversity and Social Issues _____
- Health Promotion and Disease Prevention _____
- Advanced Health/Physical Assessment _____
- Advanced Physiology and Pathophysiology _____
- Advanced Pharmacology _____
- Specialty Content _____

_____

Identify the specific National Educational Standard(s) used to develop the curriculum-*Examples of curriculum development standards include AACN The Essentials of Master's Education in Nursing or The Essentials of Doctoral Education for Advanced Nursing Practice, National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies or Population-Focused Nurse Practitioner Competencies or the Criteria for Evaluation of Nurse Practitioner Programs.*

_____

_____

Simulation Program Plan

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

_____

Describe the resources, including faculty, budgetary, facility and equipment, for the simulation program

_____

_____

Faculty Information

PROGRAM DIRECTOR

Have you Identified a Program Director for this program?

Yes – Go directly to Identified Program Director questions.
No – Go directly to Minimum Qualifications for the Program Director questions.

Identified Program Director

Program Director's PA RN License Number: _____

Program Director's PA CRNP Certification Number: _____

Program Director's Name: _____

Program Director's PA CRNP Specialty: _____

Program Director's PA CRNP Certification Expiration Date: _____

Program Director's Telephone Number: _____

Program Director's Academic Credentials

Program Name: _____

City/State: _____

Degree and Year Awarded:

_____PhD _____EdD _____DNSc _____DNP/DrNP

_____Other _____

Program Director's Nurse Practitioner National Certification Organization: (Select All That Apply)

_____ American Academy of Nurse Practitioners (AANP)

_____ American Association of Critical Care Nurses (AACN)

_____ American Nurses Credentialing Center (ANCC)

_____ National Certification Corporation (NCC)

_____ Oncology Nursing Certification Corporation (ONCC)

_____ Pediatric Nursing Certification Board (PNCB)

_____ Other _____

Program Director's Nurse Practitioner National Certification with Specialty_____

Program Director's Nurse Practitioner National Certification Expiration Date: _____

Program Director's Jurisdiction(s) of Licensure: _____

Program Director's Appointment Status: _____ Interim_____ Permanent

Program Director is also teaching

_____ Yes - *If the Program Director is also teaching, include the Program Director as a faculty member in the section below.*

_____ No

Program Director's Date of Appointment _____

Minimum Qualifications for the Program Director

The Program Director of a CRNP program must have at least one graduate degree in nursing and a doctoral degree or have a specific plan for completing doctoral preparation within five years of appointment and hold a PA RN license and a CRNP Certificate. Detail the Program's minimum qualifications for its Program Director, including the minimum education, teaching and/or operating a program experience, licensure requirements, and job description.

Detail the minimum qualifications for the Program Director for this Program

_____

_____

FACULTY MEMBERS

Do you have identified faculty for this program?

- Yes – Go directly to Identified Faculty questions.
- No – Go directly to Minimum Qualifications for Faculty

Identified Faculty

Faculty Member's PA RN License Number:_____

If teaching clinical courses, Faculty Member's PA CRNP Certification Number: _____

Faculty Member's Name: _____

If teaching clinical courses, Faculty Member's PA CRNP Specialty: _____

Faculty Member's Teaching Responsibilities: (Select All That Apply)

_____Clinical _____Theory

Faculty Member's Academic Credentials

Program Name: _____

City/State: _____

Highest Degree and Year Awarded Related to the Subject Matter:

_____PhD _____EdD _____DNSc _____DNP

_____ MSN _____MS _____Master's in Nursing Education

_____Post-Master's in Nursing _____Master's in Other Field

If teaching a clinical course, Faculty Member's Nurse Practitioner National Certification organization: (Select All That Apply)

_____American Academy of Nurse Practitioners (AANP)

_____American Association of Critical Care Nurses (AACN)

_____American Nurses Credentialing Center (ANCC)

_____National Certification Corporation (NCC)

_____Oncology Nursing Certification Corporation (ONCC)

_____Pediatric Nursing Certification Board (PNCB)

_____Other _____

If teaching a clinical course, Faculty Member's Nurse Practitioner National Certification with Specialty:

_____

If teaching a clinical course, Faculty Member's Nurse Practitioner National Certification Expiration Date:

_____

Faculty Member's Employment Status:

_____ Part-time _____ Full-time _____ Adjunct

Faculty Member's Date of Appointment _____

Faculty Member's Title/Position _____

Courses being taught by Faculty Member _____

Add a separate attachment for additional Faculty.

Minimum Qualifications for the Faculty

The CRNP faculty must have expertise in their subject areas and be currently licensed. Clinical faculty must also be currently certified as a CRNP, maintain National Certification, and be engaged in ongoing clinical practice in this Commonwealth.

Detail the minimum qualifications for the CRNP Faculty teaching theory for this Program

_____

Detail the minimum qualifications for the CRNP Clinical Faculty for this Program

Detail the minimum qualifications for the CRNP Non-Nursing Faculty for this Program

PRECEPTORS

Preceptors for CRNP Programs may be physicians, CRNPs and advanced practice nurses each of whom must be currently licensed, and in the case of CRNPs, also currently certified.

Preceptor's Name: _____

Preceptor's License/CRNP Certification Number: _____

Preceptor's License Status: _____

Preceptor's CRNP Specialty: _____

Preceptor's State of Licensure (Only provide the licensure for the state where the precepting is taking place.):_____

Add a separate attachment for additional preceptors

Compile a list of preceptors along with the facilities wherein the students will engage with live patients to obtain clinical experience with a preceptor under the supervision of the faculty member assigned to the clinical course. In addition to providing the name and the city/state of the facility, identify the patient population and the type of facility from the following categories:

- *Nursing homes*
- *Ambulatory services*
- *Hospitals*
- *Home Health*
- *Physician/Practitioner Office*
- *Other*

Name of Preceptor	Name of Facility	City/State	Patient Population	Description of Facility

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

Signature of Program Application Contact Person_____ Date _____

Provider Name_____

Template A
CURRICULUM PLAN BY SEMESTER

Semester I:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of Instruction Clock	Credit	Board Approved Course Yes	No
						Total	Total		

Semester II:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of instruction Clock	Credit	Board Approved Course Yes	No
						Total	Total		

Semester III:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of instruction Clock	Credit	Board Approved Course Yes	No
						Total	Total		

Semester IV:

Course and Title	Term	Type and hours of instruction Didactic	Clinical	Lab	Sim	Total # hours of instruction Clock	Credit	Board Approved Course Yes	No
						Total	Total		

TOTAL NUMBER OF HOURS
(ALL SEMESTERS) _____ Didactic _____ Clinical ____ Lab ___ Sim _____ Clock hours _____ Credit

Provider Name_____

Template B

5 YEAR PROJECTED FACULTY TO STUDENT COMPLEMENT PER YEAR AND TERM

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

ATTACHMENT C

Pre-licensure & Post-licensure Curriculum Resources

21_Model_Rules.pdf (ncsbn.org)
https://ncsbn.org/public-files/21_Model_Rules.pdf

21_NCLEX_PN_PA.pdf (ncsbn.org)
https://ncsbn.org/public-files/21_NCLEX_PN_PA.pdf

2023 Accreditation Manual - 2023 Accreditation Manual - ACEN Resources (acenursing.org)
https://resources.acenursing.org/space/AM/1842642947/2023+Accreditation+Manual

2023_PN_Test Plan_FINAL.pdf (nclex.com)
https://www.nclex.com/files/2023_PN_Test Plan_FINAL.pdf

2023_RN_Test Plan_English_FINAL.pdf (nclex.com)
https://www.nclex.com/files/2023_RN_Test Plan_English_FINAL.pdf

About Us | Institute For Safe Medication Practices (ismp.org)
https://www.ismp.org/about

ACEN 2023 Standards and Criteria – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/acen-2023-accreditation-manual/acen-2023-standards-and-criteria/

BaccEssentials08.pdf (aacnnursing.org)
https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf

CCNE Procedures for Accreditation (aacnnursing.org)
https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf

Criteria-Evaluation-NP-2016.pdf (aacnnursing.org)
https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Criteria-Evaluation-NP-2016.pdf

Curriculum (pa.gov)
https://www.education.pa.gov/Teachers - Administrators/Curriculum/Pages/default.aspx

Draft -revised 2/6/08 (acenursing.org)
https://www.acenursing.org/2023-resources/2023-ACEN-Glossary-04_11_2023.pdf

Education: Consensus on Nursing Education Regulatory Quality Indicators: A Delphi Study | NCSBN
https://www.ncsbn.org/event-video-view/education-consensus-on-nursing-education-regulatory-quality-indicators-a-delphi-study

Education | NCSBN
https://ncsbn.org/nursing-regulation/education.page

Graduate QSEN Competencies | QSEN
https://www.qsen.org/competencies-graduate-ksas

Guidelines_for_Prelicensure_Nursing_Program_Approval_FINAL.pdf (ncsbn.org)
https://ncsbn.org/public-files/Guidelines_for_Prelicensure_Nursing_Program_Approval_FINAL.pdf

Infection Control | CDC
https://www.cdc.gov/infectioncontrol/index.html

INS Learning Center: Fundamentals of Infusion Therapy (ins1.org)
https://www.learningcenter.ins1.org/p/FIT

Joel, L. (2018) *Advanced practice nursing: Essentials for role development.* (4th Ed.). Philadelphia: F.A. Davis Company.

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McCoy, J., & Anema, M. (2018). *Fast facts for curriculum development in nursing: How to develop and evaluate educational programs.* (2nd Ed.) New York: Springer Publishing Company.

Microsoft Word - DNP Essentials Final 10-06.doc (aacnnursing.org)
https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf

Microsoft Word - Final Member Draft of Master's Essentials 3-4-2011.doc (aacnnursing.org)
https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf

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"NCSBN's Environmental Scan A Portrait of Nursing and Healthcare in 2020 and Beyond." *Journal of Nursing Regulation*, January 2020. Volume 10. Issue 4.

NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs | NCSBN
https://www.ncsbn.org/research-item/ncsbn-regulatory-guidelines-and-evidencebased-quality-indicators-for-nursing-education-programs

ntfs_faq__2022_.pdf (ymaws.com)
https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs_faq__2022_.pdf

NTF Standards - National Organization of Nurse Practitioner Faculties (NONPF)
https://www.nonpf.org/page/NTFStandards

NONPF NP Role Core Competencies - National Organization of Nurse Practitioner Faculties (NONPF)
https://www.nonpf.org/page/NP_Role_Core_Competencies

Nursing Education Programs in Pennsylvania, Data from 2013 Nursing Education Program Annual Reports (pa.gov)
https://www.health.pa.gov/topics/Documents/Programs/Workforce Reports/2014 Nursing Education Report.pdf

nursing-judgment-final.pdf (nln.org)
https://www.nln.org/docs/default-source/uploadedfiles/default-document-library/nursing-judgment-final.pdf?sfvrsn=b2c6df0d_0

Patient Safety Authority - Safe healthcare for all patients
http://patientsafety.pa.gov/

Postsecondary & Adult Education (pa.gov)
https://www.education.pa.gov/Postsecondary-Adult/Pages/default.aspx

Principles of Epidemiology | Lesson 1 - Overview (cdc.gov)
https://www.cdc.gov/csels/dsepd/ss1978/lesson1/index.html

Recommendations for Mathematics and Statistics Education for Quality and Safe Nursing Practice | UT Dana Center
https://www.utdanacenter.org/our-work/higher-education/collaborations/math-for-nurses/recommendations-mathematics-and-statistics-education-quality-and-safe-nursing-practice

QSEN Competencies | QSEN
https://www.qsen.org/competencies-pre-licensure-ksas

Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (aacnnursing.org)
https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf

Summary-Major-Revisions-to-2018-Standards.pdf (aacnnursing.org)
https://www.aacnnursing.org/Portals/42/CCNE/PDF/Summary-Major-Revisions-to-2018-Standards.pdf

The Essentials: Competencies for Professional Nursing Education (aacnnursing.org)
https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf

Accreditation

2023 Schedule of Fees Domestic – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/for-programs/general-resources/acen-accreditation-fees/2023-schedule-of-fees/

2023 Standards and Criteria Program Guideline and Resources – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/2023-standards-and-criteria-resources/

2023 Program Guidelines - ACEN Resources (acenursing.org)
https://resources.acenursing.org/space/GUID

ACEN-2023-Program-Guidelines.pdf (acenursing.org)
https://www.acenursing.org/2023-resources/ACEN-2023-Program-Guidelines.pdf

ACEN 2023 Standards and Criteria – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/acen-2023-accreditation-manual/acen-2023-standards-and-criteria/

ACEN 2023 ACCREDITATION MANUAL – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/acen-2023-accreditation-manual/

ACEN Accreditation Manual – Policies – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/accreditation-manual-policies/

ACEN Accreditation Manual – Policy 3 – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/acen-accreditation-manual-policy-3/

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https://www.acenursing.org/archives-signal-flame/acen-recognition-renewed-by-the-usde/

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https://www.acenursing.org/position-statement-graduate-nursing-education-programs/

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https://www.aacnnursing.org/Portals/42/Policy/PDF/Debt_Report.pdf#:~:text=Sixty%2Dnine%20percent%20of%20graduate%20nursing%20students%20surveyed,and%20Nurse%20Practitioners)%20and%20advanced%20nursing%20students

APPLY | NLN CNEA (eligibility criteria)
https://cnea.nln.org/programs#ELIGIBILITYCRITERIA

APPLY | NLN CNEA (pre-accreditation candidacy application cycles and deadlines)
https://cnea.nln.org/programs#Pre-accreditationCandidacyDeadlines

Baccalaureate & Graduate Nursing Program Application Process (aacnnursing.org)
https://www.aacnnursing.org/ccne-accreditation/what-we-do/bacc-grad-application-process

Benefits of Accreditation – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/about/benefits-of-accreditation/

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https://acenursing.atlassian.net/servicedesk/customer/portal/5

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https://www.acenursing.org/2023-resources/Candidacy-Presentation-Written-Report-Instructions-August-2022.pdf

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https://www.aacnnursing.org/ccne-accreditation

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https://freopp.org/whitepapers/college-accreditation-does-not-guarantee-good-student-outcomes/

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https://www.aacnnursing.org/portals/0/pdfs/ccne/cna-update-standards-revisions-nurse-educator.pdf

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https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA+Standards+October+2021.pdf

CNEA Substantive Change Form 04_23.pdf (cdn-website.com)
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https://www.acenursing.org/commission-actions/

Commission on Collegiate Nursing Education (aacnnursing.org) (CRNP)
https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Fee-Structure-NP-Fellowship-Residency-Programs.pdf

Commission on Collegiate Nursing Education (aacnnursing.org) (entry to practice)
https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Fee-Structure-Nurse-Residency.pdf

Commission on Collegiate Nursing Education (aacnnursing.org) (nursing education programs)
https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Fee-Structure.pdf

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https://www.aacnnursing.org/ccne-accreditation/what-we-do/nrp-application-process

Evidence-based Nursing Education Program Approval | NCSBN
https://ncsbn.org/nursing-regulation/education/approval-of-nursing-education-programs/nursing-approval-guidelines.page

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https://www.ncsbn.org/public-files/21_Model_Act.pdf

New Report Shows Graduates of NLN CNEA Accredited Programs Land Jobs at a Higher Rate than the National Average
https://www.nln.org/detail-pages/news/2026/04/09/new-report-shows-graduates-of-nln-cnea-accredited-programs-land-jobs-at-a-higher-rate-than-the-national-average

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https://image-res-platform.s3.amazonaws.com/cc12ee87/files/uploaded/NLN CNEA Accreditation Handbook 2023-ba8485f6.pdf

Nurse Practitioner Fellowship/Residency Program Application Process (aacnnursing.org)
https://www.aacnnursing.org/ccne-accreditation/what-we-do/np-fellowship-residency-application-process

Nursing Education Pathways (aacnnursing.org)
https://www.aacnnursing.org/students/nursing-education-pathways

Regulation Accredited Programs | NLN CNEA
https://cnea.nln.org/accredited-programs

Request an Initial or Continuing Accreditation Site Visit – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/for-programs/report-writing-and-site-visit-preparation-resources/resources-information-forms-site-visits/

Requests for an ACEN Certificate of Accreditation – Accreditation Commission for Education in Nursing (acenursing.org)
https://www.acenursing.org/for-programs/general-resources/requests-for-an-acen-certificate-of-accreditation/

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http://www.acenursing.com/accreditedprograms/programsearch.htm

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https://ncsbn.org/event-video-view/education-an-update-to-the-ncsbn-simulation-study-a-review-of-simulation-in-nursing-education

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https://www.bing.com/search?q=International+Nursing+Association+for+Clinical+Simulation+and+Learning+the+Society+for+Simulation+in+Healthcare&cvid=3df2506f651240ec91b3a9b182dd4f23&aqs=edge..69i57j69i11004.1347j0j4&FORM=ANAB01&PC=U531

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https://www.nln.org/education/training/professional-development-programs/simulation

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https://www.ncsbn.org/public-files/presentations/Transcript_2018SciSymp_Alexander-Smiley.pdf

The NCSBN National Simulation Study - Clinical Simulation In Nursing (nursingsimulation.org)
https://www.nursingsimulation.org/article/s1876-1399(12)00162-4/fulltext

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https://pubmed.ncbi.nlm.nih.gov/31573483/

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CDL-1

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Independent Regulatory
Review Commission

September 8, 2026

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BY: _____ (DEPUTY ATTORNEY GENERAL)	**State Board of Nursing** (AGENCY)	BY: _____ (Deputy General Counsel, ~~Chief Counsel, Independent Agency~~) (Strike inapplicable title)
_____ DATE OF APPROVAL	DOCUMENT/FISCAL NOTE NO. **16A-5141** DATE OF ADOPTION: _____ BY: _____ **Colby P. Hunsberger DNP, RN, CNEcl**	August 27, 2026 DATE OF APPROVAL
☐ Check if applicable Copy not approved. Objections attached.	TITLE **Chairperson** (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)	☐ Check if applicable. No Attorney General approval or objection within 30 days after submission.

FINAL RULEMAKING

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

49 PA. CODE, CHAPTER 21

§§ 21.1, 21.5, 21.11, 21.18, 21.31-21.116, 21.118, 21.121-21.125, 21.141-21.148, 21.161-21.234, 21.251, 21.282a, 21.283, 21.361-21.377, 21.901-21.991

NURSING EDUCATION PROGRAMS; TERMINOLOGY UPDATES

The State Board of Nursing (board) deletes current regulations relating to professional nursing (§§ 21.31-21.116, 21.121-21.125), practical nursing (§§ 21.143, 21.145b, 21.161-21.234) and certified registered nurse practitioner nursing education programs (§§ 21.361-21.377) (collectively referred to as "Programs") and consolidates the provisions into Subchapter I (relating to nursing education programs) that solely addresses Programs (§§ 21.901-21.991) to read as set forth in Annex A. Additionally, the board amends current §§ 21.1, 21.5, 21.11, 21.18, 21.118, 21.141, 21.145, 21.145a, 21.147, 21.148, 21.251, 21.282a and 21.283, which are tangentially impacted by Subchapter I and are also to read as set forth in Annex A.

Effective Date

The amendments will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin* unless noted otherwise. Sections 21.916(a) and (b) and 21.933(a)(1)(ii)(A), (b)(1)(ii) and (c)(1)(ii) (relating to programmatic accreditation; and administrator qualifications) will be effective 5 years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

Statutory Authority

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

§ 212.1(k)) and 17.6 of the PN Law (63 P.S. § 667.6).

Regarding the fee for IV therapy education evaluations required by § 21.943(c) (relating to infusion therapy education requirements) to be imposed under § 21.5(e) (relating to fees), section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P.S. § 279.1(a)(3) and (7)) authorizes the Commissioner of Professional and Occupational Affairs to issue all certificates and other official documents of the various professional and occupational examining boards and, unless otherwise provided by law, to fix the fees to be charged by the boards within the Bureau of Professional and Occupational Affairs.

Background and Purpose

In this final-form rulemaking, the board: (1) consolidates the three types of educational Programs into Subchapter I; (2) codifies current board practice; (3) updates requirements to meet National standards and statutory requirements; and (4) amends regulations tangentially impacted by the addition of Subchapter I.

As of October 1, 2025, there are 261 Programs in the Commonwealth broken down into 94 registered nurse programs (RN Programs), 58 practical nurse programs (PN Programs), and 115 certified registered nurse programs (CRNP Programs). Based upon the latest Annual Reports for the 2023-2024 reporting period there are 6,058 faculty members and 29,296 students in Pennsylvania RN and PN Programs. Pennsylvania ranks sixth in the number of registered and practical nurse candidates that tested Nationally. As of May 31, 2025, based upon responses from CRNP Programs, there were at least 671 faculty members and 5,514 students in CRNP Programs.

The curriculum content and established competencies for nursing education are developed through a combination of nursing education standards as established by the American Association

of Colleges of Nursing (AACN), National League of Nursing (NLN), the National Council of State Board of Nursing's (NCSBN) Model Acts and Rules, the National Council's Licensure Examination (NCLEX®) RN and PN Practice Analyses and Test Plans and Quality and Safety Education for Nurses (QSEN) Competencies, the National Task Force on Quality Nurse Practitioner Education and the National Organization of Nurse Practitioner Faculties.

RN education can be obtained in this Commonwealth through an entry-level master's in nursing degree, referred to as direct-entry (DE-MSN), a baccalaureate degree in nursing (BSN), an associate degree in nursing (ADN) or a hospital-based diploma. The general length of the education ranges from 16-48 months. As of October 1, 2025, there are four DE-MSN Programs, 48 BSN Programs, 28 ADN Programs and 14 hospital-based diploma Programs. They are housed within 47 colleges and universities, with 13 being approved to offer multiple degree types, 13 community colleges and 14 hospitals. As documented in the NCSBN's 2024 National Nursing Workforce Survey, in 2024, 46% of RNs Nationally held a BSN as their initial nursing education and 73% held a BSN or higher as their highest level of nursing education. This trend has continued from prior years.

PN education can be obtained through AD, diploma and certificate programs. In this Commonwealth, there are 20 certificate Programs, 36 diploma Programs, 1 AD in specialized technology (AST) Program, and 1 AD in applied science Program, which are housed at 10 community colleges, 31 vocational and technical schools and 17 private licensed schools. Four of the PN Programs have initial approval status having been licensed within the last 2 years. The general length of the education ranges from 12-18 months. As the Pennsylvania Association of Practical Nursing Administrators (PA-PNA) advised in its presentation on its White Paper

entitled, *Practical Nursing Front & Center: The Role, Trends & Future of Practical Nursing in Pennsylvania* (PA-PNA White Paper) presented at the October 27, 2017, board meeting, between 2003 and 2013, there was 33% growth in practical nursing enrollment due to the need for long term care services. They also reported that 57% of the PN education takes place in career tech centers, 24% in private licensed schools and 19% in community colleges. Based upon the current PN Program numbers, there has been a decrease in PN education taking place in career tech centers, currently at 53%, and community colleges, currently at 17%, and an increase in PN education by private licensed schools, currently at 29%.

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

Unlike RN and PN Programs that are approved by the board per institution that houses the nursing Program, referred to as the controlling institution, CRNP Programs are approved by the board per degree and particular clinical specialty area meaning that one controlling institution may have multiple CRNP Programs. Currently, in this Commonwealth, there are 34 BSN-DNP Programs, 61 PMC/MSN Programs, 9 PMC Programs and 11 MSN Programs at 31 colleges and

universities of which there are 17 in AGAC, 19 in AGPC specialty, 42 in FIAL, 5 in NN, 3 in P-AC, 7 in P-PC, 17 in PMH and 5 in WHGR.

The promulgation of this regulation involved a multi-year process with the board sending versions of the rulemaking out for pre-draft input to its entire stakeholder list three times, emailing copies to stakeholders who receive the board agenda, holding stakeholder discussions and having numerous committee meetings during board meetings to discuss the consolidation and substantive revisions.

Summary and Response to Comments; Description of Amendments

Notice of the proposed rulemaking was published at 55 *Pa.B*. 728 (January 25, 2025). Publication was followed by a 30-day public comment period during which the board received 76 public comments from professional associations representing nurses generally, nursing education Programs and hospitals/health systems, the Pennsylvania State Nurses Association (PSNA), the Pennsylvania Association of Practical Nursing Administrators (PA-PNA), the Mid-Atlantic Association of Career Schools (MAACS), the Hospital and Health System of Pennsylvania (HAP), and the Pennsylvania Health Care Association (PHCA). The board also received comments from PN Program Directors and educators, and licensed practical nurses (LPNs). Additionally, the board received a comment from Senator Judy Ward, 30th Senatorial District.

Seven comments opposed the programmatic accreditation requirement under proposed § 21.916 (relating to programmatic accreditation), five comments opposed the academic degree requirement for RN Programs addressed under § 21.917 (relating to controlling institution accreditation) and over 50 comments were a form letter, with some variants, opposing the proposed admission requirement of completion of specific math and science courses prior to commencing

PN Programs under proposed § 21.918 (relating to minimum student program qualification requirements). All of the comments are more fully discussed under the specific provision in this preamble.

Additionally, the board received comments from the Independent Regulatory Review Commission (IRRC). Six of the nine IRRC comments summarized the positions of the commentators and indicated that it would review the responses and determine if the rulemaking is in the public interest. The Professional Licensure Committee of the House of Representatives (HPLC) and the Consumer Protection and Professional Licensure Committee of the Senate (SCP/PLC) did not submit comments.

Generally

HAP commented that the consolidation of education program regulations for RNs, LPNs and CRNPs reduced fragmented processes and makes navigation more streamlined. PSNA advised that it had no concerns with the proposal. Penn State Health concurred with the proposed changes and thanked the Board for consolidating the nursing education program regulations into one Chapter.

Other commentators maintained that the regulations will exacerbate the nursing shortage noted in HAP's 2024 Hospital Workforce Survey because they create additional barriers to entry and completion of Programs and over emphasize input measures. Some suggested that the regulations will reduce Program innovation and flexibility. Another commentator opined that it is unnecessary to increase LPN Program requirements to match RN Program requirements. The board addresses these comments in connection with analysis of and changes made to §§ 21.918, 21.932(5), 21.933, 21.934(a) and (b) and 21.942.

§ 21.912. Procedure where a nursing education program is placed on provisional status.

Proposed subsection (e) would have limited the length of time that a Program would be on provisional status to the length of the full time Program. IRRC and other commentators affiliated with private licensed schools noted that for diploma Programs, whose length was from 12 to 18 months, the proposed change would shorten their ability to cure deficiencies without having to ask for an extension of their provisional status. Commentators noted that this would unfairly penalize programs, especially those serving student populations. IRRC asked the board to consider this impact and if it did not change the timeframe, provide its rationale. IRRC also asked the board to explain or revise the statement in its Regulatory Analysis Form (RAF) that a diploma Program be permitted to remain on provisional status for about 24-36 months before seeking an extension. Because the board desires that 2 years be the minimum timeframe for a Program to be on provisional status without seeking an extension, as it explained in the Preamble to the proposed regulations, and in light of the comments, in final-form the board has amended subsection (e) and its explanation in the RAF to indicate that the length of provisional status is "for 2 years or the length of the full-time nursing education program, whichever is longer…."

§ 21.915. Standards; § 21.911(b). Approval status

Section 21.915 delineates 12 standards that Programs shall meet to be in compliance with the board standards as well as three prohibitions specifically applicable to nursing educators and Programs. MAACS and other commentators affiliated with private licensed schools expressed concern that the addition of the eleven standards in paragraphs (2)-(12) warranting placement of a Program on provisional status introduces subjectivity and inconsistent application. They noted that the standard in paragraph (1), tracking the current requirement under §§ 21.33(a)(1) and 21.162(a)(1) (relating to minimum standards), is a defined qualitative measurement, while the

additional ones are not. IRRC noted that it would review the responses to commentator concerns and determine if the rulemaking is in the public interest.

The board disagrees with the commentators regarding the lack of a defined qualitative measurement under § 21.915(a)(2) and (3), which the board interprets to mean the lack of an objective measurement. The loss of programmatic accreditation, the failure to obtain programmatic accreditation within 5 years of publication of the regulation and the loss of a controlling institution's authority to provide education in the Commonwealth are all verifiable objective measures. In each instance, information must be provided to the board by the Programs under § 21.916(c) (relating to programmatic accreditation) and the accuracy of the information can be verified through the accrediting bodies or the Pennsylvania Department of Education (PDE); the board has no discretion regarding the accuracy of the information.

Under §§ 21.911(b)(2) and 21.916(d), Programs that fail to maintain or obtain accreditation are subject to removal under the procedures under § 21.913(b) (related to procedure to remove approval of a nursing education program), including notification of the intent to remove the program's approval, an opportunity for the Program to file a response and provide evidence and the issuance of a Final Adjudication and Order by the board that is appealable to Commonwealth Court. Similarly, if a controlling institution loses its authority to operate, it is barred from providing education until approval is obtained regardless of any approval by the board under 22 Pa. Code §§ 42.1-42.71 (relating to program approval). Hence, § 21.915(a)(2) and (3) set forth qualitative standards invoking the procedures under §§ 21.911(b)(3) or 21.913, or both.

The board acknowledges that the additional standards under § 21.915(a)(4)-(12) are more subjective than qualitative/objective. Owing to commentator concerns, in final-form, the board

has amended § 21.911(b)(4) by removing the administrative placement of the Program on provisional status and by adding subsection (b)(4)(iii) setting forth due process procedures, akin to those under § 21.913(b), including notice of the board's intent to place the Program on provisional status, an opportunity to respond and provide evidence and the issuance of a final adjudication and order, which is appealable to the Commonwealth Court, setting out the rationale for the placement on provisional status before the Program is placed on provisional status.

Section 21.915(b)(2) prohibits Programs from having more than two administrators within an academic year unless emergency circumstances exist. Commentators explained that requiring board approval of administrator changes is unnecessary and fails to account for unforeseen circumstances beyond the Program's control that would cause a violation. They also noted that such a rigid requirement is unnecessary, could disrupt program operations and impose a hardship on Programs.

The board's rationale for this prohibition is based upon the results from NCSBN's 2020 National Delphi Study on Education: *Consensus on Nursing Education Regulatory Quality Indicators* that concluded that one quality indicator for nursing education performance is consistent administrative leadership in a Program and the board's anecdotal experience that there is a correlation between administrator turnover, poor student performance on the NCLEX® and placement of the Program on provisional status. Nonetheless, as the board explained in the Preamble in the proposed rulemaking, Programs are not precluded from hiring a third administrator who meets the board's qualifications within an academic year. The only change in this regulation from the current regulation is that the Program is required to demonstrate that emergency circumstances exist prior to receiving board approval to avoid a violation.

Section 21.921(c) (relating to establishment) retains the current requirement under §§ 21.71(b), 21.172(a) and 21.365(c)(2) (relating to nurse administrator, faculty and staff requirements; and establishment), that requires a Program to apply for approval for its administrator. When a Program that seeks to hire a third administrator within an academic year, § 21.915(b)(2) requires the Program to present the board with evidence of an emergency circumstance prior to approval. Because hiring the third administrator within an academic year is not prohibited when there is an emergency, while at the same time recognizing quality indicators, the board has clarified this requirement in the final-form regulation.

The board also amends § 21.911(b)(3). In subsection (b)(3), the Board replaces the requirement that a nursing education program on provisional status may provide nursing education in the Commonwealth "only as permitted by the authorizing body" with a requirement that the program may do so only when its controlling institution meets the applicable accreditation or authorization requirements in § 21.917 (relating to controlling institution accreditation or authorization). Section 21.917 establishes the requirements applicable to controlling institutions based on the type of nursing education program. The amendment clarifies the conditions under which a nursing education program on provisional status may continue to provide nursing education in the Commonwealth and directs regulated parties to the provision containing the applicable requirements.

§ 21.916. Programmatic accreditation.

In addition to the controlling institution maintaining accreditation/approval as currently required and reinserted under § 21.916, the board adds the requirement that the nursing education program itself also obtain and maintain programmatic accreditation from a board-recognized

nursing accreditation agency within 5 years of publication of the regulation in final-form. Currently, of the 94 RN Programs, 100% of diploma, AD, BSN, and DE-MSN Programs, except those on initial board approval, are accredited. Broken down by accreditor, according to 2023-2024 RN Annual Report data and a recent check of accreditation status, 43 RN Programs are accredited by the Accreditation Commission for Education in Nursing (ACEN™), 38 are accredited by the Commission on Collegiate Nursing Education (CCNE), 4 are accredited by the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) and 8 hospital-based Programs are accredited by the Joint Commission.

For PN Programs, again excluding those on initial board approval, according to 2023-2024 PN Annual Report data and a recent check of accreditation status, 40% (22 of 54) hold ACEN™ or CNEA accreditation as opposed to the 10.6% of PN Programs Nationally with programmatic accreditation according to the NCSBN's 2020 Survey. The remaining 60% of non-hospital based PN Programs in the Commonwealth only possess accreditation for the controlling institution through non-nursing accreditors such as the Council on Occupational Education (COE), the Accrediting Commission of Career Schools and Colleges (ACCSC), or the Accrediting Council of Continuing Education and Training.

Commentators affiliated with private licensed schools maintain that programmatic accreditation should be an institutional decision as it adds unnecessary costs and regulatory requirements on Programs. They maintain that this accreditation by non-nursing accreditors such as COE and ACCSC should be sufficient. They also reference a 2015 United States Department of Education study that concluded that accreditation does not correlate with improved student outcomes. IRRC noted that it would review the board's responses to commentator concerns and

determine if the rulemaking is in the public interest.

The costs associated with programmatic accreditation for one Program ranges from $7,750 to $11,505 depending upon the accreditor selected regardless of the program type. The average annual fee once accreditation is achieved is $2,977. ACEN™ charges an initial candidacy fee of $2,700, an initial accreditation fee of $1,335, a site visit fee of $2,850 (consisting of $950 for three peer evaluators for 3 days), and a first accreditation fee of $3,500, totaling $10,385. Thereafter, the Program pays an annual accreditation fee of $3,195 and a site visit fee of $2,850 (consisting of $950 for three peer evaluators for 3 days) every 5 years. CCNE charges an evaluation fee of $5,250 (consisting of $1,750 for three evaluators) and a new applicant fee of at least $2,500, depending upon the number of programs being accredited, totaling $7,750. Thereafter the Program pays an annual fee of $2,948. CNEA charges a pre-accreditation candidacy applicant fee of $3,575, depending upon the number of programs being accredited, and an accreditation fee of $7,930, totaling $11,505. Thereafter, the Program pays an annual fee of $3,135. ACEN™ and CNEA accredits all program types while CCNE only accredits baccalaureate and higher degree programs.

For programs that possess programmatic accreditation, this regulation does not impose additional costs. For the 34 PN Programs that do not possess programmatic accreditation, the requirement for programmatic accreditation will not become effective until 5 years from publication of the final-form regulation.

Despite the costs for those Programs without programmatic accreditation, the board disagrees that the costs, which can be apportioned throughout the 5-year implementation period, outweigh the significant benefits to both Programs and their students. First, as HAP advised, a critical

benefit of programmatic accreditation for diploma and certificate Programs is that it enables students enrolled in these Programs to obtain Federal financial aid under Title IV of the Higher Education Act of 1965 (20 U.S.C. §§ 1070—1099d). ACEN™, for example, is the pathway used by many private licensed schools and diploma Programs as it is approved by the United States Department of Education (USDOE) to act as a Title IV gatekeeper. According to the United States Health Resources & Services Administration's (HRSA) 2024 Health Workforce Analysis based on the results of the 2022 National Sample Survey of Registered Nurses, "2.2 million nurses (50.8% of all RNs) indicated that they had borrowed money to finance either their initial nursing degree, an additional nursing degree, or both." Similarly, according to AACN debt reporting in October 2017, Nationally, approximately 72%–87% of all college students receive some form of financial aid, with roughly 69% of graduate nursing students taking out Federal loans. In this Commonwealth, 64% of learners accrue student debt, with many nursing students relying on scholarships, grants and Federal loans to cover costs. In addition to qualifying for Federal financial aid, accreditation also enables students to take advantage of U.S. Department of Health & Human Services scholarships and U.S. Department of Veteran Affairs employment and residencies.

A second benefit of programmatic accreditation for Programs is that it is geared specifically to nursing and provides an indica of quality nursing education. Non-specialized accreditors like COE and ACCSC, cited by commentators, review how programs within an institution contribute to the achievement of its mission and objectives. Nonetheless, these non-specialty accreditors do not have the expertise or bandwidth to provide the ongoing nursing curriculum analysis conducted by specialized or programmatic accreditors to assure that the curriculum and program standards align with best practices in nursing and industry needs. PA-PNA reinforced this principle in its White

Paper emphasizing that the programmatic accreditation process assists schools "to continuously improve the quality of their program, meet common core education and, in the case of nursing programs, nurse practice standards, and invest the commensurate resources to achieve results."

A third benefit of programmatic accreditation is higher Program NCLEX ® pass rates. While the programmatic accreditors do not generally publish comparison rates for their accredited programs and non-programmatically accredited PN Programs like they do for RN Programs, on April 9, 2026, CNEA released its 2025 Annual Report, based upon data from the July 1, 2023, to June 30, 2024, academic year, in which it reported that, "82% of students in CNEA-accredited programs completed their course of study to earn a degree, exceeding the national average graduation rate of 71% for all pre-licensure programs. At the same time, nearly 91% of CNEA-accredited program graduates passed qualifying licensure and certification exams, compared with an average national passage rate of 87% for first-time PN/VN test-takers and 87% for RN first-time testers….According to NCSBN, accredited PN/VN programs have significantly better outcomes for their rates of student completion, licensure/certification, and employment than unaccredited PN/VN programs." Similarly, data from the Annual Report based upon a comparison of PN Programs who maintain programmatic accreditation and those that do not in this Commonwealth reflect that programmatically accredited PN Programs achieved a 93.81% pass rate as compared to an NCLEX® Statistics average pass rate for the October 1, 2023, to September 20, 2024, examination year of 89.46%. Additionally, it is uncontroverted by any commentator that the NCLEX-RN® pass rates are higher for programmatically accredited Programs than non-accredited ones. This is significant, even for LPN graduates, as about 700,000 RNs (16% of the workforce) were licensed as LPNs before obtaining RN licensure according to HRSA's 2024

Health Workforce Analysis.

Fourth, the board's requirement for programmatic accreditation is consistent with program requirements in other states and the NCSBN Model Rules. According to the NCSBN *Board Member Profile 2025 Educational Survey Report*, 38 or 66% of boards of Nursing require programmatic accreditation. Similarly, Article VI, section 3 of the NCSBN Model Rules requires that the program be accredited by a National nursing accrediting body and under section 5(a)(1) requires that new programs provide evidence that the program is actively seeking pre-accreditation or candidate accreditation from a National nursing accrediting body.

Addressing the applicability of the USDOE study that commentators cite, it is a United States Government Accountability Office study that, like a 2015 White Paper prepared by The Foundation for Research on Equal Opportunity, did not consider or review whether accreditation improves nursing education programs or its impact on entry-level pass rates or graduates' practice quality. Rather, instead of quality considerations, they analyzed whether accredited schools were more likely to have been sanctioned by accreditors if the program had weaker student outcomes than stronger student outcomes and concluded that, on average, it was not more likely. As such, the study and White Paper are of little import to whether nursing education programs should be required to obtain and maintain programmatic accreditation. Nonetheless, while programmatic accreditation in-and-of-itself is not fool-proof, the board believes that when coupled with board oversight of Programs, faculty and curriculum, as delineated under §§ 21.911-21.991, deficiencies related to variations in accreditor performance and their difficulty in taking adverse action discussed in the White Paper are abated while the overall benefits of accreditation are achieved.

In light of the foregoing analysis, the board has chosen to retain the programmatic accreditation

requirement for all nursing education Programs within 5 years from publication of the final-form regulation and has not amended § 21.916 as recommended by commentators.

§ 21.917. Controlling institution accreditation.

Section 21.917 addresses accreditation of the controlling institution in addition to programmatic accreditation in § 21.916. Subsection (a) requires that the controlling institution for RN Programs must be currently accredited by bodies recognized by the USDOE, approved by the board and authorized by PDE to grant academic degrees in professional nursing or organized within a health care facility as defined in section 103 of the Health Care Facilities Act (HCFA) (35 P.S. § 448.103) and authorized by the board under section 3(3) of the Higher Education Eligibility Act (Higher Education Act) (24 P.S. § 7603(3)) to grant a diploma in professional nursing. Subsection (b) requires that the controlling institution for PN Programs must be currently authorized by PDE to award at a minimum a diploma or certificate in practical nursing or organized within a health care facility as defined in section 103 of the HCFA (35 P.S. § 448.103) and authorized by the board under section 3(5) of the Higher Education Act (24 P.S. § 7603(5)) to grant a diploma in practical nursing. Subsection (c) requires that the controlling institution for CRNP Programs must be accredited by bodies recognized by the USDOE and authorized by PDE to grant a graduate degree or post-master's certificate in nursing.

MAACS and other commentators affiliated with private licensed schools challenge the board's justification for requiring in subsection (a)(1) that non-hospital/facility based RN programs be authorized to grant DE-MSN, MSN, BSN or ADN (collectively referred to as ADN^{+}) degrees insisting that an AST is analogous to an ADN and is not a terminal degree as noted in the proposed Preamble. Further, citing sections 5(d), 6(a) and 6.2(b) of the RN Law (63 P.S. §§ 215(d), 216(a)

and 216.2(b)), they insist that the board cannot discriminate between ADNs conferred by colleges and universities and ASTs conferred by private licensed schools under 22 Pa. Code §§ 73.56 and 338.2 (relating to certificate, diplomas and degrees; and definitions).

Commentators also point to the RN education provided by private licensed schools in other states, like West Virginia, that they describe as "successful" and assert that the prohibition against private licensed schools offering RN education would lead to "border bleed." Finally, commentators suggest that permitting private licensed schools to provide RN education could assist in relieving the nursing shortage. IRRC noted that it would review the board's responses to commentator concerns and determine if the rulemaking is in the public interest.

Fundamentally, ASTs and ADs, including ADNs, differ in type, credit calculations and general education content impacting transferability and financial capacity. ASTs are "programs culminating in an *occupational* degree…designed to prepare a student for employment in an area requiring specialized instruction beyond secondary education" without having to obtain additional education to begin practicing. See 22 Pa. Code § 31.2 (relating to definitions). ASTs require at least 1,500 hours of instruction, of which a minimum of 20% must be in general education and "at least 70%, but no more than 80%, of the program must consist of specialized instruction that bears directly upon the employment objectives of the program…." See 22 Pa. Code §§ 31.21(b)(1) and 121.33(1) (relating to curricula; and approved program of study in higher education grant program). In this Commonwealth, AST Programs are in fields like heavy diesel construction, natural gas compression, advanced manufacturing technology, information technology and healthcare management. Conversely, an AD is an *academic degree* that requires at least 1,800

hours of instruction of which a minimum of 33% must be in general education. See 22 Pa. Code § 31.21(b)(2).

As reflected in the credit hours awarded, even when the occupational and academic degree courses have identical names, the breadth of instruction is not the same. For example, Medical-Surgical 1 offered at an AST earns 3.5 quarter credits, while Medical-Surgical 1 offered at an ADN earns 5 quarter credits. To obtain an academic degree, required for ADN^{+} degrees, at a minimum, additional quarter credits would have to be obtained by AST holders either by taking additional courses for each content area or completing additional content so that the deficient information is obtained, in addition to completing an additional 300 total hours of instruction and an additional 13% in general education credits.

Private licensed schools concede that colleges and universities are not required to accept occupational credits earned at private licensed schools as they are for academic credits, and for that reason, the board characterized an AST as a terminal degree in the Preamble to the proposed rulemaking. When the AST credits are not accepted, the coursework must outright be repeated for the student to earn an academic degree negating the value of an AST and causing AST holders to incur significant additional time and money expenditures, especially because financial aid may not be available as aid was previously provided for the coursework. Even in instances when private licensed schools have articulation agreements with colleges and universities and the credit is accepted for the AST coursework, AST holders must still complete additional coursework for their education to qualify toward an academic degree. This is not the case for academic degrees in which articulation is seamless as credits are accepted in toto throughout the academic educational chain. Moreover, commentators reference to West Virginia's experience with private licensed

schools and the transfer of credits for AST holders through articulation agreements to academic programs, is misplaced as West Virginia law specifically includes ASTs in the types of programs, in addition to AD^{+} degree programs, that are authorized to provide community and technical college education. See W.Va. Code St. R. § 135-35-5. In this Commonwealth, ASTs cannot confer academic degrees.

Permitting ASTs to provide RN Programs would assure that AST holders will have to incur additional time and money to pursue further nursing education without which they may not be able to work as an RN in a Magnet-designated facility and will not be appointed to management status in those facilities. According to ANCC, currently there are 650 magnet facilities in the US, with 10% of hospitals in the US designated as Magnet. Thirty acute care facilities in this Commonwealth, including Fox Chase Cancer Center, UPMC, Geisinger, Penn State Health, Penn Medicine, WellSpan, and Allegheny Health Network, are designated as Magnet. The inability to practice as an RN at a Magnet hospital is significant as 53% of RNs Nationally are employed at hospitals according to the 2024 Workforce Survey. In addition to potentially not being able to work as an RN at a Magnet hospital without additional education, AST holders would also be unable to obtain certification as a certified registered nurse practitioner, clinical nurse specialist or certified registered nurse anesthetist, under sections 8.1(b)(1)(i), 8.5(a) and 8.8(b) of the act (63 P.S. §§ 218.1(b)(1)(i), 218.5(a) and 218.8(b)), or serve as a faculty member or administrator of a nursing education Program under §§ 21.933 and 21.934 without additional education. In 2022, 71.7% of RNs earned at least a baccalaureate degree or higher.

Further, there is no conflict between § 21.917(a)(1) and sections 5(d), 6(a) and 6.2(b) of the RN Law (63 P.S. §§ 215(d), 216(a) and 216.2(b)). Sections 5(d) and 6(a) of the RN Law address

denial of access to the NCLEX-RN® not requirements to be a nursing education program. Section 6.2(b) of the RN Law prohibits the board from "fail[ing] to approve a nursing program on the grounds that the program awards a diploma or associate degree rather than a baccalaureate degree." In that ASTs cannot confer academic associate degrees, there is also no conflict with this provision.

Finally, there is no support for the premises upon which the commentators opine that allowing ASTs to offer RN education will relieve the nursing shortage. First, none of the factors identified in causing the nursing shortage are related to the number of nursing education programs. According to NCSBN's 2025 Workforce Survey as well as the National Center for Health Workforce Analysis (NCHWA), published in December, 2025, and an analysis of the nursing shortage by Richard Smiley, MS, MA, *et. al*., published in April, 2025, the National nursing shortage is attributable to an aging nursing population, increased demand for healthcare as the population ages, burnout and wellness issues, especially exacerbated during the COVID-19 pandemic, and job and career dissatisfaction related to staffing and violence in the workplace.

Second, increasing the number of RN Programs does nothing to address the projected demand for LPNs. According to NCHWA, the projected supply of RNs in 2038 is sufficient to meet 97% of the demand for RNs, compared to 94% in 2033 and 92% in 2028. This projection is in line with NCSBN's 2025 Workforce Survey that predicts growth through 2035 with the number of RNs exceeding 4.5 million Nationally. The same is not the case for LPNs, however, as the NCHWA's projected supply of LPNs in 2038 is sufficient to meet just 70% of the demand for LPNs, compared to 76% in 2033 and 83% in 2028. Between 2020 and 2024, the number of LPNs declined by 6% while at the same time, the number of RNs increased by 9.4% and the number of nurse practitioners rose by 38.5%. Because RN Programs exclusively provide RN education, the LPN shortage is not

reduced by increasing the number of RN programs.

Third, increasing the number of AST Programs does not alleviate or even reduce the projected shortage of nursing educators due to the additional education required to raise the occupational degree to an academic degree to obtain a BSN, MSN or DNP, a prerequisite to being an educator. To address the shortage of nursing educators, however, the board has revised the administrator and faculty requirements under §§ 21.933 and 21.934 (relating to administrator qualifications; and faculty and staff qualifications) to include the current requirement for administrators and faculty who are approved prior to the publication date of the final regulations.

Fourth, there is, and within the last 5 years has been, no shortage of spots for qualified candidates in either RN or PN Programs in this Commonwealth. Based upon Programs' Annual Report data, in 2023-2024 RN Programs reported a total of 898 vacant seats and PN Programs reported a total of 708 vacant seats; in 2022-2023, RN Programs reported 1,487 open seats and PN Programs reported 767 open seats; in 2021-2022, RN Programs reported 1902 open seats and PN Programs reported 937 open seats; and in 2020-2021, RN Programs reported 1,489 open seats and PN Programs reported 815 open seats. While the trend reflects that the number of open seats has decreased within the last 5 years, there are still sufficient seats for students seeking to enroll in RN and PN Programs. In fact, some Programs reported that they have closed or not offered a cohort due to a lack of enrollment.

Fifth, even if AST-educated RNs could obtain licensure quicker than RNs with AD^{+} degrees, due to AST's fewer education hours and content requirements, as explained above, those RNs may be precluded by virtue of their AST degree from working as an RN at Magnet hospitals and facilities, serving as faculty in nursing education programs and prevented from pursuing advanced

nursing certifications without first obtaining an academic degree. Permitting AST holders to obtain licensure before AD^{+} RNs would create a 2-tier system for obtaining RN licensure that is not explicitly authorized by the General Assembly. Additionally, the lack of the deficient content could lead to a divergence in care.

Sixth, despite the argument that private licensed school graduates pass the NCLEX-PN® and therefore, private licensed schools should be given an opportunity to provide RN education, the test for whether a Program meets standards is based upon the examination scores of first-time NCLEX-PN® test takers, not eventual passers. Some educators even posit that "NCLEX[®] scores are the only acceptable way to ensure new nursing graduate competency for practice." In this Commonwealth, an analysis of first-time NCLEX-PN® test takers from 2017-2024 reflects a significant number of private licensed school Programs in this Commonwealth were placed on provisional status for failing to meet the board's minimum pass rate standard as compared to the total number of PN Programs on provisional status for a specific examination year.

Examination year	Total number of all PN Programs on provisional status	Total number of PN Programs offered by private licensed schools only on provisional status
2024-2025	11	5 (45%)
2023-2024	3	3 (100%)
2022-2023	11	5 (45%)

2021-2022	15	6 (40%)
2020-2021	20	7 (35%)
2019-2020	6	2 (30%)
2018-2019	9	2 (22%)
2017-2018	11	3 (27%)

Nationally, when pass rates are broken down by ownership type, public, private nonprofit, or private for-profit, an analysis by Pittman *et. al*., reiterated in a 2025 analysis of Ownership and NCLEX® success by Climer *et. al*., concluded that "for-profit institutions had pass rates 3.5%, 13.8% and 7.4% lower [than] in BSN, ADN, and LPN/LVN programs, respectively, compared with those of public institutions." Pittman's findings are of additional significance to the discussion about whether private licensed schools should offer RN education as graduates of private for-profit ADN Programs failed the NCLEX® the first time four times more than graduates of public and private nonprofit programs.

In light of the foregoing analysis, the board has chosen to retain the requirement that RN Programs be authorized by the PDE to grant DE-MSN, MSN, BSN or ADN degrees and has not amended § 21.917 as recommended by commentators.

§ 21.918. Minimum student program qualification requirements; § 21.942. General content requirements for professional and practical nursing education programs.

Section 21.918 establishes minimum qualifications for students entering Programs. Subsection (a) requires that Programs meet the controlling institution's admission requirements in addition to the requirements in paragraphs (1) and (2). One commentator remarked that syncing the Program's

requirements with the controlling institution's imposes burdensome checking on the part of the nursing programs to check the institution's requirements and styme innovation. Because the controlling institution, and not the Program, confers the graduation award, students must comply with the controlling institution's requirements as well. This is the same requirement that is contained in current § 21.101. Therefore, the board has not revised this provision.

In proposed form, subsection (a)(1) delineated that prior to commencing an RN or PN Program, a student must hold a minimum of a high school diploma or its equivalent and have completed two courses in mathematics, with one being in Algebra, and two courses of physical science with a related laboratory or the equivalent, hereinafter referred to as the pre-commencement requirement.

Senator Ward commented that imposing the pre-commencement requirement on students enrolled in PN Programs would have a negative impact on the nursing workforce and the quality of care at healthcare facilities by reducing the number of students eligible for admission to PN Programs and licensure, exacerbate the nursing shortage, create unnecessary barriers to licensure, and have a downstream impact on nurses seeking advanced practice certifications.

More than 50 commentators, including PA-PNA, PHCA, individual nurse educators affiliated with PN Programs and graduates of PN Programs echoed and amplified Senator Ward's comment. They added that imposing this requirement would exclude students that have the potential to become proficient nurses and disproportionally harm disadvantaged/non-traditionally educated students including those from rural areas, older students and Vo-Tech students. Commentators pointed out that recent graduates who passed the NCLEX-PN® would have been precluded from having started a PN Program if the pre-commencement requirement was in place. Citing projections about the nursing deficit in 2026 and the key factors contributing to the nursing

shortage identified in the 2024 HAP Hospital Workforce Survey, PA-PNA noted that based upon 2023 data, 60% of PN Programs "had a higher number of students who completed the program without meeting the required math and science pre-requisites," one-third to three-quarters of admitted students had only a GED or international diploma, "between 67% and 100% successfully completed the PN program, graduated, and passed the NCLEX[®] on their first attempt…[and o]n average, 93% of PN students without the math and science prerequisites passed the NCLEX[®] on their first try."

PA-PNA also commented that the pre-commencement requirement is unnecessary and counterproductive as it is "based on data from RN programs rather than PN programs, fails to address key barriers to nursing success, and will likely worsen Pennsylvania's nursing shortage." PA-PNA maintained that "it is critical to focus on streamlining access to nursing education rather than adding obstacles." About 50 commentators also expressed that there is also no correlation between NCLEX-PN® success or graduation rates and math and science prerequisites.

PA-PNA acknowledged that the Commonwealth's educational system faces foundational challenges, especially in math and science, as reflected in declining performance on the Pennsylvania System of School Assessment and Keystone Exams, as well as state and local funding deficiencies, but nonetheless, argued that "imposing additional barriers for nursing program admissions would limit the pool of future nurses, making it even more difficult to address the current workforce shortages in healthcare." PA-PNA stated that rather than the board focusing on course content, six holistic approaches should be implemented by PN Programs, including enhanced preparation for the NCLEX® and remediation support, as well as four additional

approaches not within the board's control, including requiring LPNs to complete 30 hours of continuing education as a condition of biennial renewal.

Other commentators noted that many CareerLink offices do not cover or offer the required math and science courses, completion of laboratories are not uniformly reflected on high school transcripts, the GED examination does not include a laboratory, there is inconsistency with high school requirements, the course requirements are vague and the board has not provided an explanation for why it selected physical science courses. The commentators emphasized that because PN Programs teach math and science and integrate foundational concepts into their coursework, the pre-commencement requirements are unnecessary. Similarly, another recommended that the board focus on output measures like graduation and job placement rates to determine a Program's success at meeting standards.

PA-PNA, PHCA, HAP and multiple other commentators recommended that rather than the proposed pre-commencement requirement for enrollees into PN Programs, the board enable PN Programs to provide math and science training modules or remediation as part of the curriculum to be completed prior to graduation and allow other assessment methods such as the Keystone Exams and those prepared by NLN, Assessment Technologies Institute, and Kaplan Test Prep to determine students' preparedness to commence PN Programs. If the board chooses to retain the laboratory requirement, that some commentators believe is unnecessary, they recommended that the board incorporate it into Anatomy and Physiology (A&P) or Human Structure and Function curriculum. Alternatively, other commentators recommended that if the board retains the pre-commencement requirement it be reduced to only one science course, like biology, without the inclusion of physical sciences like astronomy, physics and earth sciences, and one math course,

without the inclusion of algebra. Another commentator recommended that if the pre-commencement requirement is retained, the board delay implementation for 5 years. Many commentators suggest that the pre-commencement requirement only be made applicable for associates and higher degree Programs while others suggest it be removed from all PN Programs regardless of the credential earned following completion.

IRRC requested that if the board retains the pre-commencement requirement for PN Programs, it provide additional detail about how the requirement will be implemented, why the specific courses are required and the impact on students, underserved communities, PN Programs and the potential nursing shortage. IRRC also recommended that if the board retains the math and science requirement it delay implementation given the concerns about student costs. If the board chooses not to delay implementation, IRRC requested that the board explain the reasonableness of the proposed timeline. Alternatively, IRRC recommended that if the board modifies this provision, it provide sufficient time for students and PN Programs to comply.

The board notes a recent study of Canadian PN Programs that concluded that internationally, human bioscience courses (such as, Anatomy & Physiology (A&P), Biology) pose academic challenges for nursing students and recommended that "nursing schools should consider offering optional pre-admission [A&P] courses for students who have been accepted or are interested in applying to a PN Program." Nonetheless, the study concluded that more research is needed on whether pre-admission A&P courses impact program success. Further, the study concluded that high-school Math and Chemistry courses do not impact student program success and recommended that they not be part of admission criteria.

In addition to the study and concerns raised by the commentators and IRRC, the board found

assurances from PN Programs that they currently include math and science education as part of the PN Program compelling. Additionally, the board was persuaded by commentators' recommendation that the board incorporate the laboratory requirement into A&P. As such, in final-form, the board removed the pre-commencement requirement for students enrolled in PN Programs from under § 21.918(a)(1) but added math and science content to the curriculum required for RN and PN Programs under § 21.942 (relating to general content requirements for professional and practical nursing education programs). Specifically, the board amends § 21.942(b)(1)(i) to add a laboratory to the A&P component for bio-physical science and amends § 21.942(b)(3)(iii) to add algebra to pre-licensure nursing core principles.

Although some commentators opposed the inclusion of a laboratory requirement, literature reflects that combining didactic education with a laboratory related to a science or nursing course reinforces content, supports critical thinking, applies principles presented in the didactic component, introduces the concept of teams and fosters skill application foundational to nursing. Additionally, combining A&P with a laboratory makes course content "real," as opposed to theoretical. For these reasons, the board added the laboratory requirement to A&P that can be satisfied through a traditional laboratory, virtually through use of an interactive digital representation of the human anatomy, like an Anatomage Table or another virtual anatomic simulation, or a combination thereof. Similarly, because algebraic principles are critical for making dosing calculations, the board has retained the algebra requirement but, instead of it having to be completed before commencement of a PN Program, it has been specifically added to the curriculum as part of quantitative concepts. Also, acknowledging commentator concerns about the need for multiple math and science courses beyond what is already part of the curriculum, the

board has not added a second math and science course beyond what is currently part of PN and RN curriculum. Lastly, because current regulations require laboratory hours, the addition of a laboratory as part of A&P will not require PN Programs to make significant changes to their curriculum or incur additional costs. Similarly, because algebra can be integrated into current courses, there should again be no additional costs or significant changes for PN Programs. For students, inclusion of this coursework into the curriculum creates significant cost savings because they will not have to spend money satisfying the pre-commencement requirement. Because there are no additional costs for students and no significant changes to Program curriculum, the board chose not to delay implementation of this requirement, as amended.

§ 21.932. Minimum administrator, faculty and staff requirements.

Proposed subsection (5) required Programs to have support staff including administrative, library, admissions, financial aid, academic counseling, student services, technological and dedicated clerical support. Commentators expressed concern that having dedicated support staff for the Program will result in increased costs, especially on small Programs, as these services are often provided by or shared with other programs within the institution. Some recommended that the board modify the language to permit the staff to be part of the Program or the controlling institution. IRRC asked the board to clarify the need for and intent of this provision.

Owing to commentator concerns, the board has amended this provision in final-form to require that Programs have access to administrative, library, admissions, financial aid, academic counseling, student services, and technological support staff. The board believes that these services are critical to the success of Programs and the students. By removing the term "staff" and adding the requirement for access to the listed services, the board intends to permit institutional

staff, like a University's Financial Aid Office or Counseling Center, to assist nursing students on behalf of the Program. So too, library support can occur, for example, through access to resources such as EBSCOhost (an online research platform) and cooperatives with other local colleges rather than a librarian solely dedicated to the nursing Program. Nonetheless, the board has retained the requirement that the Program have dedicated clerical support as there are reporting, paperwork and retention requirements under §§ 21.914(c), 21.925(a), 21.933(e), 21.934(b)(1), 21.935(c) and (d), 21.936(a) and (c), 21.961, 21.971, and 21.972, for which Programs must comply but do not require the expertise of the administrator and faculty. In all instances, the board leaves the determination as to whether any support person assumes multiple roles and is full-time or part-time to the controlling institution and the Program.

§ 21.933. Administrator qualifications.

In proposed form, the board determined that the educational requirements for administrators of RN Programs, for the first 5 years from promulgation of the regulation, should track current requirements under § 21.71(b)(1) and (2) and proposed, under § 21.933(a)(1)(i), that the administrators of RN BSN Programs have at least one graduate degree in nursing and an earned doctoral degree. The board also proposed under § 21.933(a)(1)(ii) that the administrator of RN AD or diploma Programs have at least one graduate degree in nursing. Effective 5 years after publication, the board proposed under § 21.933(a)(1)(ii) that the administrator of all RN Programs hold at least one graduate degree in nursing and an earned doctoral degree or have obtained a doctoral degree within 5 years of appointment.

For PN Programs, under § 21.933(b)(1) the board proposed to incorporate the requirement under § 21.192(a)(3) that administrators hold an earned baccalaureate degree, preferably in

nursing, with experience in nursing, nursing education, nursing research and educational administration. After 5 years from publication, the board proposed that administrators of PN Programs hold at least one graduate degree in nursing. For CRNP Programs, the board proposed in subsection (c) that the administrator possess a graduate degree in nursing and a doctoral degree, or a plan for completion of a doctoral degree, as is collectively required by §§ 21.271(a)(2), 21.361(a) and 21.365(b).

Addressing § 21.933(a)(1), Geisinger commented that the requiring a master's degree in nursing plus a doctorate degree for hospital-based RN diploma programs would be challenging given the shortage of nurses who hold doctorate degrees, the lack of financial incentive for nurses to obtain doctoral degrees, and the incentive for seasoned educators to retire rather than obtain the additional degrees. It commented that even with the 5-year grace period, "[m]any nurse administrators are seasoned professionals within arm's length of retirement, and as such, would not go through a doctoral program at the end of their career." Similarly, addressing the future graduate degree requirement for administrators in PN Programs under § 21.933(b)(1), commentators affiliated with private licensed schools remarked that the requirement for additional degrees for PN Programs are unnecessary. IRRC noted that it would review the board's responses to commentator concerns and determine if the rulemaking is in the public interest.

As for the proposed doctoral requirement for administrators of RN Programs that confer an associate degree or diploma, despite the concern over the lack of potential available candidates, of the current 14 hospital-based Programs, all of the administrators meet the requirements of proposed § 21.933(a)(1)(ii)(A): five of the administrators have graduate degrees in nursing without a DNP, four of the administrators have DNPs and five have graduate degrees in nursing

and doctorate degrees in another field. Moreover, both NCSBN's Model Rules and its Nursing Education Approval Guidelines recommend that all RN Program administrators possess a doctoral degree in nursing or a graduate degree in nursing and a doctorate. As explained in the July 2020 NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs, the recommendation that RN Program administrators possess a doctorate and a degree in nursing was based on a literature review of 65 articles identifying quality indicators and warning signs, the National Delphi study that also identified quality indicators and warning signs, a qualitative 5-year site visit study, and a quantitative 5-year annual report study.

Nonetheless, the board is persuaded that the additional educational requirements may pose a hardship on RN Programs that confer associate degrees and diplomas and PN Programs if existing faculty chose to retire rather than obtain the additional education. As such, the board has amended § 21.933(a)(1), (b)(1) and (c)(1) to add exemptions for administrators of RN Programs that confer associate degrees and diplomas, PN Programs and CRNP Programs who are approved as administrators as of the date the final-form regulation is published in the *Pennsylvania Bulletin*. The exclusions in § 21.933(a)(1)(ii)(B), (b)(1)(i) and (c)(1)(i) clarify that they are only applicable for the specific program type approved. For example, if a PN Program administrator, qualified under § 21.933(b)(1)(i), wants to move to another PN Program, the PN administrator does not have to meet the qualifications under § 21.933(b)(1)(ii), however, if the PN Program administrator wants to move to an RN Program, the administrator must meet the requirements of § 21.933(a)(1) depending upon the degree conferred by the controlling institution. Administrators approved on or after publication of this regulation are required to comply with § 21.933(a)(1)(ii)(A), (b)(1)(ii) and (c)(1)(ii) based upon the recommendations in NCSBN's Model Rules, its Nursing Education

Approval Guidelines and the July 2020 NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs.

For RN Programs conferring baccalaureate degrees, the board notes that there is no regulatory change in § 21.933(a)(1)(i) as current § 21.71(b)(1) requires administrators in these programs to hold a graduate degree in nursing and a doctoral degree within 5 years of appointment; the doctoral degree does not have to be in nursing.

§ 21.934. Faculty and staff qualifications.

Tracking the education, experience and licensure requirements for RN and PN Program faculty in current §§ 21.71(c)(1) and 21.192(b)(1)-(5), as proposed, § 21.934(a)(1)(i) and (2)(i) required RN Program faculty to possess at least one graduate degree in nursing or obtain a graduate degree in nursing within 5 years of appointment and PN Program faculty to possess at least a bachelor's degree, preferably in nursing, or obtain one within 5 years of appointment. Section 21.934(a)(3) required that, within 5 years of publication of this regulation in final-form, CRNP Program faculty hold or obtain a doctoral degree in nursing within 5 years of appointment.

For Programs whose faculty members do not have the education required under § 21.934(a)(1)(i), (2)(i) and (3)(i), the board proposed under subsection (b), to continue its current practice of allowing these faculty members to continue teaching for the short term once the Programs demonstrate to the board's satisfaction that the Programs have exhausted all efforts to hire faculty that meet the requirements of subsection (a)(1)(i), (2)(i) and (3)(i). Nonetheless, all faculty, regardless of when they were appointed, would have to meet the requirements under subsection (a)(1)(i), (2)(i) and (3)(i) within 5 years of publication of the final-form regulation. Additionally, regardless of the program type, all faculty must possess current authority to practice

in the Commonwealth and expertise in the area of instruction under § 21.934(a)(1)(ii) and (iii), (2)(ii) and (iii) and (3)(ii) and (iii).

Commentators associated with private licensed schools observed that the enhanced faculty qualifications would have a negative financial impact on PN Programs, especially smaller rural programs, because they would have to pay more for educators and would struggle to find faculty who meet the enhanced requirements. HAP and another commentator recommended that the board create pathways for experienced RNs who are not pursuing graduate degrees to teach in Programs. HAP suggested that the board extend the flexibilities under § 21.934(a)(2)(i) for PN Programs to RN Programs, consider permitting RNs with baccalaureate degrees, 5 years of clinical experience in the area that they will teach combined with specialty certification to enter faculty positions as faculty assistants in RN Programs, allowing graduate degrees in areas other than in nursing and create a "clinical faculty academy" that would allow BSN-prepared RNs to serve as clinical faculty. Alternatively, another commentator recommended that all experienced RNs be permitted to be faculty members.

The board notes that there is a trend, both Nationally and in this Commonwealth, toward RNs and LPNs obtaining advanced degrees. Based upon responses to NCSBN's 2024 National Nursing Workforce Study collected between March-December 2024, more than 73% of RNs are now in possession of a baccalaureate degree or higher. On the 2023-2024 Annual Report filed with the board, RN Programs reported that 88% of Program faculty have graduate degrees, 11% are working on graduate degrees and 1% have not enrolled in graduate studies. For PN Programs, on the 2023-2024 Annual Report, 97% have BSNs or higher, 2% are working on BSNs or graduate degrees and 1% are not enrolled in further education.

While possessing a graduate or doctoral degree does not necessarily make each faculty member a better educator, the heightened degree provides faculty members with more in-depth knowledge of the subject matter. Nonetheless, in light of the comments about an anticipated hardship on experienced faculty who do not meet the new qualifications and thereby the Programs in which they teach, the board is persuaded that similar to the carve out for PN and CRNP Program administrators in § 21.933(b)(1)(i) and (c)(1)(i), faculty approved by the board to teach in a PN or CRNP Program prior to publication of the final-form regulation may continue to teach using those credentials. As such, the board has amended § 21.934(a)(2)(i) and (3)(i) to add an exclusion in clause (A) for faculty of PN and CRNP Programs who were approved by the board as of the publication date of the final-form regulation. A cross-reference to these new provisions has been added to subsection (b) and § 21.936(a) (relating to additional faculty responsibilities). Additionally, the board amended § 21.934(a)(3)(ii) to clarify that in addition to a current RN temporary practice permit, license or privilege to practice, CRNP faculty are also required to hold current certification, as applicable, in this Commonwealth.

Because the RN Program faculty requirements in § 21.934(1)(i) do not differ substantively from § 21.71(c), that has been in place since July 12, 2008, the board has not received requests to change this requirement in 18 years, and 88% of RN faculty have a graduate degree, the board has chosen not to amend § 21.934(1)(i). The board has also chosen not to require that faculty obtain NLN's Certified Nurse Educator designation. The board believes that the coursework completed to obtain NLN's Certified Nurse Educator designation provides educators with valuable instruction about curriculum design, including preparing content examinations, teaching methodologies and assessment strategies, however, it has chosen not to make this designation a requirement for all

Program faculty.

Another commentator remarked that the requirement under § 21.934(e) that a licensed dietitian-nutritionist (LDN) teach when there is a distinct dietetics course is unnecessary for PN Programs because the level of analysis is not the same for LPNs. In this rulemaking, the board chose to incorporate the requirement in current § 21.71(c)(4) for PN Programs as well as RN Programs. Although the board agrees with the commentator that the levels of analysis for the licensure classes are different, it believes that the faculty qualification distinction should depend upon whether the course is integrated into another nursing course or whether it is a distinct course. When dietetics is incorporated into another nursing course there is a lesser chance that dietetics questions will go beyond the subject of the nursing course, however, when the dietetics course is distinct there is an expectation that the faculty member will be able to address all dietetics questions requiring the expertise of an LDN.

Fiscal Impact and Paperwork Requirements

The most significant fiscal impact of this rulemaking is the cost of obtaining programmatic accreditation as the fees for Program and course approval, other than the stand-alone infusion therapy course, were promulgated by the board at 49 *Pa.B.* 3891 (July 27, 2019). As previously explained in the response to comments for § 21.916, the costs for programmatic accreditation for one program in 2026 ranges from $7,750 to $11,505, depending upon the accreditor selected regardless of the Program type. This cost does not kick in for at least 5 years as § 21.916(a) and (b) do not become effective until 5 years from publication.

Because the board removed the requirement under § 21.918(a)(1) that PN students complete the required math and science courses prior to commencement of the PN Program, there are no

projected costs or paperwork requirements for these students. RN students would still be required to compete the coursework, however, most of those students will have met the board's requirements as part of their entry into the controlling institution. Otherwise, the coursework, that could be up to seven credits, can be completed though a GED at approximately $30 per subtest, as part of an Individual Training Account, or from a private or public educational institution ranging from $200 to $1,000 per credit.

For RN and PN Programs that already have incorporated the math and science requirements into their curriculum, as required by § 21.942(b), there would be no additional costs. Even for Programs that have not yet incorporated the math and science content into their curriculum, there may be no additional costs because the regulations do not require discrete courses with this content; it can be integrated into current courses. For example, algebra content can easily be integrated into Pharmacology and labs can easily be added to A&P.

For faculty members, including administrators, who meet the education requirements in §§ 21.933(a)(1)(i) and (ii)(A), (b)(1)(ii), and (c)(1)(ii) and 21.934(a)(1)(i), (2)(i)(B) and (3)(i)(B), or fall within the exemptions in §§ 21.933(a)(1)(ii)(B), (b)(1)(i), and (c)(1)(i), 21.934(a)(2)(i)(A) and (3)(i)(A), this regulation does not impose additional costs. For those who do not meet the educational requirements and do not fall within an exemption, the costs may be borne by the faculty member or the nursing education program and would be based upon each particular faculty member/administrator's level of education. Health systems and institutions often have graduate funding available for employees and often collaborate with Programs to provide education at reduced or no tuition. Additionally, there are scholarship opportunities available, including through the Foundation for Academic Nursing. The costs for each credit depends upon whether

the institution is public or private and ranges between $200 to $1,000 per credit. Doctoral degrees vary in credits but generally consist of 60-70+ credits while Master's and Post-Master's degrees are less with about 30-36 credits depending upon if there is a specialty.

There are no significant paperwork requirements associated with this rulemaking. New Programs currently apply for approval and provide almost identical information to that which is required under § 21.921. Therefore, while this rulemaking has paperwork requirements, these requirements are already incorporated in current procedures. As such, there would not be an increase in paperwork requirements. Programs continue to file annual reports and provide almost identical information to that which is required under § 21.972. Proposals and annual reports are submitted through the Pennsylvania Licensing System (PALS).

Sunset Date

The board continuously monitors the effectiveness of its regulations on an ongoing basis. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(f) of the Regulatory Review Act (71 P.S. § 745.5(f)), on December 27, 2024, the board submitted a copy of the notice of proposed rulemaking, published at 55 *Pa.B*. 728 (January 25, 2025), and a copy of a Regulatory Analysis Form (RAF) to IRRC. On February 28, 2025, the board delivered a copy of the proposed rulemaking and a copy of the RAF to the Chairpersons of the SCP/PLC and the HPLC. A copy of this material is available to the public upon request.

Under section 5(c) and (f) of the Regulatory Review Act (71 P.S. § 745.5(c) and (f)), the board provided IRRC, SCP/PLC and HPLC with copies of the comments received on the regulation, as well as other documents when requested. In preparing this final-form rulemaking, the board has considered all comments received from IRRC and 76 public comments received. The board received no comments from the SCP/PLC or HPLC.

Under section 5.1(a) of the Regulatory Review Act (71 P.S. § 745.5a(a)), on September 8, 2026, the board delivered this final-form rulemaking to IRRC, the SCP/PLC and HPLC. Under section 5.1(j.2) of the Regulation Review Act (71 P.S. § 745.5a(j.2)), the final-form rulemaking was deemed approved by the SCP/PLC and HPLC on _____, 2026. Under section 5.1(e) of the Regulatory Review Act (71 P.S. § 745.5a(e)), IRRC met on _____, 2026, and approved the final-form rulemaking.

Additional Information

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

Findings

The State Board of Nursing finds that:

(1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202), known as the Commonwealth Documents Law and the regulations promulgated thereunder, 1 Pa.

Code §§ 7.1 and 7.2 (relating to notice of proposed rulemaking required; and adoption of regulations).

(2) A public comment period was provided as required by law and all comments received were considered in drafting this final-form rulemaking.

(3) The amendments made to the final-form rulemaking do not enlarge the original purpose of the proposed rulemaking published at 55 *Pa.B*. 728.

(4) These amendments to the regulations of the State Board of Nursing are necessary and appropriate for the regulation of the approval of nursing education programs in the Commonwealth.

Order

The board therefore ORDERS that:

(A) The regulations of the State Board of Nursing, 49 Pa. Code, Chapter 21, are amended by adding §§ 21.901-21.991, amending §§ 21.1, 21.5, 21.11, 21.18, 21.118, 21.141, 21.145, 21.145a, 21.147, 21.148, 21.251, 21.282a, and 21.283, and deleting §§ 21.31-21.116, 21.121-21.125, 21.143, 21.145b, 21.161-21.234, and 21.361-21.377, to read as set forth in Annex A.

(B) The board shall submit a copy of this final-form rulemaking to the Office of the Attorney General and the Office of General Counsel for approval as required by law.

(C) The board shall submit this final-form rulemaking to IRRC, the HPLC and the SCP/PLC as required by law.

(D) The board shall certify this final-form rulemaking and shall deposit it with the Legislative Reference Bureau as required by law.

(E) The regulations shall take effect immediately upon publication in the *Pennsylvania Bulletin* except for §§ 21.916(a) and (b) and 21.933(a)(1)(ii)(A), (b)(1)(ii) and (c)(1)(ii) (relating to programmatic accreditation; and administrator qualifications) that will be effective on _____ (*Editor's note:* Insert date 5 years from publication of final-form rulemaking in the *Pennsylvania Bulletin).*

Colby P. Hunsberger DNP, RN, CNEcl,

Chairperson

State Board of Nursing

16A-5141 Comments from Public

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16A-5141 Comments from Legislative Members

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Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter A. REGISTERED NURSES

GENERAL PROVISIONS

§ 21.1. Definitions.

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

* * * * *

Board—The State Board of Nursing in the Commonwealth.

***Comprehensive nursing assessment*—The collection, analysis and synthesis of physiological, psychosocial, demographic, developmental and historical data performed by a registered nurse used to establish a health status baseline, plan nursing care and address changes in a patient's condition.**

Continuing education—An activity approved by the Board as a condition for renewal of licensure or certification for which proof of completion can be provided to the Board.

* * * * *

Distance learning continuing education—Continuing education in which the individual participates in the educational activity by means of electronic media or through refereed journals, rather than in a classroom, laboratory or clinical setting where the faculty and participant are physically located in the same room.

[*Examination year*—The period beginning on October 1st of a year through September 30th of the following year.]

Graduate registered nurse—An individual who has graduated from an approved program of professional nursing in this Commonwealth or a comparable program in another state.

* * * * *

Sexual violation—The term includes the following offenses:

* * * * *

(vii) Using or causing the use of anesthesia or any other drug affecting consciousness for the purpose of engaging in conduct that would constitute a sexual impropriety or sexual violation.

[*Systematic evaluation plan*—An organized, continuous analysis of all nursing education program components, such as curriculum, faculty, facilities, policies and outcome measures, that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.]

Treating—Selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen and execution of the prescribed medical regimen.

§ 21.5. Fees.

* * * * *

(e) The following fee is charged for evaluations of programs requiring Board approval under § 21.30a(a)(2) (relating to continued competency) **and § 21.943(c) (relating to infusion therapy)…**$285

* * * * *

RESPONSIBILITIES OF THE REGISTERED NURSE

§ 21.11. General functions.

(a) The registered nurse **[assesses human responses]** **performs a comprehensive nursing assessment** and plans, implements and evaluates nursing care for individuals or families for whom the nurse is responsible. In carrying out this responsibility, the nurse performs all of the following functions:

* * * * *

§ 21.18. Standards of nursing conduct.

(a) A registered nurse shall:

* * * * *

(2) Respect and consider**[, while providing nursing care]** the individual's right to freedom from psychological and physical abuse **while doing one of the following:**

(i) Providing nursing care.

(ii) Serving as an administrator.

(iii) Serving as a faculty member or clinical supervisor, preceptor, or mentor as part of a nursing education program.

(3) Act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.

* * * * *

[APPROVAL OF SCHOOLS OF NURSING]

§ 21.31. **[Surveys; list of approved schools] {Reserved}.**

[(a) Survey visits are made of basic nursing programs conducted in hospitals, colleges or universities of exchange visitor programs and of cooperating agencies. In this section, "cooperating agency" means an educational institution or health care delivery system which cooperates with the controlling institution. The survey report is presented to the Board and a written report of recommendations or requirements, or both, is sent to the school, college or university.

(b) Classified lists of approved schools of nursing and of exchange visitor programs are compiled and published annually and are made available for distribution.

(c) A list of approved cooperating agencies that provide educational programs for schools of nursing is compiled and published annually and is made available for distribution.

(d) For purposes of activities relating to the approval and status of nursing education programs, the term "Board" used in this subchapter may mean the Board's educational advisors appointed under section 2.1(i) of the act (63 P.S. 212.2(i)). Only the Board may, by a majority vote, confer initial approval status on a proposed nursing education program, extend the maximum 2-year period for correction of deficiencies or remove a program from the approved list.]

§ 21.32. **[Objectives]** **{Reserved}.**

[Nursing schools in this Commonwealth are approved to effectuate the following:

(1) Safeguard the preparation quality of nurses and assure safe standards of nursing practice in this Commonwealth.

(2) Stimulate and maintain continued growth and improvement of nursing education in this Commonwealth.

(3) Guide prospective students in the selection of approved schools which offer adequate resources for sound basic nursing education.

(4) Assure the graduates of nursing programs of eligibility for admission to examination for licensure.

(5) Assist graduates of schools of nursing in this Commonwealth to qualify for licensure by endorsement in other jurisdictions.]

§ 21.33. **[Types of approval]** **{Reserved}.**

[(a) The Board grants the following types of approval to nursing education programs:

(1) *Initial*. The Board may grant initial approval to a new nursing education program, with evidence that the standards of this subchapter are being met, for a period of time necessary to evaluate the results of the licensing examination by the first cohort of graduates. A program will not be placed on full approval status until it has graduated its first class and the class has achieved an acceptable rate of passing the National licensure examination, as set forth in § 21.33b (relating to minimum rate for graduates of nursing education programs to pass the National licensure examination). A program on initial approval status that fails to achieve an acceptable rate of passing the National licensure examination upon graduation of its first class will be placed on provisional approval status.

(2) *Full*. The Board will place on full approval a nursing education program which attains and maintains the standards of this subchapter.

(3) *Provisional*. The Board may place on provisional approval a nursing education program not meeting the standards of this subchapter. A nursing education program on full approval status will be placed on provisional approval status if the program fails to meet the provisions of § 21.33b.

(b) A nursing education program shall notify applicants for admission of the program's approval status and, within 30 days of a change of status, shall notify applicants and students by electronic mail or first class mail that the program's approval status has changed. The program shall provide the Board a copy of the notice sent to applicants and students. A

program shall provide additional notice to applicants and students at the direction of the Board.]

§ 21.33a. **[Failure to comply with standards]** **{Reserved}**.

[(a) If the Board receives information suggesting that a nursing education program has not maintained the standards of this subchapter, the Board will validate the information and will notify the program, in writing, of the alleged deficiency. The Board may request information from the program or conduct an announced or unannounced site visit before notifying the program of the alleged deficiency. The Board may informally resolve any deficiency.

(b) The Board will notify a program, in writing, that the program will be placed on provisional approval status.

(c) The Board will notify a program on provisional approval status, in writing, of the deficiencies and the amount of time that will be allowed for correction of the deficiencies that resulted in the program's placement on provisional approval status. The Board may extend the time period for correction of deficiencies at its discretion if the program is making demonstrable progress toward the correction of deficiencies. If additional deficiencies are identified, the existing provisional period may be extended at the discretion of the Board.

(d) The Board may place restrictions on a nursing education program on provisional approval status as deemed necessary by the Board to bring the program into compliance with this subchapter and will notify the program, in writing, of the restrictions.

(e) The Board may require that a nursing education program on provisional approval status prepare and submit additional reports and will notify the program, in writing, of the reports required.

(f) The Board may make announced or unannounced site visits to a nursing education program on provisional approval status.

(g) A period of 2 years will be the maximum time period allowed for the correction of deficiencies that returns the program to compliance with the Board's regulations. A program may petition the Board for extension of the maximum period and the Board may, by majority vote, extend the period for good cause demonstrated by the program.

(h) If the standards of this subchapter are met within the designated time, the nursing education program will be removed from provisional approval status. The Board will notify the program in writing of this action.

(i) If the standards of this subchapter are not met within the designated time, the nursing education program will be removed from the approved list as provided in § 21.34 (relating to removal from approved list).

(j) Within 10 days of service of a request under subsection (a) or (e) or notice of the imposition of a restriction under subsection (d), a nursing education program may appeal the action of the staff as provided in 1 Pa. Code § 35.20 (relating to appeals from actions of the staff).

(k) The failure of a program to cooperate with the Board by failing to provide requested information or reports, by refusing or limiting a site visit, or by refusing to adhere to restrictions mandated by the Board will be considered a violation of the standards for nursing education programs and may result in immediate referral of the program to the prosecution division to consider formal action to remove the program from the approved list as provided in § 21.34.]

§ 21.33b. **[Minimum rate for graduates of nursing education programs to pass the National licensure examination]** **{Reserved}.**

[A nursing education program shall prepare its graduates to pass the National licensure examination at a rate at least equal to the minimum rate set by the Board. The minimum rate for graduates to pass the National licensure examination are as follows:

(1) A nursing education program shall achieve and maintain a minimum pass rate of 60% or more of its first-time examinees during an examination year.

(2) Beginning on October 1, 2009, a nursing education program shall achieve and maintain a minimum pass rate of 70% or more of its first-time examinees during an examination year.

(3) Beginning on October 1, 2010, a nursing education program shall achieve and maintain a minimum pass rate of 80% or more of its first-time examinees during an examination year.]

§ 21.34. **[Removal from approved list]** **{Reserved}.**

[(a) The Board may remove a nursing education program from the approved list in accordance with the following procedures if the program fails to meet and maintain minimum standards, including the minimum passing rates on the National licensure examination, as established by this subchapter.

(1) The Board will give a nursing education program notice of its intent to remove the program from the approved list.

(2) The notice of intent to remove a program from the approved list will set forth the alleged violations of the standards for nursing education programs.

(3) A program served with notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The nursing education program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be withdrawn.

(5) The nursing education program and the Commonwealth will be provided an opportunity to file posthearing briefs.

(6) The Board will issue a written decision which will set forth findings of fact and conclusions of law.

(7) The Board's written decision will be a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(b) If a nursing education program is removed from the approved list, the controlling institution shall provide for the completion of the program for students currently enrolled by placing the students in an approved program.

(c) If a nursing education program is removed from the approved list, the controlling institution shall make provision for permanent retention of student and graduate records in conformity with §§ 21.123 and 21.125 (relating to access and use of records; and custody of records).

(d) If a nursing education program is removed from the approved list, the program shall give students notice of the protection granted under section 6.2(a) of the act (63 P.S. § 216.2(a))]

[DISCONTINUANCE OF A SCHOOL OF NURSING]

§ 21.41. **[Notification; completion of program; records]** **{Reserved}.**

[(a) Written notification of intent to discontinue a program of nursing shall be submitted to the Board within a reasonable time, but not less than 6 months prior to discontinuance.

(b) When a class is not admitted in a given year, the nursing program shall close unless approval has been granted by the Board based on the justification for continuation submitted to the Board.

(c) If a program is discontinued, it is the responsibility of the controlling institution to provide for the completion of the program for students currently enrolled, either by placing the students in an approved program or continuing the enrolled classes until completion. If

the program is continued until completion, approved and qualified instruction shall be assured. A controlling institution is a university, college or hospital which conducts programs of education in nursing.

(d) The controlling institution has the legal responsibility to make provision for permanent retention of student and graduate records in conformity of § 21.125 (relating to custody of records).]

[APPROVED PROGRAMS OF NURSING]

§ 21.51. **[Establishment]** **{Reserved}**.

[(a) A nursing education program shall be developed under the leadership of a registered nurse. as follows:

(1) A nursing education program may be developed under the authority of a regionally accredited university or college and will be known as a degree-granting nursing education program.

(2) A nursing education program may be developed under the authority of a hospital approved by the Joint Commission on Accreditation of Hospitals and will be known as a diploma nursing education program.

(3) A Board-approved diploma nursing education program may transition to a degree granting nursing education program under the authority of a university or college pursuing regional accreditation and will be known as a program in transition.

(b) A nursing education program may be developed only if there is an adequate faculty and adequate clinical facilities and the philosophy of the parent institution encompasses dual programs of education.

(c) Prior to establishment or transition, a nursing education program shall:

(1) Complete a feasibility study which includes:

(i) Sufficient statistical data to support the need for a program within the community and to assure availability of an adequate supply and flow of interested candidates.

(ii) Identification of available clinical recourses for program implementation based on the projected enrollment and faculty. In viewing the clinical resources, the study must speak to other nursing education programs that share the teaching facilities identified in the study.

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

(iv) Actual cost of the program including faculty needed, clinical teaching resources, education supplies, office supplies, and the like, and sufficient evidence of stable financial support.

(2) Submit 18 copies of the feasibility study to the Board for approval.

(3) Employ the nurse administrator of the educational unit at least 12 months prior to the intended admission date of students. Board approval of the nurse administrator's credentials shall be obtained prior to the appointment. For a program in transition, the nurse administrator may serve as administrator of both the degree-granting and diploma nursing education program during the transition period.

(4) Submit 18 copies of the tentative planned education program to the Board. For degree granting and diploma nursing education programs, the submission shall be made at least 8 months prior to the intended admission date of students. For a program in transition, the submission shall be made at least 3 months prior to the intended admission date of students.

(5) Employ the teaching faculty at least 1 semester before the initiation of their teaching responsibilities.

(d) Change of ownership shall be processed as the establishment of a new program.

(e) The planned educational program must include:

(1) Organization and administrative policies of the controlling institution.

(2) Administrative structure and functions of the nursing school.

(3) Educational preparation and nursing experience of faculty members employed.

(4) Statement of the philosophy, purposes and objectives of the program.

(5) Proposed curriculum design based on sound educational concepts and including detailed course descriptions and identification of clinical practice.

(6) Admission policies.

(7) Educational standards.

(8) Copy of proposed budget projected for a minimum of 5 years.

(9) Copies of written agreements with cooperating agencies and facilities to be used in the program.

(f) A program in transition shall submit the following to the Board with the program's feasibility study:

(1) A copy of the certificate of authority to operate.

(2) Documentation of the university or college's pursuit of regional accreditation.

(3) Documentation that the diploma program has maintained full approval status under § 21.33 (relating to types of approval) for at least 3 years prior to the intended date for admission of students.

(g) A program in transition shall:

(1) Submit an annual report detailing the progress of the transition to the Board. If requested by the Board's educational advisor, a program in transition shall appear before the Board to respond to questions or concerns that arise from the annual progress report.

(2) Be subject to a site review by the Board's education advisor after the first class has been awarded degrees and the results of the licensing examination taken by the first class are available.

(3) Continue on initial approval under § 21.33(a) until the university or college has obtained full regional accreditation.

(h) Following the review of the program and before final Board action is taken to grant permission to recruit students, an initial faculty and nursing education program survey will be made by a nursing educational advisor of the Board.]

[ORGANIZATION AND ADMINISTRATION OF NURSING PROGRAMS]

§ 21.61. **[Baccalaureate and associate degree programs: Organizational requirements]** **{Reserved}**.

[(a) The educational unit in nursing shall be established as a department, division, school or college of the controlling institution in accordance with the structural plan of the institution.

(b) Relationships with central administrative officers, interrelationships among other disciplines and services of the institution and representation on institutional councils and committees for faculty of the educational unit in nursing shall be consistent with the interaction and responsibilities accorded to other faculty members of the institution.

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

(d) Policies in effect for faculty members of the educational unit in nursing shall be those in effect for faculty members throughout the controlling institution, except where specified otherwise in this chapter.

(e) The educational unit in nursing shall have administrative authority and responsibility consonant with the general policies of the controlling institution.

(f) The resources, facilities and services of the controlling institution shall be available to and used by the educational unit in nursing and shall be adequate to meet the needs of the faculty and the students.

(g) Cooperating agencies shall be subject to the following provisions:

(1) Agreements to utilize field agencies outside the structural control of the controlling institution shall be initiated by the educational unit in nursing.

(2) Cooperating agencies or services selected by the school shall be approved by the appropriate State and National bodies, if such exist.

(3) The agreement between the educational unit in nursing and the cooperating agency shall be developed jointly, recorded in writing, reviewed periodically by both parties, revised as occasion requires and consistently adhered to by those responsible for implementing the provisions.

(4) The agreement shall insure full control of student education by the faculty of the program; faculty shall have the freedom to teach and guide students and to select

appropriate learning experiences in consultation with designated members of the agency staff.

(5) The field agencies selected for use shall have the quality and variety of resources for planned learning experiences needed for the program of the educational unit in nursing.

(6) Approval by the Board shall be obtained before the educational unit in nursing may utilize a new field agency for learning experiences. An Agency Data form, provided by the Board, shall be submitted for each new field agency used for the first time.

(h) The faculty of the educational unit in nursing shall conduct planned periodic evaluation of its organization and administration.]

§ 21.62. **[Diploma programs; organizational requirements]** **{Reserved}.**

[(a) The nursing school shall be established as an educational unit of the governing body.

(b) Adequate funds shall be allocated and properly budgeted for sound and effective operation of the school.

(c) The organizational plan for the school of nursing shall provide for relationships with the governing body, individuals and cooperating agencies responsible for and participating in the school operation.

(d) The authority and the administrative responsibility for the school shall be delegated by the governing body to the director of the school.

(e) The faculty shall formulate policies that relate to the operation of the school.

(f) Approval by the Board shall be obtained before the educational unit in nursing may utilize a cooperating agency or a new field agency for learning experiences. An Agency Data form, provided by the Board, shall be submitted for each new cooperating agency and field agency.]

§ 21.63. **[Diploma programs utilizing cooperating agencies]** **{Reserved}.**

[(a) Cooperating agencies within this Commonwealth shall be subject to the following:

(1) The agreement between the educational unit in nursing and the cooperating agency shall be developed jointly, recorded in writing, reviewed periodically by both parties, revised as occasion requires and consistently adhered to by those responsible for implementing the provisions.

(2) Cooperating agencies on the approved list shall submit changes on curriculum content to the Board for approval before schools are notified of the changes.

(b) Cooperating agencies outside of this Commonwealth shall be subject to the following:

(1) The state board of nursing of the state in which the cooperating agency is located shall be contacted to determine the approval status of that agency in that state. Only fully approved programs may be considered.

(2) The school wishing to establish agreements with a cooperating agency shall initiate meetings with the proposed cooperating agency to determine:

(i) Compatibility of the educational philosophy and objectives of the cooperating agency with those of the parent school.

(ii) Effectiveness with which the planned program of the cooperating agency can be utilized as a part of the total educational program of the school.

(iii) Quality of the faculty of the cooperating agency.

(iv) Ability of the cooperating agency to absorb an additional affiliating school.

(3) Following the exploratory meetings, the school shall submit written notification of intent to establish an affiliation with the cooperating agency for Board approval. The following shall accompany the letter of intent:

(i) A copy of the master curriculum plan of the school indicating the placement of the proposed program.

(ii) A copy of the course syllabus offered by the cooperating agency.

(iii) Faculty biographical forms on all faculty in the cooperating agency.

(iv) One copy of the annual report form required by the Board, completed by the cooperating agency.

(v) A copy of the agreement or contract between the cooperating agency and the affiliating school.

(vi) A list of affiliating schools utilizing the cooperating agency.

(c) A cooperating agency providing faculty and instruction for clinical nursing courses shall be responsible for submitting 15 copies of proposed curriculum changes to the Board prior to the announcement of change to the affiliating school.

(d) Diploma schools of nursing utilizing their own faculties shall be subject to the following provisions:

(1) Agreements to utilize field agencies outside the structural control of the controlling institution shall be initiated by the school of nursing.

(2) Cooperating agencies or services selected by the school shall be approved by the appropriate State and National bodies, if such exist.

(3) The agreement between the school of nursing and the cooperating agency shall be developed jointly, recorded in writing, reviewed periodically by both parties, revised as occasion requires and consistently adhered to by those responsible for implementing the provisions.

(4) The agreement shall insure full control of student education by the faculty of the program. The faculty shall have the freedom to teach and guide students and to select appropriate learning experiences in consultation with designated members of the agency staff.

(5) The field agencies selected for use shall have the quality and variety of resources for planned learning experiences needed for the purpose of the program of the school of nursing.]

[ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL]

§ 21.71. **[Nurse administrator, faculty and staff requirements]** **{Reserved}.**

[(a) A nursing education program shall employ a sufficient number of qualified faculty, faculty assistants, allied faculty and staff to accomplish the objectives of the curriculum and the systematic evaluation plan. The minimum faculty and staff requirements are as follows:

(1) Full-time nurse administrator.

(2) Full-time faculty members in the areas of practice encompassed within the curriculum.

(3) Additional faculty members as needed.

(4) Allied faculty members as needed.

(5) Adequate personnel to provide program support services, including administrative, clerical, library, admissions, financial aid and student services).

(b) The nurse administrator's credentials shall be submitted to the Board for approval. The nurse administrator's qualifications are as follows:

(1) The nurse administrator of a baccalaureate degree nursing education program shall hold at least one graduate degree in nursing. The nurse administrator shall hold an earned doctoral degree or have a specific plan for completing doctoral preparation within 5 years of appointment. The nurse administrator shall have experience in nursing practice, nursing education and administration. A professional nurse who does not hold at least one graduate degree in nursing, but who has experience in

nursing practice, nursing education and administration may be considered on an individual basis.

(2) The nurse administrator of an associate degree or diploma program shall hold at least one graduate degree in nursing. The nurse administrator shall have experience in nursing practice, nursing education and administration. A professional nurse who does not hold at least one graduate degree in nursing, but who has experience in nursing practice, nursing education and administration may be considered on an individual basis.

(3) The length of appointment of an interim or acting nurse administrator of a nursing education program may not exceed 1 year.

(4) The nurse administrator shall hold either a temporary practice permit to practice professional nursing or be currently licensed as a professional nurse in this Commonwealth.

(c) Faculty qualifications are as follows:

(1) Faculty members teaching required nursing education courses shall hold at least one graduate degree in nursing, shall be currently licensed as professional nurses in this Commonwealth, and shall have expertise in their areas of instruction.

(2) Faculty members without a graduate degree in nursing shall be designated faculty assistants. Faculty assistants shall be currently licensed as professional nurses in this Commonwealth. Faculty assistants may teach required nursing education

courses only when fully qualified faculty are not available and shall teach under the direct guidance of a faculty member qualified as set forth in paragraph (1). Faculty assistants shall have a baccalaureate degree in nursing and shall give evidence of a plan for obtaining a graduate degree in nursing. A person may teach as a faculty assistant in a nursing education program in this Commonwealth for a maximum cumulative period of 5 years.

(3) Faculty members without a degree in nursing, but who hold at least one graduate degree in a subject area pertinent to their area of teaching, shall be designated as allied faculty members. Allied faculty members may teach basic sciences or specialized areas of health care practice.

(4) Faculty employed to teach dietetics-nutrition shall be currently licensed to practice dietetics-nutrition in this Commonwealth.

(5) An individual who enhances faculty-directed clinical learning experiences by guiding selected clinical activities shall be designated as a clinical preceptor. A clinical preceptor shall hold a current license to practice professional nursing in the state of the clinical experience.

(i) Faculty shall have input into the selection of preceptors.

(ii) Faculty shall retain responsibility for planning and evaluating student learning experiences when students are engaged in clinical activities with a preceptor.

(iii) If a faculty member is not physically present in the area in which students are practicing, a faculty member shall be immediately available by telephone or other means of telecommunication when students are engaged in clinical activities with a preceptor.

(d) Program support personnel shall be qualified by education and experience to serve in the capacity in which they are employed.]

§ 21.72. **[Faculty policies; additional responsibilities of faculty and faculty assistants]** **{Reserved}**.

[(a) The faculty shall be employed by and responsible to the controlling institution.

(b) Policies, including personnel policies in effect for nursing faculty, must be those in effect for faculty members throughout the controlling institution except where specified otherwise in this chapter.

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

(d) Teaching hours and additional duties of nurse faculty must be consistent with the policies of the controlling institution.

(e) The nurse administrator and nursing faculty shall be afforded the time and opportunity to engage in leadership activities within their profession commensurate with their responsibilities.

(f) There shall be a planned and active faculty development program designed to meet the needs of the faculty. Faculty members shall maintain a record of participation in

continuing education, professional self-development and other activities that promote the maintenance of expertise in their respective areas of teaching.

(g) Faculty assistants shall maintain a record of their activities leading to the completion of a graduate degree in nursing which shall be submitted to the Board upon request.]

§ 21.73. **[Internal nursing faculty organizations]** **{Reserved}**.

[(a) There shall be a nursing faculty organization appropriate to its size and in harmony with other educational units within the controlling institution.

(b) Policies and rules of procedure governing the faculty organization shall be in written form and periodically reviewed by the faculty.

(c) Members of the faculty shall participate in the activities of the faculty organization in ways consistent with their rank and responsibilities.

(d) Committees shall be established as needed to implement the functions of the faculty effectively, and the purposes and membership of each shall be clearly defined.

(e) Committee reports and faculty actions shall be recorded, filed systematically and kept available for reference.]

§ 21.76. **[Faculty organizations]** **{Reserved}**.

[(a) Rules and regulations of the faculty organization shall be in writing and shall be revised by the faculty periodically.

(b) The committee structure shall be consistent with the size and needs of the faculty.

(c) Committee reports and faculty actions shall be recorded, filed systematically and kept available for reference.]

[CURRICULUM FOR BACCALAUREATE, ASSOCIATE DEGREE AND DIPLOMA PROGRAMS]

§ 21.81. **[General curriculum requirements]** **{Reserved}.**

[(a) The curriculum shall be developed, implemented and evaluated by the faculty and shall implement the philosophy and objectives of the school.

(b) The curriculum shall be organized and developed to include the knowledge, attitudes, skills and abilities necessary for the specific levels of student achievement.

(c) Physical and biological sciences shall include content from the areas of anatomy and physiology, chemistry, microbiology, physics and nutrition, which may be integrated, combined or presented as separate courses; the scientific facts and principles drawn from these areas serve as a basis for planning and implementing nursing care. When the basic sciences are presented as distinct academic courses—that is, chemistry, anatomy and physiology and microbiology—there shall be related laboratory experience. A related laboratory experience is defined as an assigned period of time during which students participate in the testing of scientific principles.

(d) Selected courses shall be included in the humanities and social and behavioral sciences that support the philosophy, purposes, educational concepts and terminal objectives of the program.

(e) The curriculum shall provide concurrent theory and clinical experience in the care of men, women and children in age groups and with the health problems characteristic of each group. Experiences shall be provided which include preventive aspects of nursing care during acute and chronic illness and rehabilitative care. Opportunities shall be provided for the student to participate in case findings, health teaching and health counseling for patients and their families. Evening and night assignments are considered part of the curriculum only in terms of the objectives to be achieved and if faculty supervision is provided.

(f) Content related to history, trends and professional responsibilities of nursing may be integrated, combined or taught as separate courses.

(g) The Board encourages curriculum experimentation designed to replicate or validate educational theories or to promote open-ended career development.]

§ 21.82. **[Curriculum evaluation]** **{Reserved}**.

[The curriculum shall be evaluated according to a plan developed by the faculty and shall include the following:

(1) Careful review of aspects of the educational program based on the stated philosophy and objectives.

(2) Continuous evaluation of instructional procedures, learning experiences and student progress.

(3) Opportunities for students to participate in self-evaluation of their own learning experiences.

(4) Performance of graduates on the licensing examination.

(5) Opinions of graduates regarding the adequacy of their nursing program.

(6) Evaluation of graduates by their employers.

(7) Record system in operation which will assist in the evaluation of the educational program.]

§ 21.83. **[Curriculum changes requiring Board approval]** **{Reserved}**.

[(a) Major curriculum changes that require Board approval include:

(1) Alteration of the program philosophy, purposes and objectives which influences or affects the integration of material into the total curriculum, such as changes in course content or instruction, shifting content, changing course placement, adding or deleting courses, changing the length of a course or the program and changing the allotment.

(2) Reorganization of the entire curriculum.

(3) Changes in clinical facilities involving contractual agreements.

(b) When a program change is contemplated, a plan shall be presented to the Board showing:

(1) Rationale for the change.

(2) Present program.

(3) Proposed changed program.

(4) Philosophy and objectives of the proposed program.

(5) Old and new master rotation or organizational curriculum plans.

(6) The school bulletin and other pertinent information.

(c) Fifteen copies of the materials listed in subsection (b) shall be submitted to the Board at least 3 weeks prior to the Board meetings at which the matters are considered.]

§ 21.84. **[Baccalaureate curriculum philosophy; purposes and objectives]** **{Reserved}.**

[(a) A clear statement of philosophy and purposes of the baccalaureate nursing program, consistent with the philosophy and purposes of the controlling institution, shall be formulated and adopted.

(b) The philosophy, purposes and objectives of the educational unit in nursing shall be developed and clearly stated by the faculty and shall be reviewed and revised at stated time intervals by this group.

(c) The philosophy and purposes of the educational unit in nursing shall be consistent with currently accepted social, educational and nursing standards.

(d) The objectives of the nursing program shall be consistent with the purposes of the educational unit.

(e) The terminal objectives of the program shall identify behavioral changes that are expected to occur in the student.]

§ 21.85. **[Baccalaureate general educational criteria]** **{Reserved}.**

[(a) The educational policies of the educational unit in nursing shall be consistent with those of the controlling institution.

(b) The curriculum shall reflect the philosophy and purposes of the educational unit in nursing and shall implement the objectives of the program.

(c) There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing courses.

(d) The rationale for the allocation of credit for nursing courses shall be consistent with the practice of the institution.

(e) The courses shall be planned on the academic term basis common to the institution.

(f) The learning experiences and methods of instruction shall provide opportunity for fulfilling the purposes of the educational unit in nursing and the objectives of the program.

(g) Learning experiences and methods that promote critical thinking and synthesis of learning shall be utilized in the teaching - learning process.

(h) Consideration shall be given to individual differences among students.

(i) The program shall build its professional education on a general education basis.

(j) Courses in general education shall be shared with students in other disciplines of the controlling institution.

(k) Provision shall be made for students to take electives in upper divisional general education courses.

(l) Nursing courses shall be organized to use and reinforce relevant learnings from preceding and concurrent nursing courses.

(m) Education in the nursing major shall be offered largely at the upper divisional level.

(n) Nursing courses and curriculum shall be organized to continue the development of values, understandings, knowledge and skills needed in all aspects of professional nursing.

(o) Preparation insuring professional nursing competencies shall be provided through selected and supervised learning experiences.

(p) The ratio of credits in nursing, that is, the major field of study, general education and elective credits shall be consistent with the nature, purposes and requirements of the parent institution.

(q) The ratio of students to faculty shall assure optimal learning opportunities in clinical laboratory sessions and shall be consistent with the objectives of the clinical nursing courses.

(r) The curriculum for baccalaureate nursing programs shall give evidence of providing learning experiences which will prepare graduates for professional nursing practice. The standards of practice are defined and delineated by the nursing profession.

(s) Course syllabi that identify all aspects of each course shall be developed and readily available.]

§ 21.86. **[Associate degree curriculum philosophy; purposes and objectives]** **{Reserved}.**

[(a) A clear statement of philosophy and purposes of the associate degree program in nursing, consistent with the philosophy and purposes of associate degree education and with the controlling institution, shall be formulated and adopted.

(b) The philosophy, purposes and objectives of the educational unit in nursing shall be developed and clearly stated by the faculty and shall be reviewed and revised at stated time intervals by this group.

(c) The philosophy and purposes of the educational unit in nursing shall be consistent with currently accepted social, associate degree education and nursing standards.

(d) The objective of the nursing program shall be consistent with the purposes of the educational unit.

(e) The terminal objectives of the program shall identify behavioral changes that are expected to occur in the student.]

§ 21.87. **[Associate degree general educational criteria]** **{Reserved}.**

[(a) The educational policies of the educational unit in nursing shall be consistent with those of the controlling institution.

(b) The curriculum shall reflect the philosophy and purposes of the educational unit in nursing and shall implement the objectives of the program.

(c) There shall be an education rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing courses.

(d) The rationale for the allocation of credit for nursing courses shall be consistent with the practice of the institution.

(e) The courses shall be planned on the academic term basis common to the institution.

(f) The learning experiences and methods of instruction shall provide opportunity for fulfilling the purposes of the educational unit in nursing and the objectives of the program.

(g) The nursing curriculum shall demonstrate the accepted pattern of development for associate degree education and be consistent with college policy.

(h) Courses in general education shall be shared with students in other programs of the controlling institution.

(i) Nursing courses shall be organized to use and reinforce relevant learnings from preceding and concurrent courses.

(j) Preparation insuring associate degree nursing competencies shall be provided through selected and supervised learning experiences.

(k) The ratio of credits in nursing to general education and elective credits shall be consistent with other associate degree programs in the college.

(l) The ratio of students to faculty shall assure optional learning opportunities in clinical laboratory sessions and shall be consistent with the objectives of the clinical nursing courses.

(m) The curriculum for associate degree nursing programs shall give evidence of providing learning experiences which will prepare graduates for associate degree nursing practice as defined and delineated by the nursing profession.

(n) Course syllabi that identify all aspects of each course shall be developed and readily available.]

§ 21.88. **[Diploma curriculum philosophy; purposes, and objectives] {Reserved}.**

[(a) A clear statement of philosophy, purposes and objectives consistent with the philosophy and objectives of the governing body shall be formulated and adopted.

(b) The philosophy, purposes and objectives of the school shall be developed by the faculty and reviewed at stated intervals.

(c) The philosophy of the school shall express beliefs about education, nursing and the responsibility of the school to the student.

(d) The terminal objectives of the school shall identify behavioral changes that are expected to occur in the student.]

§ 21.89. **[Diploma general education criteria] {Reserved}.**

[(a) The selection of learning experiences and methods of instruction shall provide opportunities for fulfilling the stated objectives of the program of studies or of the curriculum.

(b) Each school year shall be divided into specific time periods.

(c) The curriculum shall be planned in a sequence so that each course utilizes and strengthens the preceding and concurrent courses.

(d) Theory and practice shall be offered concurrently and be so planned that demands on the student within each time period are comparable.

(e) Course outlines that identify all aspects of each course shall be developed and readily available.

(f) The ratio of students to faculty shall assure optional learning opportunities in the clinical sessions and shall be consistent with the objectives of the clinical nursing course.]

[FACILITIES FOR ADMINISTRATION AND TEACHING]

§ 21.91. **[Facility and resource requirements]** **{Reserved}.**

[(a) The physical structures that serve the purpose of the nursing program and are available for student or faculty use, or both, include those that are provided in the immediate environment and those that are off the school premises.

(b) Facilities and resources of the school shall include the following:

(1) Offices and administrative and instructional personnel provided with appropriate and adequate space and equipment essential for attainment of the objectives of the program.

(2) Sufficient number and size of accessible classrooms, conference rooms and laboratories to meet the needs of the program, as follows:

(i) Such facilities shall be attractive, with effective lighting, adequate heating and ventilation.

(ii) The educational facilities shall be provided with equipment and supplies to meet the teaching and learning requirements of both students and teachers.

(iii) The selection and maintenance of the kind and quality of facilities needed in the individual nursing program shall be determined by the curriculum design and teaching methods utilized by the faculty.

(3) Adequate storage space for general supplies and equipment. Policies shall be in existence for the replacement of equipment, furnishings and supplies.

(4) Library facilities and resources, which are planned and maintained to meet the specific needs of the student and the faculty, as follows:

(i) The physical equipment of the library shall include adequate lighting and ventilation, sufficient tables and comfortable chairs, space for proper display of library holdings and exhibits and appropriate work space for the librarian.

(ii) Provision shall be made for adequate storage space to maintain the safety and security of the library materials and holdings.

(iii) Library holdings shall include sufficient reference titles, periodicals and other educational materials to achieve the objectives of the curriculum.]

[STUDENTS]

§ 21.101. **[Selection and admission standards]** **{Reserved}**.

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

(b) Students admitted to baccalaureate and associate degree programs shall meet the requirements for admission to the university or college and additional requirements that may be established for the nursing major.

(c) Applicants shall have completed work equal to a standard high school course with a minimum of 16 units, including 4 units of English, 3 units of Social Studies, 2 units of Mathematics (1 of which is Algebra) and 2 units of Science with a related laboratory or the equivalent.]

§ 21.102. **[Admission of classes]** **{Reserved}**.

[The Board recommends that only one class be admitted per year. The number of candidates for each class shall be determined by the educational and clinical resources which the school can provide.]

§ 21.103. **[Transfer of students or advanced standing]** **{Reserved}**.

[The school shall have a written policy consistent with its philosophy and objectives concerning criteria for granting advanced standing or accepting transfer students. The policies of the baccalaureate and associate degree programs shall be consistent with those of the controlling institution. Diploma programs shall assume responsibility for formulating

their own policies and submitting them for Board approval. The Board requires that transfer students complete, as a minimum, the senior or final level in the school granting the diploma or degree.]

[STUDENT SERVICES]

§ 21.111. **[Health program] {Reserved}.**

[(a) There shall be written objectives and policies for the health program.

(b) The health program shall include at least the following:

(1) Preentrance and periodic health examinations.

(2) Provisions for necessary immediate professional health care.

(3) An immunization policy.

(4) A policy addressing student absences due to illness which gives the student the opportunity to attain the learning objectives not achieved due to absences.

(c) Appropriate cumulative student health records shall be maintained throughout the enrollment of the student.]

§ 21.112. **[Student employment] {Reserved}.**

[(a) If students are employed in health agencies, they may not be employed as registered or practical nurses unless they are currently licensed.

(b) Student employment shall be on a voluntary basis and not a requirement of the institution.

(c) Remuneration for employment shall be within the range of the salary scale for the position.]

§ 21.113. **[Student housing] {Reserved}.**

[Policies concerning student housing provided by the institution shall include the following:

(1) Adequate space, equipment and furnishings for each student, such as desk, chairs, proper lighting, ventilation and closet space.

(2) Safe and adequately maintained facilities directly related to personal hygiene and personal security measures which include appropriate supervision of housing facilities and periodic inspection of safety device, such as extinguishers, housing exits and fire drills.

(3) Provision of facilities which promote recreational and social activities.

(4) Facilities for obtaining adequate, well-balanced meals.]

§ 21.114. **[Counseling and guidance] {Reserved}.**

[(a) The scope of the counseling program shall be clearly defined in accordance with the objectives of the program.

(b) A program should include personal, professional and academic counseling, initiated by either faculty or students.

(c) Adequate provisions should be made for referral of students to appropriate counselors when assistance is needed for solving problems of students.]

§ 21.115. **[Financial aid]** **{Reserved}**.

[(a) Policies and procedures relating to scholarships, loans and grants shall be developed within the framework of the philosophy of the controlling institution and defined in writing.

(b) It is recommended that each school maintain a list of available resources for financial assistance and that applicants and students be informed of these resources.

(c) Student accepting financial aid should be made aware of the provisions and responsibilities incurred with such assistance.]

§ 21.116. **[Students' rights]** **{Reserved}**.

[There shall be written specific policies pertaining to students' rights and grievances, with procedures for implementation.]

STUDENTS LICENSED IN OTHER JURISDICTIONS

§ 21.118. Post-Basic Nursing **Education** Programs.

(a) A registered nurse currently licensed in another jurisdiction of the United States or Canada who has graduated from an approved program of nursing and who is enrolled in an accredited graduate nursing program, a bachelor of science nursing program, or a refresher course in nursing may practice nursing in a clinical setting as required by the educational program of studies without obtaining a Pennsylvania license so long as the student does not receive compensation except in

the form of stipends, scholarships and other awards related to the **[training]** **nursing education** program.

(b) A student who meets the description in subsection (a) and who also desires to practice as a registered nurse while participating in the **[training]** **nursing education** program shall submit an application for licensure by endorsement and obtain a temporary practice permit as provided by § 21.28 (relating to licensure by endorsement).

[RECORDS]

§ 21.121. **[Program records]** **{Reserved}.**

[(a) A record system essential to the operation of the program shall be maintained.

(b) Records shall be kept in locked fireproof files.]

§ 21.122. **[Record maintenance]** **{Reserved}.**

[Each nursing faculty shall select record forms specifically for the nursing program and shall maintain shall include the following:

(1) Student records, including the following:

(i) Permanent record, including both clinical and theoretical experience and achievement, shall be kept ad infinitum.

(ii) Health records shall be kept for five years following completion of the program.

(2) Faculty records, including the following:

(i) "Display portion" of current nursing licenses.

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

(iii) Current record of continuing education activities.

(3) Administrative records, including the following:

(i) Affiliation agreements with cooperating agencies.

(ii) Minutes of meetings.

(iii) Annual reports.

(iv) Follow-up studies of graduates.

(v) Budgets.

(vi) Current written policies.

(4) School bulletin, as follows:

(i) Shall be comprehensive and current, since it serves as a contract of agreement between the applicant or student and the school.

(ii) Shall include clearly defined refund policies governing fees and tuition paid by the students.

(iii) Shall include clearly defined policies relating to admission, promotion, retention, transfer, advanced placement and dismissal.]

§ 21.123. **[Access and use of records]** **{Reserved}**.

[(a) Students shall have access to personal records as defined by Federal and State legislation.

(b) No information may be released from a student's record without written permission of the student.]

§ 21.124. **[Records to be filed with the Board] {Reserved}.**

[(a) An annual report of the school of nursing shall be sent to the Board using the form supplied by the Board.

(b) Upon completion of the entire program, a transcript or photocopy of the final record of the student shall be submitted along with the application for admission to the licensing examination. The transcript shall bear the impression of the school seal and signature of the director of the school or authorized representative.]

§ 21.125. **[Custody of records] {Reserved}.**

[(a) When a school closes, the controlling institution shall be responsible for the safekeeping of the records of students, and official copies shall be made available upon request.

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

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

Subchapter B. PRACTICAL NURSES

GENERAL PROVISIONS

§ 21.141. Definitions.

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

* * * * *

Central venous catheter—An **[intravenous (IV)]** **infusion** catheter, the tip of which terminates beyond the peripheral vasculature and may be either tunneled, implanted or percutaneously inserted.

[*Examination year*—The period beginning on October 1st of a year through September 30th of the following year.]

Focused ***nursing*** *assessment*—**[Appraisal of an individual's current status and situation, which contributes to comprehensive assessment by a licensed professional nurse and supports ongoing data collection]** **Recognizing patient characteristics by a practical nurse who is licensed or holds a privilege to practice in this Commonwealth that may affect the patient's health status; gathering and recording assessment data; and demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in patient condition in an ongoing manner.**

Graduate practical nurse—An individual who has graduated from an approved program of practical nursing in this Commonwealth or a comparable program in another state.

[*IV*] *Infusion* *access device*—A centrally or peripherally inserted catheter used for the purpose of intravenous infusion therapy, including peripheral short catheters, peripheral midline catheters, peripherally inserted central catheters and central catheters, including tunneled, nontunneled catheters and implanted ports.

[*IV*] *Infusion* *therapy*—The administration of fluids, electrolytes, nutrients or medications by the venous route.

* * * * *

PICC—Peripherally inserted central catheter—An **[IV]** infusion catheter, the tip of which terminates in the superior vena cava and is confirmed by chest x-ray.

* * * * *

Titration of **[IV] *infusion*** *medications*—A process by which medication is administered and dosages are adjusted through a continuous medication-containing intravenous infusion (such as vasoactive drugs, anticoagulants, psychotropic drugs, neuromuscular drugs, hormones, and the like) to effect a desired state based upon patient assessment data and prescribed parameters.

§ 21.143. **[Surveys; list of approved programs] {Reserved}.**

[(a) Survey visits will be made of basic practical nursing programs conducted in hospitals, community colleges, universities and public school districts and vocational education programs under the Department of Education. The survey report will be presented to the Board and a written report of recommendations or requirements or both will be sent to the school, community college, university, hospital or vocational education program.

(b) A classified list of approved programs of practical nursing will be compiled and published annually and made available for distribution.]

§ 21.145. Functions of the LPN.

(a) The LPN is prepared to function as a member of the health-care team by exercising sound nursing judgment based on preparation, knowledge, experience in nursing and competency. The LPN participates in the planning, implementation and evaluation of nursing care using focused **nursing** assessment in settings where nursing takes place.

* * * * *

(f) An LPN may perform only the **[IV]** **infusion** therapy functions for which the LPN possesses the knowledge, skill and ability to perform in a safe manner, except as limited under § 21.145a (relating to prohibited acts), and only under supervision as required under paragraph (1).

(1) An LPN may initiate and maintain **[IV]** **infusion** therapy only under the direction and supervision of a licensed professional nurse or health care provider authorized to issue orders for medical therapeutic or corrective measures (such as a CRNP, physician, physician assistant, podiatrist or dentist).

(2) Prior to the initiation of **[IV]** **infusion** therapy, an LPN shall:

* * * * *

(3) Maintenance of **[IV]** **infusion** therapy by an LPN shall include ongoing observation and focused **nursing** assessment of the patient, monitoring the **[IV]** **infusion** site and maintaining the equipment.

(4) For a patient whose condition is determined by the LPN's supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may supervise the LPN's provision of **[IV]** **infusion** therapy by physical presence or electronic communication. If supervision is provided by electronic communication, the LPN shall have access to assistance readily available.

(5) In the following cases, an LPN may provide **[IV]** **infusion** therapy only when the LPN's supervisor is physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:

* * * * *

(ii) When a patient has developed signs and symptoms of an **[IV]** **infusion** catheter-related infection, venous thrombosis or central line catheter occlusion.

* * * * *

(g) An LPN who has met the education and training requirements of **[§ 21.145b (relating to IV therapy curriculum requirements)]** **§§ 21.942 and 21.943 (relating to general content requirements for professional and practical nursing education programs; and infusion therapy education requirements)** may perform the following **[IV]** **infusion** therapy functions, except as limited under § 21.145a and only under supervision as required under subsection (f):

(1) Adjustment of the flow rate on **[IV infusions]** **infusion**.

(2) Observation and reporting of subjective and objective signs of adverse reactions to any **[IV]** **infusion** administration and initiation of appropriate interventions.

(3) Administration of **[IV]** **infusion** fluids and medications.

(4) Observation of the **[IV]** **infusion** insertion site and performance of insertion site care.

(5) Performance of maintenance. Maintenance includes dressing changes, **[IV]** **infusion** tubing changes, and saline or heparin flushes.

* * * * *

(10) Administration of solutions to maintain patency of an **[IV]** **infusion** access device via direct push or bolus route.

(11) Maintenance and discontinuance of **[IV]** **infusion** medications and fluids given via a patient-controlled administration system.

* * * * *

(13) Collection of blood specimens from an **[IV]** **infusion** access device.

§ 21.145a. Prohibited acts.

An LPN may not perform the following **[IV]** **infusion** therapy functions:

* * * * *

(6) Administer fibrinolytic or thrombolytic agents to declot any **[IV]** **infusion** access device.

* * * * *

(8) Insert or remove any **[IV]** **infusion** access device, except a peripheral short catheter.

(9) Access or program an implanted **[IV]** infusion pump.

(10) Administer **[IV]** **infusion** medications for the purpose of procedural sedation or anesthesia.

* * * * *

§ 21.145b. **[IV therapy curriculum requirements]** **{Reserved}.**

[(a) An IV therapy course provided as part of the LPN education curriculum in § 21.203 (relating to specific curriculum requirements for practical nursing programs) or as a stand-alone course offered by a provider shall include instruction of the topics in § 21.203(d)(8). An instructor of a stand-alone course shall have knowledge and skill in the aspect of the course content taught.

(b) Providers of stand-alone courses shall apply for approval from the Board before offering an IV therapy course. The request for approval must include the following:

(1) A course outline that includes the components of the IV therapy course required under § 21.203(d)(8).

(2) A description of the methods of instruction and the clinical learning experiences provided.

(3) A description of specific methodologies and tools that evaluate the learner's achievement of the objectives.

(4) A list of faculty membership and verification that the instructors have knowledge and skill in the aspect of the content taught.]

§ 21.147. Fees.

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(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)]** **21.156a(a)(2) and 21.943(c) (relating to continued competency; and infusion therapy education requirements)…**$285

* * * * *

§ 21.148. Standards of nursing conduct.

(a) A licensed practical nurse shall:

(1) Undertake a specific practice only if the licensed practical nurse has the necessary knowledge, preparation, experience and competency to properly execute the practice.

(2) Respect and consider **[, while providing nursing care]** the individual's right to freedom from psychological and physical abuse **while doing one of the following:**

(i) Providing nursing care.

(ii) Serving as an administrator.

(iii) Serving as a faculty member or clinical supervisor, preceptor, or mentor as part of a nursing education program.

(3) Act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.

* * * * *

[APPROVAL OF PRACTICAL NURSING PROGRAMS]

§ 21.161. **[Objectives]** **{Reserved}.**

[Practical nurse programs require approval for the following reasons:

(1) To safeguard the preparation of practical nurses, to assure safe standards of nursing practice in this Commonwealth.

(2) To guide prospective students in the selection of approved programs which offer adequate resources for sound basic practical nursing education.

(3) To insure the graduates of practical nursing programs of eligibility for admission to examination for licensure.

(4) To assist graduates of programs of practical nursing in this Commonwealth to qualify for licensure by endorsement in other jurisdictions.

(5) To stimulate and maintain continued growth and improvement of practical nursing education in this Commonwealth.]

§ 21.162. **[Types of approval]** **{Reserved}.**

[(a) The Board grants the following types of approval to nursing education programs:

(1) *Initial.* The Board may grant initial approval to a new nursing education program, with evidence that the standards of this subchapter are being met, for a period of time necessary to evaluate the results of the licensing examination by the first 21.162(a)(1) of graduates. A program will not be placed on full approval status until it has graduated its first class and the class has achieved an acceptable rate of passing the National licensure examination, as set forth in § 21.162b (relating to minimum rate for graduates of nursing education programs to pass the National licensure examination). A program on initial approval status that fails to achieve an acceptable rate of passing the National licensure examination upon graduation of its first class will be placed on provisional approval status.

(2) *Full.* The Board will place those nursing education programs on full approval status which attain and maintain the standards of this subchapter.

(3) *Provisional.* The Board may place on provisional approval a nursing education program not meeting the standards of this subchapter. A nursing education program on full approval status will be placed on provisional approval status if the program fails to meet the provisions of § 21.162b.

(b) A nursing education program shall notify applicants for admission of the program's approval status and, within 30 days of a change of status, shall notify applicants and students by electronic mail or first class mail that the program's approval status has changed. The program shall provide the Board a copy of the notice sent to applicants and students. A

program shall provide additional notice to applicants and students at the direction of the Board.

(c) For purposes of activities relating to the approval and status of nursing education programs, the term "Board" as used in this subchapter may mean the Board's educational advisors appointed under section 2.1(i) of the act (63 P.S. § 212.2(1)). Only the Board may, by a majority vote, confer initial approval status on a proposed nursing education program, extend the maximum 2-year period for correction of deficiencies or remove a program from the approved list.]

§ 21.162a. **[Failure to comply with standards]** **{Reserved}**.

[(a) If the Board receives information suggesting that a nursing education program has not maintained the standards of this subchapter, the Board will validate the information and notify the program, in writing, of the alleged deficiency. The Board may request information from the program or conduct an announced or unannounced site visit before notifying the program of the alleged deficiency. The Board may informally resolve any deficiency.

(b) The Board will notify a program, in writing, that the program will be placed on provisional approval status.

(c) If the Board places a nursing education program on provisional approval status, the Board will notify the program, in writing, of the deficiencies and the amount of time that will be allowed for correction of the deficiencies that resulted in the program's placement on provisional approval status. The Board may extend the time period for correction of deficiencies at its discretion if the program is making demonstrable progress toward the

correction of deficiencies. If additional deficiencies are identified, the existing provisional period may be extended at the discretion of the Board.

(d) The Board may place restrictions on a nursing education program on provisional approval status as deemed necessary by the Board to bring the program into compliance with this subchapter and will notify the program, in writing, of the restrictions.

(e) The Board may require that a nursing education program on provisional approval status prepare and submit additional reports and will notify the program, in writing, of the reports required.

(f) The Board may make announced or unannounced site visits to a nursing education program on provisional approval status.

(g) A period of 2 years will be the maximum time period allowed for the correction of deficiencies that returns the program to compliance with the Board's regulations. A program may petition the Board for extension of the maximum period and the Board may, by majority vote, extend the period for good cause demonstrated by the program.

(h) If the standards of this subchapter are met within the designated time, the nursing education program will be removed from provisional approval status. The Board will notify the program in writing of this action.

(i) If the standards of this subchapter are not met within the designated time, the nursing education program will be removed from the approved list as provided in § 21.166 (relating to removal from approved list).

(j) Within 10 days of service of a request under subsection (a) or (e) or notice of the imposition of a restriction under subsection (d), a nursing education program may appeal the action of the staff as provided in 1 Pa. Code § 35.20 (relating to appeals from actions of the staff).

(k) The failure of a program to cooperate with the Board by failing to provide requested information or reports, by refusing or limiting a site visit, or by refusing to adhere to restrictions mandated by the Board will be considered a violation of the standards for nursing education programs and may result in immediate referral of the program to the prosecution division to consider formal action to remove the program from the approved list as provided in § 21.166 (related to removal from approved list).]

§ 21.162b. **[Minimum rate for graduates of nursing education programs to pass the National licensure examination]** **{Reserved}.**

[A nursing education program shall prepare its graduates to pass the National licensure examination at a rate at least equal to the minimum rate set by the Board. The minimum rate for graduates to pass the National licensure examination are as follows:

(1) A nursing education program shall achieve and maintain a minimum pass rate of 60% or more of its first-time examinees during an examination year.

(2) Beginning on October 1, 2009, a nursing education program shall achieve and maintain a minimum pass rate of 70% or more of its first-time examinees during an examination year.

(3) Beginning on October 1, 2010, a nursing education program shall achieve and maintain a minimum pass rate of 80% or more of its first-time examinees during an examination year.]

§ 21.166. **[Removal from approved list] {Reserved}.**

[(a) The Board may remove a nursing education program from the approved list in accordance with the following procedures if the program fails to meet and maintain minimum standards, including the minimum passing rates on the National licensure examination, as established by this subchapter.

(1) The Board will give a nursing education program notice of its intent to remove the program from the approved list.

(2) The notice of intent to remove a program from the approved list will set forth the alleged violations of the standards for nursing education programs.

(3) A program served with notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The nursing education program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be withdrawn.

(5) The nursing education program and the Commonwealth will be provided an opportunity to file posthearing briefs.

(6) The Board will issue a written decision which will set forth findings of fact and conclusions of law.

(7) The Board's written decision will be a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(b) If a nursing education program is removed from the approved list, the controlling institution shall provide for the completion of the program for students currently enrolled by placing the students in an approved program.

(c) If a nursing education program is removed from the approved list, the controlling institution shall make provision for permanent retention of student and graduate records in conformity with §§ 21.233 and 21.234 (relating to custody of records; and access and use of records).]

[APPROVED PROGRAM OF PRACTICAL NURSING]

§ 21.172. **[Establishment]** **{Reserved}**.

[(a) A controlling agency may be a hospital, educational institution or combination thereof. The controlling agency desiring to establish or conduct an approved program of practical nursing shall submit a written proposal to the Board. If the practical nursing program is in the public school system, the proposal shall be submitted to the Board through the Department of Education, Bureau of Vocational Education.

(b) A controlling agency desiring to establish a program of practical nursing is required to:

(1) Employ the nurse administrator of the educational unit at least 6 months prior to the intended admission date of students. Board approval of the nurse administrator's credentials shall be obtained prior to the appointment.

(2) Employ teaching faculty for the educational program at least 1 month prior to the initiation of their teaching responsibilities.

(3) Submit 15 copies of the tentative planned educational program to the Board at least 4 months prior to the intended admission date of students.

(4) Complete a feasibility study which shall include:

(i) Sufficient statistical data to support the need for a program within the community and to assure availability of an adequate supply and flow of interested candidates.

(ii) Identification of available clinical resources for program implementation based on the projected enrollment and faculty. In viewing the clinical resources, the study shall speak to other nursing programs that share the teaching facilities identified in the study.

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

(5) Submit 15 copies of the feasibility study and the written decision of the health planning agency, if obtained, to the Board for approval.

(c) The planned educational program shall include the following:

(1) Organization and administrative policies of the controlling agency.

(2) Educational preparation and nursing experience of the faculty members employed.

(3) Statement of philosophy and objectives of the program.

(4) Proposed curriculum including detailed course descriptions and identification of clinical areas of practice.

(5) Admission policies.

(6) Educational standards.

(7) Advisory committee membership and functions if one is appointed.

(8) Copies of written agreements with cooperating agencies and facilities to be used in the program. A cooperating agency is any educational or health-care delivery system.

(9) A copy of the proposed budget projected.

(10) Administrative structure and functions of the practical nursing program.

(d) Following the review of the practical nursing program and before final Board action is taken to grant permission to recruit students, an initial facility survey will be made by a Board's nursing education advisor.]

§ 21.173. **[Discontinuance or interruption of a program of practical nursing]** **{Reserved}.**

[(a) Written notification of intent to discontinue a program of practical nursing shall be submitted to the Board within a reasonable time, but not less than 6 months prior to discontinuance.

(b) When a class is not admitted in a given year, the practical nursing program shall close unless approval has been granted by the Board based on the justification for continuation as submitted to the Board.

(c) If a practical nursing program is discontinued, it is the responsibility of the controlling institution to provide for the completion of the program for students currently enrolled either by placing the students in an approved program or continuing the enrolled class until completion. If the program is continued until graduation, approved and qualified instruction shall be assured.

(d) The controlling institution shall maintain custody of the student and graduate records in conformity with § 21.233 (relating to custody of records).]

[ORGANIZATION AND ADMINISTRATION OF PRACTICAL NURSING PROGRAMS]

§ 21.181. **[Administrative authority]** **{Reserved}.**

[(a) The practical nursing program shall be established as an educational unit of the controlling agency.

(b) The authority and the administrative responsibility for the program shall be delegated by the governing body of the controlling agency to the registered professional nurse in charge of the program.

(c) The organizational plan for the program of practical nursing shall provide for relationships with the governing body of the controlling agency, individuals and cooperating agencies responsible for and participating in the program operation.

(d) Adequate funds shall be allocated and properly budgeted for sound and effective operation of the program.

(e) The faculty shall formulate policies which relate to the operation of the program.

(f) Approval by the Board shall be obtained before the educational unit in practical nursing may utilize a new clinical agency for learning experiences. An Agency Data form, provided by the Board, shall be submitted for each new clinical agency. A clinical agency is one in which clinical experience can be obtained.]

§ 21.182. **[Advisory committee]** **{Reserved}**.

[(a) If an advisory committee exists, the membership shall consist of representatives from practical nursing, professional nursing, general education and other community groups. The nurse in charge of the practical nursing program shall be a member of this committee.

(b) The function of this committee is to act in an advisory capacity to the faculty and as a liaison group between the faculty, the agency and the community.]

§ 21.183. **[Budget]** **{Reserved}**.

[Budgetary funds shall be allocated by the controlling agency to administer the program effectively. The nurse in charge of the program and the administrative officers of the controlling agency shall prepare an annual budget based on desired needs for growth and change.]

§ 21.184. **[Cooperating agencies] {Reserved}.**

[(a) The agreement between the program and each of the cooperating agencies shall be written and signed by the administrators of the program and the cooperating agency and shall identify the responsibility and authority of each party. The agreement shall be reviewed annually and a copy of the current agreement shall be filed in the office of the Board.

(b) Approval of the cooperating agency shall be secured prior to the placement of students within the agency.

(c) Before an established program changes its clinical facilities through a new or additional cooperating agency, Board approval of the agency is required. A request shall be presented to the Board in writing. Upon receipt of the request, the Board will require information to be submitted on an Agency Data form and returned for review and action. Final approval of the cooperating agency will depend upon a survey of the facilities.]

[ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL]

§ 21.191. **[Faculty and staff complement] {Reserved}.**

[The minimum faculty and clerical personnel required in each program is as follows:

(1) A full-time nurse director or nurse coordinator.

(2) Full-time nursing instructors must be adequate in number to provide a maximum student-teacher ratio of 15 to 1 in the clinical area.

(3) Additional instructors consistent with the size and needs of the programs.

(4) Adequate secretarial assistance.]

§ 21.192. **[Faculty qualifications]** **{Reserved}**.

[(a) The qualifications of the nurse director or nurse coordinator shall be as follows:

(1) Graduation from an approved school of professional nursing.

(2) Current registration as a professional nurse in this Commonwealth.

(3) A baccalaureate degree, preferably in nursing, with experience in the areas of nursing, nursing education and educational administration. The nurse director or coordinator shall give evidence of ability to provide leadership and shall have a specific plan for completing work towards a master's degree with evidence of consistent effort toward completion of the plan.

(b) The qualifications of the instructors shall be as follows:

(1) Graduation from an approved school of professional nursing.

(2) Current registration as a professional nurse in this Commonwealth.

(3) A baccalaureate degree, preferably in nursing, with additional preparation for teaching appropriate to the teaching of practical nursing.

(4) Experience and skill in the practice of nursing.

(5) Nursing experience involving direct patient care or teaching experience within 2 years of employment. Faculty and instructors shall give evidence of maintaining expertness in clinical and functional areas of responsibility.

(c) The employment of less qualified instructors. Faculty or instructors with less academic preparation may be employed if qualified personnel is not available provided that less qualified faculty and instructors shall function under the direct guidance of a fully qualified faculty member and shall give evidence of continuing their academic preparation.]

§ 21.193. **[Faculty policies]** **{Reserved}**.

[(a) The faculty shall be employed by and responsible to the educational institution.

(b) Faculty members shall meet the requirements of the patent institution for faculty appointments.

(c) Policies, including personnel policies in effect for nursing faculty, shall be those in effect for faculty members throughout the educational institution with adjustments for differences that may be required in education for practical nursing.

(d) Policies for selection, appointment and promotion of faculty shall be in writing.

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

(f) Full-time faculty of the nursing program may not carry responsible for administration, curriculum development or teaching for other types of educational programs, not may the nursing faculty be responsible for student health services or first aid.

(g) Changes in status of faculty from full-time to part-time or vice versa shall be reported to the Board.

(h) The director or coordinator and nursing faculty of the program shall be afforded the time and opportunity to engage in leadership activities within their profession as are commensurate with their educational responsibilities.

(i) In determining teaching load of the faculty the following criteria shall be considered:

(1) Number of individual courses or units of study assigned with consideration of differences in scope and depth.

(2) Number and size of scheduled weekly classes, including laboratory and clinical teaching contact hours.

(3) Additional assignments relative to the functions and responsibilities of the faculty member; such as guidance of students, student evaluation, program revision, participation in activities of faculty organization.

(j) There shall be a planned and active faculty development program designed by the faculty to meet their perceived needs.]

§ 21.194. **[Faculty organization]** **{Reserved}**.

[(a) There shall be a nursing faculty organization appropriate to the size of the group.

(b) Policies and rules of procedure of the faculty organization shall be in written form and shall be reviewed periodically by the faculty.

(c) Members of the faculty shall participate in the activities of the faculty organization.

(d) Committees shall be established as needed to implement the functions of the faculty effectively, and the purposes and membership of each committee shall be defined clearly.

(e) Committee reports and faculty actions shall be recorded, filed systematically and kept available for reference.]

[CURRICULUM]

§ 21.201. **[Philosophy, purposes and objectives]** **{Reserved}.**

[(a) The philosophy and objectives of the program shall be formulated, agreed upon and implemented by the faculty and shall be in accordance with the philosophy and objectives of the controlling agency. The philosophy and objectives of the program shall reflect the following:

(1) The belief of the faculty about nursing, practical nursing education and education in general.

(2) The concept that practical nursing is an integral part of nursing.

(3) The fact that the educational needs of the students are being met.

(4) The concept of preparing a practitioner who shares in the giving of direct care to patients and who functions within the accepted roles of the L.P.N.

(b) The philosophy and objectives shall provide the basis for the development, the conduct and the evaluation of the total program.

(c) The expected changes in student behavior identified in the statement of objectives shall be realistic and attainable within the program of instruction.]

§ 21.202. **[General curriculum requirements for practical nursing programs] {Reserved}.**

[(a) The curriculum shall be designed to meet the stated objectives of the program.

(b) The program of study shall reflect sound principles of general education and practical nursing education.

(c) The curriculum shall be based on broad areas of learning but shall be limited in depth.

(d) The curriculum shall be flexible enough to permit adaptations according to individual student needs as well as to changing concepts relative to emerging roles.

(e) The curriculum shall provide for instruction and practice in the care of selected individuals with different degrees of illness, with various types of incapacities and from all age groups.

(f) Scientific facts and concepts selected to be taught shall be limited to those that are essential as a basis for nursing action and are applicable to patient care.

(g) Learning experiences shall be selected and arranged to provide opportunity for the student to learn how to function within the role of the LPN and for the personal growth of students.

(h) Learning experiences shall focus on direct nursing care, and effort shall be made to arrange experiences in a pattern of logical sequence that demonstrates continuity of care.

(i) The plan of instruction shall enable students to develop understanding of the functions of the LPN within different patterns of nursing service.

(j) Course outlines shall include specific behavioral objectives anticipated and shall contribute to the objectives of the total curriculum.

(k) Learning experiences selected shall focus on the needs of the student and may not be structured to render service to the cooperating agency.]

§ 21.203. **[Specific curriculum requirements for practical nursing programs]** **{Reserved}.**

[(a) The curriculum shall be based upon the philosophy and objectives of the program and shall be developed, implemented and evaluated by the faculty.

(b) The curriculum shall be organized and developed to include the knowledge, attitudes, skills and abilities necessary for the specific levels of student achievement.

(c) The curriculum shall be planned to promote measurable abilities, as contained in the Test Plan for the Practical Nurse Licensing Examination, published by Council of State Boards of Nursing, Inc.

(d) The curriculum shall provide instruction in the following areas:

(1) Physical and biological sciences, including appropriate content from basic human anatomy and physiology as well as elementary principles of chemistry, microbiology, physics and normal nutrition.

(2) Social and behavioral sciences including psychosocial facts and principles basic to personal adjustment and to nursing practice as well as appropriate content on the family and development stages from birth to senescence.

(3) Concurrent or sequential theory and clinical experience in:

(i) The care of patients with simple nursing needs.

(ii) The care of patients with short-term nursing needs.

(iii) The care of patients with long-term nursing needs.

(4) Clinical experience, as provided in paragraph (3), in the care of men, women and children in a variety of age groups with health problems characteristic of the age group involved.

(5) Theory, as required in paragraph (3), including appropriate knowledge from diet therapy and pharmacology, as well as scientific facts and selected clinical concepts which are essential as a basis for nursing action and are applicable to patient care.

(6) Learning experiences, as required in paragraph (3), providing opportunities for the student to:

(i) Develop an awareness of the needs of patients.

(ii) Learn to plan and give nursing care to selected individuals in various nursing situations that are relatively free of complexity.

(iii) Learn to plan and give nursing care to a group of selected patients.

(iv) Learn to assist the professional nurse in more complex nursing situations.

(7) Content, as required in paragraph (3), drawn from information about ethical, moral and legal responsibilities of the practical nurse, current trends in nursing and health delivery systems and vocational development.

(8) Technical and clinical aspects of immunization, skin testing, the performance of venipuncture and the administration and withdrawal of intravenous fluids to the extent each function is an authorized function of an LPN under this chapter. An IV therapy course must include instruction in the following topics:

(i) Definition of IV therapy and indications.

(ii) Types of vascular access delivery devices.

(iii) Age-related considerations.

(iv) Legal implications for IV therapy.

(v) Anatomy and physiology.

(vi) Fluid and electrolyte balance.

(vii) Infusion equipment used in IV therapy.

(viii) Parenteral solutions and indications.

(ix) Infection control and safety.

(x) Insertion of peripheral short catheters.

(xi) Administration, maintenance and monitoring of peripheral IV therapy.

(xii) Complications and nursing interventions.

(xiii) Central and peripheral vascular devices.

(xiv) Administration, maintenance and monitoring of central and peripheral IV therapy.

(xv) Documentation.

(xvi) Patient education.

(e) The total curriculum shall include a minimum of 1500 hours offered within a time period of not less than 12 months. The Board recommends that a minimum of 40% of the total curriculum be theoretical and the remaining 60% be in appropriate clinical experience.

(f) Evening and night assignments shall be considered part of the curriculum only in terms of the objectives to be achieved and if supervision is provided by the nursing faculty. Learning experiences during evening and night hours shall be planned only after the termination of the first 4 months of the program.

(g) Total hours of theory and clinical experience should be planned on a 35-hour week basis.

(h) The curriculum shall be evaluated according to a plan developed by the faculty and shall include the following:

(1) A careful review of aspects of the educational program based on the stated philosophy and objectives.

(2) A continuous evaluation of instructional procedures, learning experiences and student progress.

(3) Opportunities for students to participate in self-evaluation of their own learning experiences.

(4) Performance of graduates on the State Board Test Pool Examination.

(5) Opinions of graduates regarding the adequacy of their nursing program.

(6) Evaluation of graduates by their employers.

(7) A record system in operation which will assist in the evaluation of the educational program.]

§ 21.204. **[Changes in curriculum]** **{Reserved}**.

[(a) Changes that are a departure from the requirements of the program and which shall be submitted to the Board for approval include the following:

(1) Changes in the objectives of the program which require alteration of the present curriculum or courses or which increase or decrease the length of the program.

(2) Reorganization of the entire curriculum.

(3) Changes in clinical facilities involving contractual agreements.

(4) Changes in administrative control.

(b) When a program change is contemplated, a plan shall be presented to the Board showing:

(1) Rationale for the change.

(2) Present program.

(3) Proposed changed program.

(4) Philosophy and objectives of the proposed program.

(5) Old and new master rotation or organizational curriculum plans.

(6) Program bulletin and any other pertinent information.

(c) Fifteen copies of the materials listed in subsection (b) shall be submitted at least 3 weeks prior to the Board meetings at which the matters are to be considered.]

[FACILITIES FOR ADMINISTRATION AND TEACHING]

§ 21.211. **[Facility and resource requirements]** **{Reserved}**.

[(a) The physical structures that serve the purpose of the practical nursing program and are available for student or faculty or both use include those that are provided in the immediate environment and also those that are off the school premises. Facilities and resources of the program shall include the following:

(1) Administrative and instructional and office personnel shall be provided with the appropriate and adequate space and equipment essential for attainment of the objectives of the program.

(2) The number and size of accessible classrooms, conference rooms and laboratories shall be sufficient to meet the needs of the program. The number and size of classrooms shall be determined by the maximum student enrollment.

(i) Educational facilities shall be attractive, adequately heated, lighted and ventilated.

(ii) Educational facilities shall be provided with the equipment and supplies necessary to meet the teaching and learning requirements of both students and teachers.

(iii) The curriculum outline and instructional methods utilized by the faculty shall be determinative in the selection and maintenance of the facilities needed in the individual practical nursing program.

(b) Concerning adequate storage space for general supplies and equipment. Policies shall be in existence for the replacement of equipment, furnishings, and supplies.

(c) Library facilities and resources, which are planned and maintained to meet the specific needs of the student and the faculty shall be as follows:

(1) The physical equipment of the library shall include adequate lighting and ventilation, sufficient tables and comfortable chairs, space for proper display of library holdings and exhibits and appropriate work space for the librarian.

(2) Provision shall be made for adequate storage space to maintain the safety and security of the library materials and holdings.

(3) Library holdings shall include sufficient reference titles, periodicals and other educational materials, as well as supplementary aids to achieve the objectives of the program.]

[STUDENTS]

§ 21.221. **[Selection and admission]** **{Reserved}**.

[(a) Admission standards shall conform with the following:

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

(2) Applicants shall have completed work equal to a standard high school course as evaluated by the Credentials Evaluation Division of the Pennsylvania Department of Education.

(b) The Board recommends that only one class be admitted per year. The number of candidates for each class shall be determined by the educational and clinical resources which the program can provide.

(c) Advanced standing shall conform with the following:

(1) The Board encourages practical nursing programs to thoughtfully review their respective curriculi to identify where opportunity can be provided for the recognition and validation of previous education and experience of prospective applicants. Advanced placement proposals developed may then be submitted for review and approval by the Board.

(2) Programs submitted shall be developed for either a specific, identified individual or for a theoretical group of individuals. The extent of the approval granted will be based on the nature and content of the program submitted.]

§ 21.222. **[Student services]** **{Reserved}**.

[(a) *Health program*. There shall be written objectives and policies for the health program.

(b) *Program requirements*. The health program shall include at least the following:

(1) Preentrance and periodic health examinations.

(2) Provisions for necessary immediate professional health care.

(3) An immunization policy.

(4) A policy addressing student absences due to illness which gives the student the opportunity to attain the learning objectives not achieved due to absences.

(c) *Maintenance of health records.* Appropriate cumulative student health records shall be maintained throughout the enrollment of the student.

(d) *Student employment.* When part-time student employment is permitted, written policies shall include the type of employment and conditions regulating the employment, such as health, academic load and scholastic progress and consideration of current Federal and State laws affecting employment. When students are employed in health agencies, they may not perform the functions normally assigned to a professional or practical nurse unless they are currently licensed. Students in this role cannot be assigned as charge nurse of a unit. Student employment shall be on a voluntary basis and not a requirement of the institution. Remuneration for employment shall be within the range of the salary scale for the position.

(e) *Student housing.* Policies concerning housing shall include the following:

(1) Adequate space, equipment and furnishings for each student, such as desk, chairs, proper lighting, ventilation and closet space.

(2) Safe and adequately maintained facilities directly related to personal hygiene and personal security measures which include appropriate supervision of housing facilities and periodic inspection of safety devices, such as fire extinguishers, housing exits and fire drills.

(3) Provision of facilities which promote recreational and social activities.

(4) Facilities for obtaining adequate, well-balanced meals.

(f) *Counseling and guidance.* The scope of the counseling program shall be clearly defined in accordance with the objectives of the program. A program shall include academic counseling, initiated by either faculty or students. Adequate provision shall be made for the student's referral to or consultation with skilled counselors, psychiatrists, psychologists or religious advisors when professional and personal assistance is needed for individual student problems.

(g) *Financial aid*. Policies and procedures relating to scholarships, loans and grants shall be developed within the framework of the philosophy of the controlling institution and defined in writing.]

§ 21.223. **[Student's rights] {Reserved}.**

[There shall be written specified policies relating to students' rights and grievances with procedures for implementation.]

[RECORDS]

§ 21.231. **[Program records and record maintenance] {Reserved}.**

[A record system essential to the operation of the program shall be maintained. Records shall be kept in locked fire-proof files. A nursing faculty shall select record forms specifically for the practical nursing program which shall include the following:

(1) *Student records.* Student records shall conform with the following:

(i) Permanent record, on students admitted, including both clinical and theoretical experience and achievement shall be kept ad infinitum.

(ii) Health records shall be kept for 5 years following completion of the program.

(2) *Faculty records.* Faculty records shall conform with the following:

(i) "Display Portion" of current nursing license.

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

(iii) Current record of continuing education activities.

(3) *Administrative records.* Administrative records shall conform with the following:

(i) Affiliation agreements with cooperating agencies.

(ii) Minutes of meetings.

(iii) Annual reports.

(iv) Follow-up studies of graduates.

(v) Budgets.

(vi) Current written policies.

(4) *Program bulletin.* Program bulletins shall:

(i) Be comprehensive and current since they serve as contracts of agreement between the applicant or student and the program.

(ii) Include clearly defined refund policies governing all fees and tuition paid by the students.]

§ 21.232. **[Records required to be filed in the Board office]** **{Reserved}**.

[(a) An annual report of the practical nursing program shall be sent to the Board using the form supplied by the Board.

(b) Upon completion of the entire program a transcript or photocopy of the final record of the student shall be submitted along with the application for admission to the State Board Test Pool Examination. The transcript shall bear the impression of the school seal and signature of the nurse in charge of the program or authorized representative.

(c) A notarized list of nurses employed in the program shall be submitted by January 15 of each year. This list shall include the full name including maiden name, current address, license number and date of original employment in this Commonwealth.]

§ 21.233. **[Custody of records]** **{Reserved}**.

[(a) When a program closes, the controlling agency shall be responsible for the safekeeping of the records of its students; and official copies shall be made available upon request. If the controlling agency also closes, advice should be obtained from the Board concerning the permanent safekeeping and availability of the records of the practical nursing program.

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

§ 21.234. **[Access and use of records]** **{Reserved}.**

[(a) Students shall have access to personal records as provided by Federal and State legislation.

(b) Information shall be released from a student's record only in accordance with Federal and State law.]

Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS

GENERAL PROVISIONS

§ 21.251. Definitions.

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

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

***Advanced assessment*—The taking by a CRNP of the history, physical and psychological assessment of a patient's signs, symptoms, pathophysiologic status and psychosocial variations in the determination of differential diagnoses and treatment.**

Board—The State Board of Nursing of the Commonwealth.

* * * * *

CRNP PRACTICE

§ 21.282a. CRNP Practice.

* * * * *

(b) When acting in collaboration with a physician as set forth in a collaborative agreement and within the CRNP's specialty, a CRNP may **in addition to the RN scope of practice:**

(1) Perform comprehensive **nursing and advanced** assessments of patients and establish medical diagnoses.

* * * * *

§ 21.283. Authority and qualifications for prescribing, dispensing and ordering drugs.

* * * * *

(b) To obtain prescriptive authority approval, a CRNP shall:

(1) Successfully complete at least 45 hours of **[course work specific to]** advanced pharmacology **coursework identified in § 21.944(b)(2)(iii) (relating to general content requirements for CRNP nursing education programs)** in accordance with the following:

* * * * *

[APPROVAL OF CERTIFIED REGISTERED NURSE PRACTITIONER PROGRAMS]

§ 21.361. **[General criteria for approval of programs] {Reserved}.**

[(a) A CRNP program must require, at a minimum, a baccalaureate degree in nursing for admission and must culminate with a master's degree in nursing or postmaster's certificate.

(b) A CRNP program must prepare the registered nurse (RN) to function as a nurse practitioner in an expanded role in a particular specialty.

(c) A CRNP program must prepare the registered nurse to perform acts of medical diagnosis and prescription of medical, therapeutic or corrective measures in collaboration with a physician licensed to practice medicine in this Commonwealth.

(d) A CRNP program may be formed as a master's program, an RN to master's program, an RN to nursing doctorate program or a pilot or accelerated program that culminates with at least a master's degree in nursing.]

§ 21.362. **[Annual reports and compliance reviews; list of approved programs]** **{Reserved}.**

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

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

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

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

§ 21.363. **[Approval process]** **{Reserved}.**

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

(b) The Board will place a CRNP program on provisional approval status if, as evidenced by the compliance review or other information, the program is not in compliance with the Board's regulations. At its discretion, the Board will require progress reports or other information deemed necessary for the evaluation of a program on provisional approval status. Two years will be the maximum time allowed for the correction of the deficiencies that resulted in the program being placed on provisional approval status. If the program on provisional approval status is not in compliance within this designated time, the CRNP program will be removed from the approved list.

(c) The Board may return a CRNP program on provisional approval status to full approval status if the program attains and maintains the acceptable standards in §§ 21.365—21.377, and adheres to the policies and regulations of the Board.]

§ 21.364. **[Removal from approved list; discontinuance of CRNP program] {Reserved}.**

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

(b) Programs planning to discontinue must follow the procedures in § 21.41 (relating to notification; completion of program; records).]

§ 21.365. **[Establishment] {Reserved}.**

[(a) A CRNP program must be developed and maintained under the authority of a regionally accredited university or college or have current accreditation by the Credentialing Commission for Nurse Education or the National League of Nursing.

(b) A CRNP program must be under the direction of a faculty member who holds an active certification as a Pennsylvania CRNP and an earned doctorate degree or a specific plan for and evidence toward completion of the doctoral degree within 5 years. The length of appointment of temporary and acting directors of CRNP programs may not exceed 1 year.

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

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

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

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

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

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

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

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

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

(3) A statement of the educational preparation and nursing experience of faculty members employed, which conforms to § 21.367(b) (relating to faculty requirements for CRNP programs).

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

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

(6) A statement of admissions policies.

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

(8) Statements of financial viability for 5 years.

(9) A description of the clinical facilities.

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

§ 21.366. **[Organizational requirements]** **{Reserved}**.

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

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

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

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

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

§ 21.367. **[Faculty requirements for CRNP programs]** **{Reserved}**.

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

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

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

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

(1) Faculty members shall provide evidence of expertise in their subject areas, and when appropriate, be currently licensed and certified in this Commonwealth and hold and maintain National certification. Faculty members already employed in a CRNP program who do not hold National certification in their area of specialization shall obtain National certification, if available, by June 3, 2008.

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

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

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

§ 21.368. **[Faculty policies]** **{Reserved}**.

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

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

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

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

§ 21.369. **[General curriculum requirements] {Reserved}.**

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

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

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

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

(i) Research.

(ii) Health care policy and organization.

(iii) Ethics.

(iv) Professional role development.

(v) Theoretical foundations of nursing practice.

(vi) Human diversity and social issues.

(vii) Health promotion and disease prevention.

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

(i) Advanced health/physical assessment.

(ii) Advanced physiology and pathophysiology.

(iii) Advanced pharmacology.

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

(4) *Advanced pharmacology.*

(i) CRNP program graduates shall have a well-grounded understanding of pharmacologic principles, which includes the cellular response level. This area of core content must also include both pharmacotherapeutics and pharmacokinetics of broad categories of pharmacologic agents. Advanced

pharmacology shall be taught in a separate or dedicated 3-credit or 45-hour course. Pharmacology content shall also be integrated into the other content areas identified in the advanced practice nursing core. Additional application of this content shall also be presented within the specialty course content and clinical experiences of the program to prepare the CRNP to practice within a specialty scope of practice.

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

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

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

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

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

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

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

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

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

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

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

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

(i) Management of client health/illness status.

(ii) The nurse-client relationship.

(iii) The teaching-mentoring function.

(iv) Professional role.

(v) Managing and negotiating health care delivery systems.

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

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

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

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

(g) The ratio of students to faculty must insure optimal learning opportunities in clinical laboratory sessions, be consistent with the objectives of the CRNP courses, and comply with § 21.373(c)(3)(ii) (relating to facility and resource requirements).

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

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

§ 21.370. **[Evaluation]** **{Reserved}**.

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

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

(i) Peer evaluation of teacher effectiveness.

(ii) Student evaluation of teaching and program effectiveness.

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 21.371. **[Curriculum changes requiring Board approval]** **{Reserved}.**

[Curriculum changes that require Board approval include changes in:

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

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

§ 21.372. **[CRNP program philosophy; purposes and objectives]** **{Reserved}**.

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

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

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

§ 21.373. **[Facility and resource requirements]** **{Reserved}**.

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

(1) Faculty and staff offices.

(2) Classrooms, conference rooms and laboratories.

(3) Administrative and secretarial support.

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

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

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

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

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

(3) Faculty to provide adequate supervision and evaluation.

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

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

(iii) Onsite clinical preceptors may include:

(A) Advanced practice nurses who are currently licensed.

(B) Physicians who are currently licensed.

(C) CRNPs who are currently licensed and certified.]

§ 21.374. **[Selection and admission standards] {Reserved}.**

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

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

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

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

§ 21.375. **[Advanced standing] {Reserved}.**

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

§ 21.376. **[Program records] {Reserved}.**

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

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

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

(2) Faculty records, including the following:

(i) "Display portion" of current Pennsylvania licenses and certifications.

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

(iii) Current records of continuing education activities.

(iv) Records of National certification, if applicable.

(3) Administrative records, including the following:

(i) Affiliation agreements with cooperating agencies.

(ii) Minutes of meetings.

(iii) Annual reports.

(iv) Follow-up studies of graduates.

(v) Budgets.

(vi) Current written policies.

(4) School bulletins, including the following:

(i) Comprehensive and current information.

(ii) Clearly defined refund policies governing fees and tuition paid by the students.

(iii) Clearly defined policies relating to admission, promotion, retention, transfer, advanced placement and dismissal.]

§ 21.377. **[Custody of records]** **{Reserved}**.

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

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

(*Editor's Note*: Subchapter I is proposed to be added and is printed in regular type to enhance readability.)

Subchapter I. NURSING EDUCATION PROGRAMS

GENERAL PROVISIONS

Sec.

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GENERAL PROVISIONS

§ 21.901. Definitions.

(a) The words and terms defined in §§ 21.1, 21.141 and 21.251 (relating to definitions) are incorporated by reference.

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

CRNP nursing education program—A comprehensive advanced nursing education plan of study within a controlling institution that includes an integrated didactic and clinical component taught according to evidence-based practice leading to knowledge and skills essential to CRNP practice culminating in a graduate degree or postmaster's certificate and qualifying the graduate to obtain **[national]** **National** certification under § 21.271(a)(3) (relating to certification requirements).

Clinical agencies—Settings across the continuum of care, within or outside of this Commonwealth, **[wherein]** **in which** students engage with live patients to obtain clinical experience.

Clinical preceptor—An individual who meets the requirements of § 21.934(f) (relating to faculty and staff qualifications) and who enhances faculty-directed clinical experiences by guiding selected clinical activities.

Cohorts—Groups of students admitted multiple times within a year, whether it be in the fall and spring or fall, winter and summer.

Controlling institution—An entity that houses a nursing education program.

Delivery method—The method by which a course is taught including distance learning, online coursework, face-to-face education or a hybrid of methods.

Examination year—For professional and practical nursing education programs, the period beginning October 1st of a year through September 30th of the following year. For CRNP nursing

education programs, the period beginning June 1st **of a year** through May 31st of the following year.

Full approval—A nursing education program's status while the program maintains the standards set forth in § 21.915 (relating to standards). For professional and practical nursing education programs this status commences upon satisfactory completion of initial approval status. For CRNP programs, this status commences upon Board approval.

Initial approval—A professional and practical nursing education program's status following Board approval of a new program and a facility review, as outlined in § 21.921(e) (relating to establishment), and continuing until the program graduates its first class, achieves the minimum pass rate, as defined in this section, on the National licensure examination, and obtains programmatic accreditation as required in § 21.916 (relating to programmatic accreditation).

Interprofessional faculty—A faculty member other than a nurse who has specialized knowledge, skills and abilities in the area being taught and holds at least one graduate degree in that area or is licensed as required by applicable practice acts.

Minimum pass rate—A pass rate of 80% or more of a nursing education program's first-time examinees during an examination year. For CRNP nursing education programs, the 80% pass rate is established by the Board based upon the annual results of the certification examination for each specialty**. [Where]** **When** there are multiple certification examinations for a specialty, the minimum pass rate is based upon the average of the multiple certification examinations for the specialty.

Nursing education program—CRNP, professional and practical nursing education programs.

PA-SUPPORT curriculum—A safe opioid prescription education curriculum approved by the Board under 35 Pa.C.S. § 5102 (relating to safe opioid prescription education).

Practical nursing (PN) nursing education program—A comprehensive nursing education plan of study within a controlling institution containing a minimum of 1,500 hours that includes an integrated didactic and clinical component taught according to evidence-based practice leading to knowledge and skills essential to the practice of practical nursing culminating in a diploma, certificate or occupational or academic degree.

Professional nursing (RN) nursing education program—A comprehensive nursing education plan of study within a controlling institution that includes an integrated didactic and clinical component taught according to evidence-based practice leading to knowledge and skills essential to the practice of professional nursing culminating in a degree or a diploma.

Program in transition—An approved professional nursing education program that seeks to change from conferring diplomas to conferring degrees.

Programmatic accreditation—Accreditation of the nursing education program from a Board-recognized nursing accreditation body as required in § 21.916.

Provisional approval—A nursing education program's status **[wherein]** **in which** the program does not maintain the standards set forth in § 21.915.

Systematic evaluation plan—An organized, continuous analysis of a nursing education program that addresses standards or benchmarks to be achieved and establishes an action plan if those standards or benchmarks are not achieved.

APPROVAL STATUS OF NURSING EDUCATION PROGRAMS

§ 21.911. Approval status.

(a) The Board will post a list of approved nursing education programs located in this Commonwealth and their status on its website.

(b) *Changes in approval status.*

(1) A nursing education program that fails to meet the standard listed in § 21.915(a)(1) (relating to standards) will be administratively placed on provisional status under the procedures set forth in § 21.912 (relating to procedure **[where]** **when** a nursing education program is placed on provisional status) and is subject to removal of the Board's approval under the procedures set forth in § 21.913 (relating to procedure to remove approval of a nursing education program).

(2) A nursing education program that fails to meet the standard listed in § 21.915(a)(2) is subject to removal of the Board's approval under the procedures set forth in § 21.913.

(3) A nursing education program that fails to meet the standard listed in § 21.915(a)(3) will be administratively placed on provisional status under the procedures set forth in § 21.912, may **[only]** provide nursing education in the Commonwealth **[as permitted by the authorizing body]** **only when the controlling institution meets the applicable requirements in § 21.917 (relating to controlling institution accreditation or authorization)** and is subject to removal of the Board's approval under the procedures set forth in § 21.913.

(4) A nursing education program that fails to meet the standards listed in § 21.915 (a)(4)—(12) will be [**administratively]** placed on provisional status **[under the procedures set forth in § 21.912 and is subject to removal of the Board's approval under the procedures set forth in § 21.913]** **after an adjudication and order finding a violation becomes final. The Board will apply the following procedures:**

(i) The Board will give a nursing education program notice of its intent to place the program on provisional status.

(ii) The notice of intent to place the nursing education program on provisional status will set forth the alleged violations of the standards for nursing education programs.

(iii) A nursing education program served with notice of intent to place the program on provisional status will be given 30 days in which to file a written answer to the notice.

(iv) The nursing education program will be provided an opportunity to appear at a hearing to demonstrate why the program should not be placed on provisional status. The Commonwealth may participate in the hearing.

(v) The nursing education program and the Commonwealth will be provided an opportunity to file post hearing briefs.

(vi) The Board will issue a written decision that will set forth findings of fact and conclusions of law.

(vii) The Board's written decision is a final adjudication of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(c) Nursing education programs shall notify applicants for admission of the program's status and, within 30 days of any change, shall notify students of the change in status. The program shall provide the Board with a copy of the notice sent to applicants and students. A program shall provide additional notice to applicants and students at the direction of the Board.

(d) A nursing education program must be on full approval status to add any of the following beyond those initially approved unless provided specific approval by the Board:

(1) Practice locations.

(2) Curriculum plans of study.

(3) Delivery methods.

(4) Cohorts or program options.

(5) Enrollment increases.

(6) Specialties or degrees.

(e) Upon a written request and a showing of good cause, the Board may grant approval to add the items under **[section]** **subsection** (d).

§ 21.912. Procedure [where] when a nursing education program is placed on provisional status.

(a) The Board will notify a nursing education program, in writing, that the nursing education program has been placed on provisional status. The notification will include a list of deficiencies and the amount of time that will be allowed for correction of the deficiencies.

(b) A nursing education program on provisional status shall submit a performance improvement plan that identifies the cause of the deficiency and the action plan. The Board may require additional reports and will notify the nursing education program, in writing, of the additional reports required.

(c) **[Within]** **Except as provided in § 21.911(b)(4), within** 10 days of service of the notice **[placing]** **of the administrative placement of** a nursing education program on provisional status under subsection (a), a nursing education program may appeal the action as set forth in 1 Pa. Code § 35.20 (relating to appeals from actions of the staff).

(d) The Board may place any or all of the following restrictions on a nursing education program on provisional status and will notify the nursing education program in writing of the restrictions:

(1) Prohibiting:

(i) The admission of another class.

(ii) The addition of cohorts or nursing education program options.

(iii) The addition of any delivery methods beyond those initially approved.

(iv) The addition of another specialty or degree type.

(v) The addition of additional nursing education program sites.

(2) Limiting the size of a class or cohort.

(3) Requiring the nursing education program to submit quarterly reports detailing a timetable and steps being taken to remediate any deficiency.

(4) Clinical restrictions related to the health and safety of patients.

(e) A nursing education program **[may]** **shall** remain on provisional status **[no longer than]** **for 2 years or** the length of the full-time nursing education program**, whichever is longer,** unless the period is extended by the Board following the submission of evidence and a presentation by at least the administrator that the nursing education program is making demonstrable progress toward correcting the deficiencies.

(f) The Board may make announced or unannounced visits to a nursing education program on provisional approval status to ensure compliance with the Board's regulations.

(g) Once the minimum standards are met, the nursing education program will be reinstated to full approval status if programmatic accreditation is obtained. If programmatic accreditation is not yet obtained, the nursing education program will be reinstated to initial approval status. The Board will notify the nursing education program in writing of its status change.

§ 21.913. Procedure to remove approval of a nursing education program.

(a) The Board may remove its approval of a nursing education program if the nursing education program fails to correct the deficiencies identified in § 21.912(a) (relating to procedure **[where]** **when** a nursing education program is placed on provisional status), fails to provide requested information or reports identified in § 21.912(b), fails to adhere to the restrictions

imposed in § 21.912(d), refuses or limits a site visit required by § 21.912(f) or fails to maintain the standards set forth in § 21.915 (relating to standards).

(b) The following procedures will be applied prior to a nursing education program's approval being removed:

(1) The Board will give a nursing education program notice of its intent to remove the nursing education program's approval.

(2) The notice of intent to remove a nursing education program's approval will set forth the alleged violations of the standards for nursing education programs.

(3) A nursing education program served with notice of intent to remove will be given 30 days in which to file a written answer to the notice.

(4) The nursing education program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be removed. **The Commonwealth may participate in the hearing.**

(5) The nursing education program and the Commonwealth will be provided an opportunity to file post hearing briefs.

(6) The Board will issue a written decision **[which] that** will set forth findings of fact and conclusions of law.

(7) The Board's written decision **[will be] is** a final **[decision] adjudication** of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(c) A nursing education program whose approval has been removed shall comply with the notification and record requirements in § 21.914(a) and (b) (relating to discontinuance of a nursing education program; interruption of a nursing education program).

§ 21.914. Discontinuance of a nursing education program; interruption of a nursing education program.

(a) When a nursing education program's approval is removed or when the nursing education program makes the decision to close, the controlling institution shall comply with all of the following:

(1) Submit a completion plan within 3 months of notification of **[approval,]** removal **of the Board's approval** or 6 months of closure.

(2) Provide for the completion of the nursing education program for students currently enrolled either by placing the students in an approved nursing education program or continuing the enrolled class until completion.

(3) Notify current students of the completion plan.

(b) Within 90 days of closure, the controlling institution shall:

(1) Submit a Nursing Education Program Closing Summary Report to the Board that includes all of the following:

(i) Name and address of controlling institution.

(ii) Name and credentials of the chief operating officer.

(iii) Name of controlling institution accreditor or authorizer.

(iv) Name of programmatic accreditation body, the date of the last accreditation visit and the last action taken by the accrediting body.

(v) Name and address of the nursing education program.

(vi) Name of the nursing education program administrator.

(vii) Approval status at the time of closing.

(viii) Date of last Board site visit.

(ix) Date of last annual report submitted.

(x) Year the nursing education program was established.

(xi) Names of all faculty **[divided by]** **categorized as** full-time **[and]** **or** part-time faculty.

(xii) List of all clinical agencies.

(xiii) Type of degree/diploma/certificate awarded.

(xiv) Length of the nursing education program.

(xv) Date the last class of students graduated.

(xvi) List of students who graduated from the last class.

(xvii) List of students who transferred to another nursing education program.

(xviii) Copy of curriculum plan.

(xix) Requirements for nursing education program completion.

(2) Make provision for the permanent retention of student and graduate records in conformity with § 21.971 (relating to record maintenance and retention) and notify current and graduating students and the Board where the records are being retained.

(c) When a nursing education program does not admit a class in a given year, the nursing education program shall provide written notification to the Board and obtain approval for continuation by the Board based on its submission of a plan for continuation.

MINIMUM STANDARDS FOR NURSING EDUCATION PROGRAMS

§ 21.915. Standards.

(a) A nursing education program meets standards **[where]** **when** it complies with all of the following:

(1) Achieves the minimum pass rates, as defined in § 21.901 (relating to definitions), on the National licensure examination.

(2) Obtains and maintains programmatic accreditation as required by § 21.916 (relating to programmatic accreditation).

(3) Is housed within a controlling institution that is authorized to provide nursing education in this Commonwealth, as specified in § 21.917 (relating to controlling institution accreditation or authorization).

(4) Maintains a systematic evaluation plan, as defined in § 21.901 and remediates any deficiencies identified.

(5) Ensures that didactic and clinical education are taught according to evidence-based practice.

(6) Enforces written policies required by § 21.961 (relating to policies and procedures).

(7) Ensures that all faculty **[maintains]** **members maintain** current expertise in the area in which they teach as required by §§ 21.934(a)(1)(iii), (2)(iii) and (3)(iii) and (d) and 21.936(b) (relating to faculty and staff qualifications; and additional faculty responsibilities).

(8) Ensures that faculty, facilities and clinical agencies are sufficient to meet the needs of the students enrolled.

(9) Ensures that there is a variety of clinical learning experiences in the care of all gender and age groups as necessary for students to achieve nursing education program outcomes or minimal competence.

(10) Monitors its pass rates. Professional and practical nursing education programs shall conduct their review on a quarterly basis.

(11) Provides timely notifications of nursing education program changes to the Board as set forth in § 21.925(a) and (b) (relating to changes to nursing education programs following approval).

(12) Complies with the requirements set forth in this subchapter.

(b) A nursing education program may not do any of the following:

(1) Utilize its students to meet staffing needs in health care facilities.

(2) Have more than two administrators within an academic year without pre-approval from the Board**[unless]. The Board may grant pre-approval if the nursing education program demonstrates to the Board that** emergency circumstances exist.

(3) Engage in fraud, deceit or material misrepresentation in advertising, promoting or implementing the program.

§ 21.916. Programmatic accreditation.

(a) Effective _____ (*Editor's Note*: The blank refers to 5 years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.), existing nursing education programs shall obtain and maintain programmatic accreditation from a Board-recognized nursing accreditation agency.

(b) Nursing education programs approved by the Board on or after _____ (*Editor's Note*: The blank refers to 5 years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.) shall obtain and maintain programmatic accreditation from a Board-recognized nursing accreditation agency in the time commensurate with the length of the program.

(c) Within 30 days of obtaining programmatic accreditation, the nursing education program shall submit a copy of the official notice of accreditation and the accreditor's site visit report to the Board.

(d) A nursing education program that fails to obtain **[and]** **or** maintain programmatic accreditation as required by § 21.915 (relating to standards) or is denied programmatic accreditation shall be subject to removal of the Board's approval under the procedure provided in § 21.913 (relating to procedure to remove approval of a nursing education program). When the nursing education program obtains programmatic accreditation, it may reapply for approval as set forth in § 21.921 (relating to establishment).

(e) The Board will post a list of Board-recognized programmatic accreditation agencies on its website.

§ 21.917. Controlling institution accreditation or authorization.

The controlling institution shall obtain and maintain accreditation or authorization to operate a nursing education program as follows:

(a) For a professional nursing education program, the entity shall be either:

(1) Currently accredited by a body recognized by the United States Department of Education, approved by the Board and authorized by the Pennsylvania Department of Education to grant a generic master's, baccalaureate or associate degree in professional nursing.

(2) Organized within a health care facility as defined in section 103 of the Health Care Facilities Act (35 P.S. § 448.103) and authorized by the Board under section 3(3) of the Higher Education Eligibility Act (24 P.S. § 7603(3)) to grant a diploma in professional nursing.

(b) For a practical nursing education program, the entity shall be either:

(1) Currently authorized by the Pennsylvania Department of Education to award at a minimum a diploma or certificate in practical nursing.

(2) Organized within an accredited health care facility as defined in section 103 of the Health Care Facilities Act (35 P.S. § 448.103), approved by the Board and authorized by the Board under section 3(5) of the Higher Education Eligibility Act (24 P.S. § 7603(5)) to grant a diploma in practical nursing.

(c) For a CRNP nursing education program, the entity shall be currently accredited by a body recognized by the United States Department of Education and authorized by the Pennsylvania Department of Education to grant a graduate degree or post-master's certificate in nursing.

§ 21.918. Minimum student program qualification requirements.

(a) In addition to meeting the requirements for admission to the controlling institution:

(1) Only students who hold at a minimum a high school diploma or its equivalence as determined by the Pennsylvania Department of Education and evidence of completion of two courses in mathematics with one being in Algebra and two courses of physical science with a related laboratory or the equivalent may commence a professional **[or practical]** nursing education program. Completion of these courses may occur immediately prior to commencement of the **professional nursing education** program.

(2) Only students who hold at a minimum of a baccalaureate degree in nursing or its equivalence and a current temporary practice permit issued under § 21.7(b) (relating to

temporary practice permits), a license or a privilege to practice as a registered nurse in this Commonwealth may be granted admission in CRNP nursing education programs.

(b) The number of admissions for each class shall be determined by the nursing education program's educational, clinical, facility and financial resources unless the nursing education program has been placed on provisional status under § 21.912(c) (relating to procedure **[where]** **when** a nursing education program is placed on provisional status).

APPROVAL PROCESS FOR NURSING EDUCATION PROGRAMS

§ 21.921. Establishment.

(a) A nursing education program shall be developed by an individual who meets the requirements for an administrator in § 21.933 (relating to administrator qualifications).

(b) Except as provided in § 21.925(f) (relating to changes to nursing education programs following approval), at least 12 months prior to the first advertisement of a new nursing education program, a nursing education program shall submit all of the following documentation along with the fees listed in §§ 21.5(c), 21.147(c) **[and]** **or** 21.253(c) (relating to fees)**, as applicable**:

(1) Rationale with statistical data on potential applicants, employers, faculty, clinical agencies and, as applicable, preceptors to support the need for a nursing education program.

(2) Letters of commitment from the controlling institution indicating the provision of academic, fiscal, physical, human and learning resources for the nursing education program.

(3) Identification of the type of nursing education program proposed, the anticipated number of students to be enrolled over a 5-year period and the clinical resources available for the projected number of students and projected faculty-student ratio for each proposed clinical course.

(4) A sample job description, including qualifications and responsibilities, for the administrator and each faculty position that meets the minimum requirements set forth in §§ 21.931—21.936 (relating to administrative and instructional personnel).

(5) An organizational chart that meets the requirements of § 21.923 (relating to organizational requirements for nursing education programs).

(6) Copies of the written policies and procedures required in §§ 21.961 and 21.971 (relating to policies and procedures; and record maintenance and retention).

(7) A statement regarding the congruence of the nursing education program's mission, goals and learning outcomes with the controlling institution.

(8) Proposed curriculum plan, including the method and methodologies for delivery and a citation to the National educational standards used to develop the curriculum, that meets the requirements of § 21.941(b) (relating to curriculum development requirements), a syllabus for each course on the curriculum plan and sample evaluations.

(9) A systematic evaluation plan as defined in § 21.901 (relating to definitions) that includes specific benchmarks for measurement and timelines.

(10) A defined process for reviewing whether there are sufficient resources to continue the nursing education program.

(11) A 5-year budget projection of financial viability for the nursing education program including salaries and benefits, supplies, learning resources, faculty development and operational overhead adjusted for inflation.

(12) An agreement between the nursing education program and each clinical agency to enter into a contract granting access to the nursing education program's faculty and students upon Board approval that identifies the maximum number of clinical spaces, the average daily census of the agency and the anticipated teacher-student ratio.

(13) Detailed descriptions of facilities and resources required by §§ 21.951 and 21.952 (relating to facility requirements; and academic support requirements).

(14) Documentation evidencing the controlling institution's authority to operate or accreditation, as specified in § 21.917 (relating to controlling institution accreditation or authorization).

(15) Documentation from the accreditor evidencing submission of a candidacy application for programmatic accreditation, as required by § 21.916 (relating to programmatic accreditation) and a timeline for achievement of accreditation.

(16) A plan to enter into at least one articulation agreement with a degree granting nursing education program in this Commonwealth or another jurisdiction whose standards are at least equivalent if the program confers less than a bachelor's degree.

(c) Nursing education programs shall employ the administrator at least 6 months prior to the first intended admission of students and the faculty at least one term prior to commencement of classes each of whom shall meet the requirements of § 21.932 (relating to minimum administrator, faculty and staff requirements). Board approval of the administrator and faculty is required prior to employment.

(d) Prior to receiving Board approval as a new nursing education program, it shall make a presentation to the Board.

(e) Following a Board vote to approve a professional or practical nursing education program and a facility review to confirm that the facility is consistent with the proposal submitted in subsection (b), the professional or practical nursing education program will be granted initial approval status and placed on the Board list of approved professional or practical nursing education programs. The professional or practical nursing education program may advertise and recruit students during the time between the Board's vote and the facility review, but it may not admit new students until the professional or practical nursing education program is placed on initial status following the facility review.

(f) Following a Board vote to approve a CRNP nursing education program, the CRNP nursing education program will receive full approval status and be added to the Board list of approved CRNP nursing education programs.

§ 21.922. Additional establishment requirements for nursing education programs in transition.

(a) Prior to transitioning, a nursing education program shall comply with all of the following:

(1) Maintain full approval status under § 21.911 (relating to approval status) for at least 3 years prior to the intended date for admission of students.

(2) Continue on initial approval as defined in § 21.901 (relating to definitions) until controlling institution accreditation or authorization as delineated in § 21.917(a)(1) (relating to controlling institution accreditation or authorization) has been obtained.

(b) During the transition, a nursing education program shall provide the Board with semi-annual updates detailing the progress of the transition.

ORGANIZATIONAL REQUIREMENTS

§ 21.923. Organizational requirements for nursing education programs.

(a) The nursing education program shall be established as a distinct educational unit within a controlling institution in accordance with the structural plan of the institution.

(b) Relationships with central administrative officers, interrelationships among other disciplines and services of the controlling institution and representation on institutional councils and committees for faculty of the nursing education program shall be consistent with the interaction, policies and responsibilities given to other faculty members of the controlling institution.

(c) The controlling institution shall provide adequate academic, fiscal, physical, human and learning resources to support the nursing education program.

(d) The controlling institution shall ensure that the nursing education program has sufficient faculty and support personnel to meet the objectives of the nursing education program.

(e) The controlling institution **[shall]** **may** not confer a degree until all of the nursing education program's requirements, set forth in the student handbook under § 21.961(c)(2) (relating to policies and procedures), are completed.

(f) Nursing education programs or controlling institutions shall enter into agreements with clinical agencies to provide the nursing education program's students' clinical experience as set forth in § 21.924 (relating to clinical agencies).

(g) The nursing education program shall have a faculty organization that complies with all of the following:

(1) Conducts a planned periodic evaluation of the nursing education program in accordance with § 21.981 (relating to evaluation).

(2) Develops, reviews and revises policies and rules of procedure governing the faculty organization, as applicable.

(3) Maintains reports of committee and faculty actions in accordance with § 21.971 (relating to record maintenance and retention).

(4) Reviews curriculum, develops a process to identify and measure gaps in curriculum and recommends curriculum changes.

CLINICAL AGENCIES

§ 21.924. Clinical agencies.

(a) Nursing education programs or controlling institutions shall enter into agreements with clinical agencies to provide the nursing education program's students clinical experience.

(b) Agreements to utilize clinical agencies outside of the structural control of the controlling institution shall be initiated by the nursing education program.

(c) The agreements shall be jointly developed, reviewed periodically and revised and updated to ensure consistency with the outcomes of the nursing education program.

(d) The agreement shall ensure full control of student education by the faculty of the nursing education program; faculty shall have the freedom to teach and guide students and to select appropriate learning experiences in consultation with designated members of the clinical agency.

(e) The clinical agencies shall have the quality and variety of resources necessary to meet the outcomes of the nursing education program and retain ultimate responsibility for patient care and services.

(f) The number of students able to obtain clinical experience in the same cohort at a clinical agency shall be determined based upon patient safety, the size of the clinical agency, the course objectives and the faculty's teaching experience.

(g) Approval by the Board shall be obtained before a professional or practical nursing education program may utilize a new clinical agency.

CHANGES TO NURSING EDUCATION PROGRAMS

§ 21.925. Changes to nursing education programs following approval.

(a) The administrator of the nursing education program shall notify the Board within 30 days of receipt of notification of changes to the following within the nursing education program:

(1) Name of the nursing education program.

(2) Change of accrediting body.

(3) Status of controlling institution's authority to operate as specified in § 21.917 (relating to controlling institution accreditation or authorization).

(4) Discontinuance of the nursing education program as set forth in § 21.914 (relating to discontinuance of a nursing education program; interruption of a nursing education program).

(5) Faculty turnover of more than 25% in an academic year.

(b) The administrator of the nursing education program shall notify and obtain approval from the Board, within 90 days prior, regarding changes to any of the following within the nursing education program:

(1) Relocation.

(2) Faculty teaching in a professional or practical nursing education program.

(3) Nursing **education program** administrator.

(4) Addition or deletion of nursing education program options.

(5) Alteration to an approved degree type or addition of degree types.

(6) Utilization of a new clinical agency by a professional or practical nursing education program as required by § 21.924(g) (relating to clinical agencies).

(7) Course content or instruction if required by § 21.946 (relating to curriculum changes requiring Board approval).

(8) Ownership or administrative structure.

(9) Changes in controlling institution or programmatic accreditation status as specified in §§ 21.916 and 21.917 (relating to programmatic accreditation; and controlling institution accreditation or authorization).

(c) Nursing education programs on initial or provisional status shall obtain the Board's approval prior to implementation and shall also report the following:

(1) Student capacity that increases by more than 15% annually.

(2) Addition of cohorts.

(d) The Board may request additional information based upon the notifications required in subsections (a) or (b) and may impose the restrictions listed in § 21.912(d) (relating to procedure **[where]** **when** a nursing education program is placed on provisional status) on the nursing education program for failing to meet standards in § 21.915(a) (relating to standards) or failing to make timely notifications as set forth **[previously]** **in subsections (a) and (b)**.

(e) The addition of a nursing education program **[where]** **in which** the scope of practice differs from that approved in the original proposal constitutes a new nursing education program and requires submission of a new application that meets the requirements of § 21.921(b) (relating to

establishment) and payment of the applicable fee in §§ 21.5(c), 21.147(c) **[and]** **or** 21.253(c) (relating to fees)**, as applicable**.

(f) The addition of degree types or certification specialties beyond those approved in the original proposal constitutes a new nursing education program and requires submission of a new application and payment of the applicable fee in §§ 21.5(c), 21.147(c) **[and]** **or** 21.253(c)**, as applicable**.

(1) The following documentation shall be submitted with the application for addition of degree types or certification specialties beyond those **originally** approved:

(i) Documentation required in § 21.921(b)(1)—(3), (5), (8) and (11).

(ii) Documentation required in § 21.921(b)(4), (6), and (9), if there are changes in these areas beyond those approved in the original proposal.

(iii) A statement regarding the congruence of the nursing education program's learning outcomes with the controlling institution.

(iv) A statement indicating that the clinical agencies, facilities and resources approved in the original proposal can accommodate the additional students. If additional students cannot be accommodated, submission of documentation required in § 21.921(b)(12) and (13).

(v) A statement indicating that the addition does not require any changes to the nursing courses. If changes are required, documentation substantiating the changes to those courses along with an amended curriculum plan and amended syllabi that

meet the requirements in §§ 21.941(a)(3) and (5) (relating to curriculum development requirements).

(2) Following a Board vote to approve the additional degree types, the professional or practical nursing education program will receive initial approval status and be added to the Board's list of approved programs.

(3) Following a Board vote to approve the additional degree types or certification specialties, the new CRNP nursing education program will receive full approval status and be added to the Board's list of approved programs.

(g) The addition of educational sites with changes only to the address of the nursing education program or faculty or clinical agencies require the submission of an application for approval and an attestation that there are no changes to the curriculum, degree types and certification specialties from the approved nursing education program.

ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL

§ 21.931. Administrative authority.

(a) The administration of the nursing education program shall rest with the administrator who meets the qualifications set forth in § 21.933 (relating to administrator qualifications).

(b) The faculty shall formulate policies which relate to the operation of the nursing education program.

§ 21.932. Minimum administrator, faculty and staff requirements.

The minimum administrator, faculty and staff requirements for all nursing education programs are as follows:

(1) Full-time administrator who meets the requirements of § 21.933 (relating to administrator qualifications). Administrators who also provide instruction at the nursing education program shall meet the faculty requirements in § 21.934 (relating to faculty and staff qualifications) applicable to the nursing education program.

(2) Full-time faculty members in the areas of practice encompassed within the curriculum.

(i) The student-teacher ratio in clinical courses at professional and practical nursing education programs shall be determined based upon patient safety, the limitations of the clinical agency, the faculty member's experience and course objectives.

(ii) The student-teacher ratio in clinical courses at CRNP nursing education programs is as follows:

(A) One faculty member shall supervise no more than eight students.

(B) If faculty is providing onsite preceptorship, the maximum ratio is two students per faculty member.

(C) If faculty is managing their own caseload of patients, the maximum ratio is one student per faculty member.

(3) Additional faculty members as needed to ensure an educationally effective student-faculty ratio.

(4) Interprofessional faculty members as needed.

(5) Nursing education program support **[staff]** including **access to** administrative, library, admissions, financial aid, academic counseling, student services, technological and dedicated clerical support.

§ 21.933. Administrator qualifications.

(a) For professional nursing education programs, the administrator shall possess all of the following qualifications:

(1) Have:

(i) For professional nursing education programs conferring baccalaureate degrees, at least one graduate degree in nursing and a doctoral degree or a specific plan for completing doctoral preparation within 5 years of appointment.

(ii) For professional nursing education programs conferring an associate degree or a diploma, at least one graduate degree in nursing.

[(iii)] (A) No later than _____ (*Editor's Note*: The blank refers to 5 years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.), **[for the administrator] administrators who are approved by the Board to be an administrator** of a professional nursing education program **conferring an associate degree or a diploma on or**

after (*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), at least one graduate degree in nursing and a doctoral degree or obtained a doctoral degree within 5 years of appointment.

(B) Administrators who have been approved by the Board to be an administrator of a professional nursing education program conferring an associate degree or a diploma prior to (*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), are exempt from meeting the requirements in clause (A).

(2) Hold a temporary practice permit issued under § 21.7(b) (relating to temporary practice permits), be currently licensed or hold a privilege to practice as a registered nurse in this Commonwealth.

(3) Have experience in nursing practice, nursing education, nursing research and administration.

(b) For practical nursing education programs, the administrator shall possess all of the following qualifications:

(1) Have **[a bachelor's degree, preferably in nursing, with experience in the areas of nursing practice, nursing education, nursing research and administration. The administrator shall have a specific plan for completing work towards a graduate degree in nursing with evidence of consistent effort toward completion of the plan. No**

later than _____ (*Editor's Note*: The blank refers to 5 years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.), the administrator of a practical nursing education program shall hold at least one graduate degree in nursing.]:

(i) For administrators who have been approved by the Board to be an administrator of a practical nursing education program prior to (*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), a baccalaureate degree, preferably in nursing, a specific plan for completing work towards a master's degree with evidence of consistent effort toward completion of the plan, and graduated from an approved professional nursing education program.

(ii) For administrators who are approved by the Board to be an administrator of a practical nursing education program on or after (Editor's Note: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), a bachelor's degree, preferably in nursing, with experience in the areas of nursing practice, nursing education, nursing research and administration. The administrator shall have a specific plan for completing work towards a graduate degree in nursing with evidence of consistent effort toward completion of the plan. Effective (*Editor's Note*: The blank refers to 5 years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.), the administrator of a practical nursing education program shall hold at least one graduate degree in nursing.

(2) Hold either a temporary practice permit issued under § 21.7(b), be currently licensed or hold a privilege to practice as a registered nurse in this Commonwealth.

(3) Have experience in nursing practice, nursing education, nursing research and administration.

(c) For CRNP nursing education programs, the administrator shall possess all of the following qualifications:

(1) Have **[a graduate degree in nursing and a doctoral degree or have a specific plan for completing doctoral preparation within 5 years of appointment. No later than _____ (*Editor's Note*: The blank refers to 5 years from publication of the final-form rulemaking in the *Pennsylvania Bulletin*.), the administrator of a CRNP nursing education program shall have at least one graduate degree in nursing and a doctoral degree.]**:

(i) For administrators who have been approved by the Board to be an administrator of a CRNP nursing education program prior to (*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), an earned doctorate degree or a specific plan for and evidence toward completion of the doctoral degree within 5 years of appointment.

(ii) For administrators who are approved by the Board to be an administrator of a CRNP nursing education program on or after (*Editor's Note*: the blank refers to the publication date of the final-form

rulemaking in the *Pennsylvania Bulletin*), a graduate degree in nursing and a doctoral degree or have a specific plan for completing doctoral preparation within 5 years of appointment. Effective (*Editor's Note*: The blank refers to 5 years from publication of the final-form rulemaking in the P*ennsylvania Bulletin*.), the administrator of a CRNP nursing education program shall have at least one graduate degree in nursing and a doctoral degree.

(2) Hold current certification as a CRNP in this Commonwealth.

(3) Hold and maintain current national certification as a nurse practitioner.

(4) Have experience in nursing practice, nursing education, nursing research and administration.

(d) The length of appointment of an interim or acting administrator of a nursing education program may not exceed 1 year unless extended by the Board following a demonstration by the nursing education program that it has exhausted all efforts at hiring an administrator who meets the requirements in this section.

(e) The administrator shall advise the Board in the nursing education program's annual report, required in § 21.972(a)(1) (relating to records to be filed with the Board), of the administrator's progression toward degree completion **[and]** **or** efforts to recruit a qualified administrator, or both.

§ 21.934. Faculty and staff qualifications.

(a) Other than interprofessional faculty, faculty at nursing education programs shall possess all of the following qualifications:

(1) For professional nursing education programs:

(i) Have at least one graduate degree in nursing or obtain a minimum of a master's degree in nursing within 5 years of initial appointment as a faculty member in a professional nursing education program within this Commonwealth.

(ii) Hold either a temporary practice permit issued under § 21.7(b) (relating to temporary practice permits) or a current license or privilege to practice as a registered nurse in this Commonwealth.

(iii) Have expertise in the area of instruction.

(2) For practical nursing education programs:

(i) Have **[at least a bachelor's degree preferably in nursing or obtain a bachelor's degree in nursing within 5 years of initial appointment as a faculty member in any nursing education program within this Commonwealth. On or after _____ (*Editor's Note*: The blank refers to the date of publication of the final-form rulemaking in the *Pennsylvania Bulletin*.), a faculty member at a practical nursing education program shall have at least a bachelor's degree in nursing or obtained a bachelor's degree in nursing within 5 years of initial appointment as a faculty member in any nursing education program within this Commonwealth.]**:

(A) For faculty who have been approved by the Board to be an instructor at a practical nursing education program prior to

(*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), a baccalaureate degree, preferably in nursing, and graduation from an approved professional nursing education program.

(B) For faculty who are approved by the Board to be an instructor at a practical nursing education program on or after (*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), at least a bachelor's degree preferably in nursing, or to obtain a bachelor's degree in nursing within 5 years of initial appointment as a faculty member in any nursing education program within this Commonwealth.

(ii) Hold either a temporary practice permit issued under § 21.7(b) or a current license or privilege to practice as registered nurse in this Commonwealth.

(iii) Have expertise in the area of instruction.

(3) For CRNP nursing education programs:

(i) Have **[a graduate degree in nursing. On or after _____ (Editor's Note: The blank refers to the date of publication of the final-form rulemaking in the Pennsylvania Bulletin.), a faculty member at a CRNP nursing education program shall have a doctoral degree in nursing or obtain a doctoral degree in nursing within 5 years of appointment.]:**

(A) For faculty who have been approved by the Board to be an instructor at a CRNP nursing education program prior to (*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), a graduate degree in nursing and graduation from a board-approved master's or postmaster's nurse practitioner program that awarded an advanced degree.

(B) For faculty who are approved by the Board to be an instructor at a CRNP nursing education program on or after (*Editor's Note*: The blank refers to the publication date of the final-form rulemaking in the *Pennsylvania Bulletin*), a graduate degree in nursing. In addition, on or after (*Editor's Note*: The blank refers to the date of publication of the final-form rulemaking in the *Pennsylvania Bulletin*.), a faculty member at a CRNP nursing education program shall have a doctoral degree in nursing or obtain a doctoral degree in nursing within 5 years of appointment.

(ii) Hold either a temporary practice permit issued under § 21.7(b) or a current license or privilege to practice as registered nurse **and current certification, as applicable,** in this Commonwealth.

(iii) Maintain expertise **[in the area]** in the clinical or functional area of specialization.

(b) Faculty members who have yet to obtain the degree in nursing **as** required by subsection (a)**(1)(i), (2)(i)(B) or (3)(i)(B) or have not been previously approved under subsection (a)(2)(i)(A) and (3)(i)(A),** shall hold, for professional nursing education programs, a minimum of a bachelor's degree in nursing, for practical nursing education programs, a minimum of an associate degree in nursing and, for CRNP nursing education programs, a minimum of a graduate degree in nursing, and may teach only when the nursing education program demonstrates to the Board's satisfaction that the nursing education program has exhausted all efforts at hiring faculty members who meet the qualifications in subsection (a)(1)(i), (2)(i)**(B)** and (3)(i)**(B)**. Faculty members who fall within this subsection on _____ (*Editor's Note*: The blank refers to the date of publication of the final-form rulemaking in the *Pennsylvania Bulletin*.) shall meet the requirements in subsection (a)(1)(i), (2)(i)**(B)** and (3)(i)**(B)** within 5 years of publication.

(1) The administrator shall advise the Board in the nursing education program's annual report, required in § 21.972(a)(2) (relating to records to be filed with the Board), of the faculty member's progression toward degree completion and efforts to recruit qualified faculty.

(2) In extraordinary circumstances, the Board may grant a limited extension of the 5-year faculty education completion requirement.

(c) In addition to the requirements in subsection (a)(3), faculty who teach clinical courses in CRNP nursing education programs shall hold and maintain National certification in their area of specialization, **[where] when** this certification is available**,** and engage in clinical practice throughout the period in which they teach.

(d) Interprofessional faculty members shall **[only]** teach **only** nonclinical nursing courses within their area of expertise.

(e) Faculty who teach a discrete dietetics-nutrition course shall be currently licensed as a dietitian-nutritionist in this Commonwealth.

(f) Clinical preceptors shall possess the following:

(1) In professional and practical nursing education programs, a temporary practice permit under § 21.7(b) or current license or privilege to practice professional nursing in the state where the student is precepted.

(2) In CRNP nursing education programs, a current certification to practice as a nurse practitioner, clinical nurse specialist or nurse-midwife or current licensure as **a** physician in the state where the student is precepted.

(g) Nursing education program support personnel shall be qualified by education and experience to serve in the capacity in which they are employed.

§ 21.935. Faculty relationship with the controlling institution.

(a) The faculty shall be employed by, and responsible to, the controlling institution.

(b) Policies, including personnel policies in effect for nursing faculty, must be those in effect for faculty members throughout the controlling institution except where specified otherwise in this chapter. Nursing education program faculty may not be responsible for student health services or first aid.

(c) Policies for selection, appointment, orientation, supervision, promotion and evaluation of faculty and technological access, usage and proficiency shall be in writing.

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

(e) Teaching hours and additional duties of nurse faculty must be consistent with the policies of the controlling institution.

(f) In determining teaching load of the faculty, the following criteria shall be considered:

(1) Number of individual courses or units of study assigned with consideration of differences in scope and depth.

(2) Number and size of scheduled weekly classes, including laboratory and clinical teaching contact hours.

(3) Additional assignments relative to the functions and responsibilities of the faculty member, such as guidance of students, student evaluation, nursing education program revision **[,]** **and** participation in activities of the faculty organization.

(g) The administrator and nursing faculty shall be afforded the time and opportunity to engage in professional activities commensurate with their responsibilities.

(h) There shall be a planned and active faculty development program specifically related to the functions of a nurse educator.

§ 21.936. Additional faculty responsibilities.

(a) Faculty members who have yet to obtain the applicable degree required in § 21.934(a)**(2)(i)(B) and (3)(i)(B)** or (b) (relating to faculty and staff qualifications) shall maintain a record of their progress towards completion of the degree which shall be submitted to the Board upon request.

(b) Faculty members shall maintain current competence in the area in which they teach.

(c) Faculty members shall maintain a record of participation in continuing education, professional self-development and other activities to maintain expertise in their respective areas of teaching and methodologies used.

(d) As part of the clinical experience, faculty shall:

(1) Have input into the selection of preceptors.

(2) Retain responsibility for planning and evaluating student learning experiences.

(3) Be immediately available by some means of electronic communication if the faculty member is not physically present in the area where the student is engaged in clinical activity with a preceptor.

CURRICULUM

§ 21.941. Curriculum development requirements.

(a) In developing a curriculum, a nursing education program shall contain all of the following components:

(1) A mission.

(2) Defined student-centered nursing education program outcomes that are presented in a logical sequence demonstrating progression from simple to more complex concepts along with level appropriate clinical experiences.

(3) A curriculum plan that contains all of the following components:

(i) Identifies the prescribed course sequencing and time required.

(ii) Demonstrates linear progression for each course that builds on previous learning within the applicable scope of practice.

(4) Didactic content and supervised clinical experience appropriate for the scope of practice for which the student is being prepared, in the prevention of illness and the promotion, restoration and maintenance of health in patients from diverse cultural, ethnic, social and economic backgrounds as follows:

(i) For professional and practical nursing education programs, the didactic coursework shall meet the content requirements of § 21.942 (relating to general content requirements for professional and practical nursing education programs). For CRNP nursing education programs, the didactic coursework shall meet the content requirements of § 21.944 (relating to general content requirements for CRNP nursing education programs).

(ii) The supervised clinical experience shall meet the requirements of § 21.945 (relating to supervised clinical experience requirements).

(5) Course syllabi that include all of the following for each course:

(i) Course title.

(ii) Course total hours divided into lecture, lab and clinical.

(iii) Pre-requisites and co-requisites.

(iv) Course length.

(v) Course description/overview.

(vi) Course, clinical and simulation objectives that are measurable.

(vii) Texts and required resources.

(viii) Instructional strategies.

(ix) Course outline.

(x) Grading requirements including grade breakdown and scale.

(xi) Instructor responsibilities.

(xii) Outline by session topic, including resources and assignments.

(xiii) Institutional specific requirements, as applicable, including policies addressing student conduct, academic support services and disability coordinator services.

(xiv) Graded activities to demonstrate that course objectives have been met.

(b) The curriculum shall be developed, implemented and evaluated by the faculty based upon current nursing education and practice standards consistent with the mission and outcomes of the nursing education program and the controlling institution.

§ 21.942. General content requirements for professional and practical nursing education programs.

(a) The curriculum for professional and practical nursing education programs shall address the knowledge, attitudes, skills and abilities necessary for practice as a registered nurse listed in §§ 21.1 and 21.11—21.18 and as a practical nurse listed in §§ 21.141, 21.145, 21.145a and 21.148.

(b) The curriculum shall contain all of the following components:

(1) Bio-physical sciences:

(i) Anatomy and physiology **with a laboratory**.

(ii) Microbiology.

(iii) Nutrition.

(2) Social and behavioral sciences:

(i) Communication.

(ii) Medical terminology.

(iii) Psychology.

(iv) Sociology.

(v) Growth and development (birth through senescence).

(vi) Cultural diversity.

(3) Pre-licensure nursing core principles:

(i) Pathophysiology.

(ii) Pharmacology and infusion therapies.

(iii) Quantitative concepts **related to medication administration** (**algebra,** mathematical calculations, statistics, laboratory values).

(4) Assessment, whether a comprehensive nursing assessment or focused nursing assessment depending upon the scope, including:

(i) Health screening.

(ii) Health promotion/restoration.

(5) Health and environmental hazards:

(i) Safety.

(ii) Accident, error, and injury prevention and reporting.

(iii) Emergency response.

(iv) Infection control.

(6) Informatics.

(7) Management of nursing care across the lifespan.

(i) Scope of practice related to program level.

(ii) Nursing process and clinical problem solving.

(iii) Evidence based practice.

(iv) Medical terminology.

(v) Patient-centered nursing care concepts that address the physiological, psychosocial and sociocultural needs of patients.

(8) Nursing responsibilities and standards of conduct:

(i) History and trends.

(ii) Ethics.

(iii) Leadership.

(iv) Performance and quality improvement.

(v) Health systems.

(vi) Laws and regulations regulating nursing.

(vii) Team collaboration.

(viii) Teaching and learning.

(c) The sciences identified in (b)(1) may be integrated, combined or presented as separate courses and shall include a laboratory experience.

(d) The components identified in (b)(8) may be integrated, combined or presented as a separate course.

§ 21.943. Infusion therapy education requirements.

(a) Infusion therapy education provided as part of the professional or practical nursing education program curriculum or as a stand-alone course offered by a provider shall include instruction applicable to the specific scope of practice for students in the professional or practical nursing education program in all of the following topics:

(1) Definition of infusion therapy and indications.

(2) Types of vascular access delivery devices.

(3) Age-related considerations.

(4) Legal implications for infusion therapy.

(5) Anatomy and physiology.

(6) Fluid and electrolyte balance.

(7) Infusion equipment.

(8) Parenteral solutions and indications.

(9) Infection control and safety.

(10) Insertion of peripheral short catheters.

(11) Compatibility of drugs and solutions.

(12) Complications and nursing interventions.

(13) Central and peripheral vascular devices.

(14) Administration, maintenance and monitoring of infusion therapy.

(15) Documentation.

(16) Patient education.

(b) Faculty shall meet the educational requirements in §§ 21.934(a) and 21.936 (relating to faculty and staff qualifications; and additional faculty responsibilities).

(c) Providers of stand-alone courses shall apply for approval from the Board before offering an infusion therapy course. The request for approval, accompanied by the fee listed in § 21.5(e) (relating to fees), must include the following:

(1) A course outline that includes the components of the infusion therapy course required under subsection (a).

(2) A description of the methods of instruction and the clinical learning experiences provided.

(3) A description of the tools that evaluate the learner's achievement of the objectives.

(4) A list of faculty membership and verification that the instructors meet the requirements of subsection (b).

(d) Infusion therapy courses shall comply with the standards for infusion therapy from a Board-recognized professional association. The Board will post a list of Board-recognized professional associations on its website.

§ 21.944. General content requirements for CRNP nursing education programs.

(a) The curriculum for a CRNP nursing education program shall address the knowledge, attitudes, skills and abilities necessary for practice as a **[certified]** CRNP listed in §§ 21.282a—21.288**, [and]** be appropriate for the specialty in which the **[CRNP]** **graduate** will be certified and qualify **the** **[graduates]** **graduate** for the applicable National certification examination as a nurse practitioner.

(b) The curriculum shall contain all of the following components:

(1) Graduate nursing core:

(i) Research.

(ii) Policy, organization and financing of health care systems.

(iii) Ethics.

(iv) Standards of conduct.

(v) Professional aspects of leadership.

(vi) Theoretical foundations of nursing practice.

(vii) Human diversity and social issues.

(viii) Health promotion, disease prevention and epidemiology.

(ix) Quality improvement.

(x) Safety.

(xi) Infection control.

(xii) Models of care.

(xiii) Health care informatics.

(2) Advanced nursing practice core:

(i) Advanced health/physical assessment.

(ii) Advanced physiology and pathophysiology.

(iii) Advanced pharmacology. A separate or dedicated three-credit or 45-hour course that includes all of the following:

(A) Pharmacotherapeutics, pharmacokinetics and pharmacodynamics of broad categories of drugs.

(B) Selection and monitoring of pharmacologic drugs for the management of patient health problems.

(C) Patient education.

(D) Requirements for CRNP prescriptive authority.

(E) Legal requirements for prescription writing.

(3) Specialty content.

(4) Professional role content:

(i) Management of patient health/illness status.

(ii) Teaching-mentoring function.

(iii) Professional role development.

(iv) Management.

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

(vi) Interprofessional collaboration partnership.

(vii) Patient centered care.

(viii) Critical thinking and clinical judgment.

(5) Pain management including the identification of addiction and the practices of prescribing or dispensing opioids. The PA-SUPPORT curriculum satisfies this requirement.

(c) Pharmacology content shall also be integrated into the other content areas identified in the advanced nursing practice core, within the specialty course content and clinical experiences of the CRNP program.

§ 21.945. Supervised clinical experience requirements.

(a) The clinical experience shall be preceded by or concurrent with didactic instruction on the concepts included in the clinical experience.

(b) The clinical instruction shall include selected and guided experiences that develop a student's ability to apply core principles of the practice of professional nursing under the definition of the practice of professional nursing in section 2 of The Professional Nursing Law (63 P.S. § 212) and §§ 21.11—21.17, the practice of practical nursing under the definition of the practice of practical nursing in section 2 of the Practical Nurse Law (63 P.S. § 652) and § 21.145 (relating to functions of LPNs), or the scope of practice for certified registered nurse practitioners and prescriptive authority delineated in sections 8.2 and 8.3 of The Professional Nursing Law (63 P.S. §§ 658.2 and 658.3) and §§ 21.282a—21.286, as applicable.

(c) The clinical instruction shall be supervised as defined in § 21.14(b) (relating to administration of drugs) by the faculty member assigned to teach the clinical course or a clinical preceptor as defined in § 21.901 (relating to definitions) to provide adequate clinical oversight to meet the learning experience as outlined in § 21.932(2) (relating to minimum administrator, faculty and staff requirements).

(d) Students shall **[only]** be assigned **only** to those clinical agencies, with whom the nursing education program has an established clinical agreement as set forth in § 21.924 (regarding clinical agencies), that provide the experience necessary to meet the established clinical objectives of the course.

(e) A nursing education program may use face-to-face simulation provided the planned experience meets the standards for simulation from a Board-recognized professional association. The Board will post a list of Board-recognized professional associations on its website.

(f) For CRNP nursing education programs,

(1) The supervised clinical experience must consist of a minimum of 750 hours in direct patient care.

(2) Additional clinical hours may be required to meet particular National certification examination requirements.

§ 21.946. Curriculum changes requiring Board approval.

(a) Except as outlined in subsection (b), prior to implementation, Board approval shall be required for changes to the following:

(1) Nursing education program purposes and outcomes.

(2) Didactic or clinical hours or simulation.

(3) Credits or units.

(4) Course content or instruction that affect the integration of material into the total curriculum.

(5) Teaching methodology.

(6) Course placement.

(7) Courses addition or deletion.

(b) Nursing education programs that meet all of the following requirements may implement curriculum changes prior to Board approval provided the nursing education programs submit notice of the changes to the Board at least 90 days prior to its planned implementation:

(1) Have full approval status as defined in § 21.901 (relating to definitions).

(2) Hold programmatic accreditation from a Board-recognized nursing accreditation agency listed on the Board's website under § 21.916(e) (relating to programmatic accreditation).

(3) Have an active faculty organization as set forth in § 21.923(g) (relating to organizational requirements for nursing education programs).

(4) Have an institutional review committee that reviews programs' curriculum recommendations.

(5) Actively engage in a review of the systematic evaluation plan as set forth in § 21.981(b) (relating to evaluation).

(c) The notification required in subsection (b) shall include at a minimum all of the following:

(1) An evidence-based rationale for the proposed change.

(2) A timeline for implementation of the proposed change.

(3) Current and proposed syllabi for all involved courses.

(4) Current and proposed mission and outcomes including a comparison table.

(5) Current and proposed curriculum plans including a comparison table.

(6) Proposed changes in clinical agencies.

(7) Current and proposed changes in the delivery system or the use or amount of simulation.

(8) Method by which curriculum changes will be evaluated.

(d) In the event that the Board's review of the curriculum changes implemented prior to Board approval in subsection (b) necessitate revisions, the nursing education program shall make the revisions prior to the next academic year following the Board's notification.

FACILITIES AND RESOURCES FOR ADMINISTRATION AND TEACHING

§ 21.951. Facility requirements.

(a) The facilities of the nursing education program shall include at a minimum all of the following:

(1) A private office for the administrator.

(2) Faculty offices that are conveniently located to classrooms and clerical support staff.

(3) If faculty offices are not private, dedicated space for private faculty-student conferences that are conveniently located to faculty offices and are available whenever confidential student information is discussed.

(4) Space for clerical support staff.

(5) Classroom, laboratories and conference rooms of the size and type needed with furnishings and equipment consistent with the nursing education program for which the facilities are used.

(6) Adequate supplies and technical support for the administration of the nursing education program and to implement curriculum design and teaching methodology of the faculty that are of sufficient quantity for the number of students enrolled.

(7) Adequate storage space for general supplies and equipment and procedures to ensure the periodic replacement of equipment, furnishings and supplies.

(8) Access to a comprehensive, current and relevant collection of educational materials and learning resources for faculty members and students.

(b) The facilities shall be clean, and the acoustics, lighting, ventilation, plumbing, heating and cooling shall be in working order.

§ 21.952. Academic support requirements.

(a) The nursing education program shall provide academic support to its students in at least all of the following areas that are of sufficient quantity for the number of students enrolled:

(1) Nursing-specific course support.

(2) General education course support.

(3) Technological support for the administration of the nursing education program.

(b) The nursing education program shall implement procedures to identify academically at risk students and monitor the students' progress and skills remediation.

POLICIES AND PROCEDURES

§ 21.961. Policies and procedures

(a) Nursing education programs shall have written policies and procedures that are consistent with nursing educational standards, National patient safety standards, and applicable Federal and State laws related to all of the following:

(1) Ongoing verification of administrator and faculty licensure and continued competence, as applicable.

(2) Ongoing review of clinical agency agreements.

(3) Students:

(i) Selection, admission, progression, evaluation, dismissal, completion and graduation of students.

(ii) Academic standing.

(iii) Student health requirements.

(A) Pre-entrance and periodic health examinations.

(B) Provisions for necessary immediate professional health care.

(C) An immunization schedule.

(iv) Student attendance.

(v) Students rights, responsibilities and grievances.

(vi) Safety.

(vii) Academic counseling and support services.

(viii) Financial aid and refund policies related to fees and tuition.

(4) Technology and support.

(b) Changes in policies and procedures shall be communicated in writing to all students, prospective students and the public.

(c) The nursing education program shall provide its students with:

(1) A syllabus for each course that meets the requirements of § 21.941(a)(5) (relating to curriculum development requirements).

(2) A handbook that details at a minimum all of the following:

(i) The nature of the nursing education program, including policies, course sequence, course descriptions and academic standards.

(ii) The length of the nursing education program.

(iii) Total nursing education program costs including tuition, fees and all program-related expenses.

(iv) The transferability of credits to other nursing education programs.

(v) The technological responsibilities of the students.

(vi) The steps that must be completed, including any testing, prior to the nursing education program's transmission of the nursing education verification to the Board.

RECORDS

§ 21.971. Record maintenance and retention.

The nursing education program shall maintain all of the following records in a secure manner and retain them consistent with the controlling institution's retention schedule, but no less than the following periods:

(a) Student records:

(1) Academic transcripts shall be maintained and retained permanently.

(2) Health records shall be maintained at least during the student's enrollment and then retained consistent with the controlling institution's retention schedule.

(b) Faculty records, including the following, shall be maintained at least during the faculty member's employment and then retained consistent with the controlling institution's retention schedule:

(1) Documentation of current licensure as a registered nurse at the time of employment.

(2) Records of preparation and experience, including an official copy of college transcripts.

(3) Current record of continuing education activities and professional leadership activities.

(c) Administrative records which include all of the following:

(1) Clinical agency agreements and letters of agreement regarding clinical experience, to be retained at least during the length of the agreement and then consistent with the controlling institution's retention schedule.

(2) Minutes of organizational and faculty meetings, to be retained for at least 10 years and then consistent with the controlling institution's retention schedule.

(3) Annual reports required by the institution and documentation of periodic evaluations required under § 21.981 (relating to evaluation), to be retained for at least 8 years and then consistent with the controlling institution's retention schedule.

(4) Budgets, to be maintained for at least 3 years.

(5) Current nursing education program policies, to be retained for at least 10 years and then consistent with the controlling institution's retention schedule.

(d) Handbooks shall contain all policies and shall be retained for at least 10 years and then consistent with the controlling institution's retention schedule.

§ 21.972. Records to be filed with the Board.

(a) In addition to the notifications required in § 21.925(a) (relating to changes to nursing education programs following approval), nursing education programs shall provide the Board with

a report annually verifying compliance with this subchapter in the following areas along with the fee listed in §§ 21.5(c), 21.147(c) **[and]** **or** 21.253(c) (relating to fees**), as applicable**:

(1) Administration.

(2) Faculty.

(3) Curriculum.

(4) Enrollment.

(5) Accreditation or authorization of the controlling institution, as applicable, and the nursing education program.

(6) Clinical agencies.

(7) Attrition.

(8) Student services.

(9) Examination or certification results.

(b) The nursing education program's administrator shall also submit a verification of each student's nursing education program completion sent directly to the Board.

§ 21.973. Custody of records.

When a nursing education program or controlling institution closes, the controlling institution shall be responsible for the permanent safekeeping and availability of the records of the nursing education program. Official copies of the records shall be made available upon request.

PROGRAM EVALUATION

§ 21.981. Evaluation.

(a) The administrator shall evaluate the nursing education program according to a systematic evaluation plan that evaluates all of the following at a minimum:

(1) Organization and administration of the nursing education program.

(2) Didactic and clinical faculty and staff performance.

(b) The administrator and faculty shall evaluate the nursing education program according to a systematic evaluation plan that evaluates all of the following at a minimum:

(1) Organization and administration of the nursing education program.

(2) Didactic and clinical faculty performance.

(3) Curriculum, including all of the following:

(i) Review of the nursing education program based on its stated mission and outcomes.

(ii) Evaluation of instructional procedures, learning activities and clinical experiences, content, methods of assessment and student progress.

(iii) Performance on licensure and certification examinations.

(iv) Evaluation by students and graduates of the quality of education and applicable nursing competencies of the nursing education program.

(4) Facilities and resources.

(5) Policies.

(6) Graduate outcomes, including all of the following:

(i) Performance of graduates on licensure and certification examinations.

(ii) Statistics regarding nursing education program completion.

(iii) Opinions regarding nursing education program satisfaction.

(iv) Statistics reflecting job placement.

(7) Clinical agencies.

SITE VISITS

§ 21.991. Site visits.

The Board will conduct announced or unannounced site visits at its discretion to verify compliance with this chapter.

Pennsylvania
Department of State

September 8, 2026

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

Re: Final Rulemaking
State Board of Nursing
16A-5141: Nursing Education Programs; Terminology Updates

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Nursing pertaining to 16A-5141: Nursing Education Programs; Terminology Updates.

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

Sincerely,

Colby P. Hunsberger DNP, RN, CNEcl, Chairperson
State Board of Nursing

CPH/JAW/ms
Enclosures

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

Outlook

RE: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates

From Monoski, Jesse <jesse.monoski@pasenate.com>
Date Tue 9/8/2026 9:49 AM
To Sheehe, Melanie <msheehe@pa.gov>; Dimm, Ian <Ian.Dimm@pasenate.com>; Kelly, Joseph <Joseph.Kelly@pasenate.com>; Vazquez, Enid <Enid.Vazquez@pasenate.com>

This delivery has been received.

RECEIVED
Independent Regulatory Review Commission
September 8, 2026

Jesse A. Monoski
Executive Director
Senate Consumer Protection & Professional Licensure Committee
Senator Lisa M. Boscola, Minority Chair
Room 458 Main Capitol Bldg., Harrisburg, Pa. 17120
Office: 717-787-4236 | Direct: 717-787-3506
www.senatorboscola.com

From: Sheehe, Melanie <msheehe@pa.gov>
Sent: Tuesday, September 8, 2026 9:46 AM
To: Monoski, Jesse <jesse.monoski@pasenate.com>; Dimm, Ian <ian.dimm@pasenate.com>; Kelly, Joseph <joseph.kelly@pasenate.com>; Vazquez, Enid <enid.vazquez@pasenate.com>
Subject: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates
Importance: High

■ EXTERNAL EMAIL ■

Please be advised that the State Board of Nursing (Board) is electronically delivering the below-identified final rulemaking today Tuesday, September 8, 2026.

- **16A-5141** (Nursing Education Programs; Terminology Updates)
  Currently the State Board of Nursing's (board) nursing education regulations are divided by licensure type. The board believes that this division is cumbersome and unwarranted as all of the nursing education programs, collectively referred to as Programs, have similar establishment requirements and require an administrator, faculty, curriculum, records, and policies. In addition, all of the Program types are subject to various approval statuses and undergo the same procedural requirements when a Program is placed on provisional status or the approval status is subject to removal.

  In this rulemaking, the board (1) consolidates the three types of educational Programs, professional nursing education programs (RN Programs) (§§ 21.31-21.116, 21.121-21.125), practical nursing education programs (PN Programs) (§§21.143, 21.145b, 21.161-21.234), and certified registered nurse practitioner nursing education programs (CRNP Programs) (§§ 21.361-21.377), into new Subchapter I that solely addresses Programs (§§ 21.901-21.991); (2) codifies

current board practice; (3) updates requirements to meet National standards and statutory requirements, and (4) amends current §§ 21.1, 21.5, 21.11, 21.18, 21.118, 21.141, 21.145-21.145a, 21.147-21.148, 21.251, 21.282a, and 21.283 tangentially impacted by Subchapter I.

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Thank you for your attention to this matter.

RECEIVED
Independent Regulatory Review Commission
September 8, 2026

Melanie A. Sheehe
Legal Assistant II – Department of State
Governor's Office of General Counsel
2400 Thea Drive, Suite 201 | Harrisburg, PA 17110
Mailing address: P.O. BOX 69523 | Harrisburg, PA 17106-9523
Phone 717.710.2749 | Fax: 717.787.0251
msheehe@pa.gov | www.dos.pa.gov
Preferred Pronouns: She, Her, Hers
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RE: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates

From Barton, Jamie <JBarton@pahouse.net>
Date Tue 9/8/2026 9:55 AM
To Sheehe, Melanie <msheehe@pa.gov>; Orchard, Kari L. <KOrchard@pahouse.net>; Brett, Joseph D. <JBrett@pahouse.net>

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Independent Regulatory Review Commission

September 8, 2026

Received, thank you!

Ms. Jamie Barton
Senior Legislative Assistant
Office of State Rep. Frank Burns, Majority Chairman
Professional Licensure Committee

332 Main Capitol Building
Harrisburg PA 17120-2072
(717) 772-8056 – Phone
(717) 772-9965 – Fax

www.PaHouse.com/Burns

From: Sheehe, Melanie <msheehe@pa.gov>
Sent: Tuesday, September 8, 2026 9:48 AM
To: Orchard, Kari L. <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>; Brett, Joseph D. <JBrett@pahouse.net>
Subject: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates
Importance: High

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Thank you for your attention to this matter.

RECEIVED

Independent Regulatory Review Commission

September 8, 2026

Melanie A. Sheehe
Legal Assistant II – Department of State
Governor's Office of General Counsel
2400 Thea Drive, Suite 201 | Harrisburg, PA 17110
Mailing address: P.O. BOX 69523 | Harrisburg, PA 17106-9523
Phone 717.710.2749 | Fax: 717.787.0251
msheehe@pa.gov | www.dos.pa.gov
Preferred Pronouns: She, Her, Hers
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Outlook

RE: [EXTERNAL]: Fw: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates

From Nicole Sidle <Nsidle@pahousegop.com>
Date Tue 9/8/2026 1:30 PM
To Sheehe, Melanie <msheehe@pa.gov>

RECEIVED
Independent Regulatory Review Commission
September 8, 2026

Good Afternoon—

This has been received. Thanks!

Nicole

From: Sheehe, Melanie <msheehe@pa.gov>
Sent: Tuesday, September 8, 2026 1:07 PM
To: Nicole Sidle <Nsidle@pahousegop.com>; Cindy Sauder <Csauder@pahousegop.com>
Cc: Worthington, Amber <agontz@pa.gov>; Wolfgang, Jacqueline <jawolfgang@pa.gov>; Schulder, Judith <jschulder@pa.gov>
Subject: [EXTERNAL]: Fw: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates
Importance: High

Good afternoon,

Please confirm delivery of the below-identified final rulemaking.

Thank you,

Melanie A. Sheehe
Legal Assistant II – Department of State
Governor's Office of General Counsel
2400 Thea Drive, Suite 201 | Harrisburg, PA 17110
Mailing address: P.O. BOX 69523 | Harrisburg, PA 17106-9523
Phone 717.710.2749 | Fax: 717.787.0251
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From: Sheehe, Melanie <msheehe@pa.gov>
Sent: Tuesday, September 8, 2026 9:49 AM
To: Sidle, Nicole <nsidle@pahousegop.com>; csauder@pahousegop.com <csauder@pahousegop.com>
Subject: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates

Please be advised that the State Board of Nursing (Board) is electronically delivering the below-identified final rulemaking today Tuesday, September 8, 2026.

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Thank you for your attention to this matter.

RECEIVED
Independent Regulatory Review Commission
September 8, 2026

Melanie A. Sheehe

Legal Assistant II – Department of State

Governor's Office of General Counsel

2400 Thea Drive, Suite 201 | Harrisburg, PA 17110

Mailing address: P.O. BOX 69523 | Harrisburg, PA 17106-9523

Phone 717.710.2749 | Fax: 717.787.0251

msheehe@pa.gov | www.dos.pa.gov

Preferred Pronouns: She, Her, Hers

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Re: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates

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September 8, 2026

From Smeltz, Jennifer <jmsmeltz@pasen.gov>
Date Tue 9/8/2026 1:22 PM
To Sheehe, Melanie <msheehe@pa.gov>

Received

Jen

> On Sep 8, 2026, at 1:10 PM, Sheehe, Melanie <msheehe@pa.gov> wrote:
>
> ◉ CAUTION : External Email ◉
> Good afternoon, Please confirm delivery of the below-identified final rulemaking. Thank you, Melanie A. Sheehe Legal Assistant II – Department of State Governor's Office of General Counsel 2400 Thea Drive, Suite 201 | Harrisburg, PA 17110 Mailing
> ZjQcmQRYFpfptBannerStart
> This Message Is From an External Sender
> This message came from outside your organization.
>
> ZjQcmQRYFpfptBannerEnd
> Good afternoon,
>
> Please confirm delivery of the below-identified final rulemaking.
>
> Thank you,
>
>
> [Pennsylvania Icon which has the letters PA surrounded by the state border.] Melanie A. Sheehe
>
> Legal Assistant II – Department of State
>
> Governor's Office of General Counsel
>
> 2400 Thea Drive, Suite 201 | Harrisburg, PA 17110
>
> Mailing address: P.O. BOX 69523 | Harrisburg, PA 17106-9523
>
> Phone 717.710.2749 | Fax: 717.787.0251
>
> msheehe@pa.gov | https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.dos.pa.gov%2F&data=05%7C02%7Cmsheehe%40pa.gov%7C74ac18b022ef40136a1208df0dcdc184%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C639244849527363966%

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> Preferred Pronouns: She, Her, Hers

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RECEIVED
Independent Regulatory Review Commission
September 8, 2026

> _____

> From: Sheehe, Melanie <msheehe@pa.gov>
> Sent: Tuesday, September 8, 2026 9:51 AM
> To: Jen Smeltz <jmsmeltz@pasen.gov>
> Subject: DELIVERY NOTICE OF: REGULATION # 16A-5141 Nursing Education Programs; Terminology Updates

> Please be advised that the State Board of Nursing (Board) is electronically delivering the below-identified final rulemaking today Tuesday, September 8, 2026.

> *

> 16A-5141 (Nursing Education Programs; Terminology Updates)

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>

> Thank you for your attention to this matter.

>

>

>

> [Pennsylvania Icon which has the letters PA surrounded by the state border.] Melanie A. Sheehe

>

> Legal Assistant II – Department of State

>

> Governor's Office of General Counsel

>

> 2400 Thea Drive, Suite 201 | Harrisburg, PA 17110

>

> Mailing address: P.O. BOX 69523 | Harrisburg, PA 17106-9523

>

> Phone 717.710.2749 | Fax: 717.787.0251

>

> msheehe@pa.gov | https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.dos.pa.gov%2F&data=05%7C02%7Cmsheehe%40pa.gov%7C74ac18b022ef40136a1208df0dcdc184%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C639244849527389635%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=OaqfQGURvXxSkEs7xs%2Bku92DFNNIe783nOdNhuAcoDk%3D&reserved=0<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F__http%3A%2F%2Fwww.dos.pa.gov__%3B!!CQG60v2-!nwAyN1weGfHNZ9hcvU3pk7_vJG1zBHcsB-iubknZvZu-q19EsxmZbr612KIrOIvurbbiflA-G_ndbXzsg%24&data=05%7C02%7Cmsheehe%40pa.gov%7C74ac18b022ef40136a1208df0dcdc184%7C418e284101284dd59b6c47fc5a9a1bde%7C0%7C0%7C639244849527399713%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=OMVIp43EXP8bM5ejZywfQdafEa9H2dZfFBjRFj5GzBU%3D&reserved=0>

>

> Preferred Pronouns: She, Her, Hers

>

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Independent Regulatory Review Commission

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