

**CHAPTER 21. STATE BOARD OF NURSING**

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**Cross References**

This chapter cited in 28 Pa. Code § 107.12a (relating to specified professional personnel—statement of policy); 28 Pa. Code § 109.66 (relating to blood transfusions and intravenous medications); 28 Pa. Code § 501.4 (relating to regulations); 28 Pa. Code § 551.52 (relating to ASF responsibilities); 28 Pa. Code § 601.3 (relating to requirements for home health care agencies); 49 Pa. Code § 41.26 (relating to professional corporations); and 49 Pa. Code § 47.21 (relating to professional corporations).

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**Authority**

The provisions of this Subchapter A issued under The Professional Nursing Law (63 P.S. §§ 211—225.5), unless otherwise noted.

**Source**

The provisions of this Subchapter A adopted May 22, 1951, unless otherwise noted.

**Cross References**

This subchapter cited in 28 Pa. Code § 201.3 (relating to definitions).

**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:

*Act*—The Professional Nursing Law (63 P.S. §§ 211—225.5), which establishes standards for nursing schools and the conduct of nursing programs.

*Approved*—Approved by the Board.

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

*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.

*Diagnosing*—Identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen.

*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.

*Human responses*—Those signs, symptoms and processes which denote the interaction of the individual with an actual or potential health problem.

*Patient (includes residents and clients)*—A person, other than a spouse or immediate family member, who receives professional services from a registered nurse, regardless of whether the nurse receives remuneration for the services.

*Practice of professional nursing*—

(i) Diagnosing and treating human responses to actual or potential health problems through such services as case findings, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist.

(ii) The term does not include acts of medical diagnosis or prescription of medical therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board.

*Professional relationship*—

(i) For a registered nurse not involved in providing mental health services, the relationship which shall be deemed to exist for a period of time beginning with the first professional contact or consultation between a registered nurse and a patient and ending with the patient's discharge from or discontinuance of services by the nurse or by the nurse's employer. The administration of emergency medical treatment or transitory trauma care will not be deemed to establish a professional relationship.

(ii) For a registered nurse involved in providing mental health services, the relationship which shall be deemed to exist for a period of time beginning with the first professional contact or consultation between the nurse and patient and ending 2 years after discharge from or discontinuance of services. For a patient who is a minor, a professional relationship shall be deemed to exist for 2 years or until 1 year after the age of majority, whichever is longer, after discharge from or discontinuance of services.

*Registered nurse*—A nurse licensed under this subchapter to practice in this Commonwealth.

*Sexual impropriety*—The term includes the following offenses:

(i) Making sexually demeaning or sexually suggestive comments about or to a patient, including comments about a patient's body or undergarments.

(ii) Unnecessarily exposing a patient's body or watching a patient dress or undress, unless for therapeutic purposes or the patient specifically requests assistance.

(iii) Examining or touching genitals without the use of gloves when performing an otherwise appropriate examination.

(iv) Discussing or commenting on a patient's potential sexual performance or requesting details of a patient's sexual history or preferences during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction or reproductive health care. Discussion of a patient's sexual practices and preferences shall be fully documented in the patient's chart.

(v) Soliciting a date from a patient.

(vi) Volunteering information to a patient about one's sexual problems, preferences or fantasies.

*Sexual violation*—The term includes the following offenses:

(i) Sexual intercourse between a registered nurse and a patient during the professional relationship.

(ii) Genital to genital contact between a nurse and a patient during the professional relationship.

(iii) Oral to genital contact between a nurse and a patient during the professional relationship.

(iv) Touching breasts, genitals, or any other body part for any purpose other than appropriate examination or treatment, or using prolonged or improper examination techniques, or after the patient has refused or withdrawn consent.

(v) Encouraging a patient to masturbate in the presence of the nurse or masturbating while a patient is present.

(vi) Providing or offering to provide drugs or treatment in exchange for sexual favors.

(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.

#### Authority

The provisions of this § 21.1 amended under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

**Source**

The provisions of this § 21.1 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730; amended May 19, 2006, effective May 20, 2006, 36 Pa.B. 2402; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3796, 3806; amended April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103. Immediately preceding text appears at serial pages (335510) to (335513).

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.2. Scope.**

- (a) The Board administers the act by providing rules and regulations on standards for nursing schools and the conduct of the programs.
- (b) The Board provides for licensure of graduate nurses from approved schools by examination, by endorsement and by renewal of licenses.
- (c) The Board has the right to establish rules and regulations for the practice of nursing.
- (d) The Board may impose disciplinary sanctions and assess civil penalties for cause.
- (e) The Board may approve professional nursing education programs conducted in hospitals and accredited colleges, universities and postsecondary institutions that award academic degrees, and will make available a list of approved programs on its web site.
- (f) The Board will regulate the practice of professional nursing.

**Authority**

The provisions of this § 21.2 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.2 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (352041).

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.3. [Reserved].****Authority**

The provisions of this § 21.3 reserved under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.3 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; reserved December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (352041) to (352042).

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.4. Applicability of general rules.**

Under 1 Pa. Code § 31.1 (relating to scope of part) 1 Pa. Code Part II (relating to general rules of administrative practice and procedure) is applicable to the activities of and proceedings before the Board.

**Source**

The provisions of this § 21.4 adopted January 30, 1976, effective January 31, 1976, 6 Pa.B. 160; amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677.

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.4a. Procedural matters.**

(a) The consent of the patient to any sexual impropriety or violation is not a defense to any disciplinary charge for violation of the act or this subchapter.

(b) Evidence of specific instances, opinion evidence or reputation evidence of a patient's past sexual conduct is not admissible in proceedings brought under § 21.18(b)(9) (relating to standards of nursing conduct). The Board may consider sexual relationships between the nurse and the patient occurring prior to the professional relationship.

(c) A nurse who attempts to raise as a defense an argument that conduct prohibited as a sexual violation or sexual impropriety was necessary or appropriate to the treatment of any patient shall be required to demonstrate competency in practice which relates directly to the treatment of sexual function or dysfunction. This competence may be demonstrated through educational training and supervised clinical experience. Appropriate discussions of sexual matters between a nurse and a patient shall be fully documented in patient records.

**Authority**

The provisions of this § 21.4a issued under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.4a adopted September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730.



**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.5. Fees.**

(a) The following application fees are charged by the Board for services provided to licensees and applicants:

Licensure by examination—Board-approved nursing education program graduates .....	\$95
Reexamination .....	\$75
Licensure by endorsement .....	\$120
Licensure by endorsement with examination .....	\$145
Temporary practice permit .....	\$70
Extension of temporary practice permit .....	\$85
Fee for review and challenge of RN exam .....	\$435
Licensure by examination—Graduates of out-of-State nursing education programs .....	\$115
Verification of licensure .....	\$45
Reactivation of inactive or lapsed license (5 years or longer) .....	\$130
Restoration after suspension or revocation .....	\$60
Certification of scores .....	\$25
Verification of licensure with history .....	\$50

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of license .....	\$122
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(c) The following fees are charged by the Board for services provided to nursing education programs:

Application for approval of new nursing education program .....	\$2,195
Review of curriculum revisions fee .....	\$585
Review of annual compliance report fee .....	\$430
New nursing education program survey visit fee .....	\$1,525

(d) The following fees related to continuing education are charged by the Board:

Approval of each hour of registered nurse continuing education activity by sources not listed in § 21.134(a) (relating to continuing education sources) .....	\$115
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Renewal of approval of registered nurse continuing education activity by sources not listed in § 21.134(a) .....	\$35
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(e) The following fee is charged for evaluations of programs requiring Board approval under § 21.30a(a)(2) (relating to continued competency) .. \$285

(f) In addition to the fees prescribed in subsection (a), which are payable directly to the Board, a candidate for the registered nurse licensing examination shall also pay a fee to the National Council of the State Board of Nursing ([www.ncsbn.org](http://www.ncsbn.org)) to cover costs associated with the preparation and administration of the registered nurse licensing examination.

**Authority**

The provisions of this § 21.5 issued under section 11.2(a) and (d) of The Professional Nursing Law (63 P.S. § 221.2(a) and (d)); and section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); amended under sections 2.1(k), 11(b), 11.2 and 12.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k), 221(b), 221.2 and 222); sections 13.1 and 17.5 of the Practical Nurse Law (63 P.S. §§ 663.1 and 667.5); section 22.1 of the Podiatry Practice Act (63 P.S. § 42.21c); and sections 810(a)(3) and (7) and 812.1(a) of The Administrative Code of 1929 (71 P.S. §§ 279.1(a)(3) and (7) and 279.3a(a)).

**Source**

The provisions of this § 21.5 adopted December 25, 1987, effective December 26, 1987, 17 Pa.B. 5329; amended June 8, 1990, effective June 9, 1990, 20 Pa.B. 3078; amended July 27, 1990, effective July 28, 1990, 20 Pa.B. 4086; amended November 29, 1991, effective November 30, 1991, 21 Pa.B. 5521; amended June 12, 1992, effective immediately and applies to biennial renewals commencing May 1, 1992, 22 Pa.B. 2976; amended June 18, 1993, effective June 19, 1993, 23 Pa.B. 2827; amended November 26, 1993, effective November 27, 1993, 23 Pa.B. 5634; amended June 16, 2000, effective June 17, 2000, 30 Pa.B. 3040; amended November 17, 2000, effective November 18, 2000, 30 Pa.B. 5952; amended June 2, 2006, effective June 3, 2006, 36 Pa.B. 2673; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3796, amended August 20, 2010, effective August 21, 2010, 40 Pa.B. 4755; amended July 26, 2019, effective July 27, 2019, 49 Pa.B. 3891. Immediately preceding text appears at serial pages (385107) to (385108).

**Cross References**

This section cited in 49 Pa. Code § 21.7 (relating to temporary practice permits); 49 Pa. Code § 21.29 (relating to expiration and renewal of license); 49 Pa. Code § 21.30a (relating to continued competency); 49 Pa. Code § 21.134 (relating to continuing education sources); and 49 Pa. Code § 21.605 (relating to biennial renewal).

**§ 21.6. Professional corporations.**

A registered nurse may form a professional corporation with other registered nurses or other health care practitioners who treat human ailments and conditions, and who are licensed to provide health care services in this Commonwealth without receiving a referral or supervision from another health care practitioner.

**Source**

The provisions of this § 21.6 adopted November 29, 1991, effective November 30, 1991, 21 Pa.B. 5521.

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.7. Temporary practice permits.**

(a) A graduate registered nurse may only practice professional nursing under supervision and if the graduate registered nurse holds a current temporary practice permit. "Supervision" means that a licensed registered nurse is physically present in the area or unit where the graduate registered nurse is practicing. The Board may grant a temporary practice permit to a graduate registered nurse as follows:

(1) A graduate registered nurse who wishes to practice professional nursing shall submit an application for a temporary practice permit for a graduate registered nurse on a form provided by the Board and remit the fee specified in § 21.5 (relating to fees). A temporary practice permit granted under this section is valid for up to 1 year from the date of issuance, unless extended under paragraphs (3) and (4), and immediately expires if the applicant fails the licensing examination.

(2) At least 90 days prior to the expiration date of the temporary practice permit, the graduate registered nurse shall:

- (i) Submit an application for licensure by examination as a registered nurse.
- (ii) Remit the fee specified in § 21.5.
- (iii) Submit the licensure examination registration form and fee required to the professional testing organization.

(3) At least 60 days prior to the expiration date of the temporary practice permit, the graduate registered nurse who wishes to extend the expiration date of the temporary practice permit because of illness or extreme hardship shall:

(i) Submit an application for temporary practice permit extension on a form provided by the Board.

(ii) Remit the fee specified in § 21.5.

(iii) Provide a detailed, written explanation of the reason the extension is requested. If requesting an extension due to illness, the applicant shall provide certification of the illness from the applicant's treating physician.

(4) The Board will not grant an extension to an individual who fails to meet the requirements of paragraphs (2) and (3).

(b) The Board may grant a temporary practice permit to an individual who holds a current registered nurse license issued by another state, territory or possession of the United States or Canada (a currently-licensed registered nurse). The temporary practice permit will expire in 1 year, unless the individual fails the licensure examination, in which case the temporary practice permit will immediately expire. The Board may extend the temporary practice permit period in cases of illness or extreme hardship as set forth in paragraph (5).

(1) A currently-licensed registered nurse who wishes to practice professional nursing during the period from the date of submission of the Applicant Data Sheet of the application for licensure until the Board makes a determination on the application for licensure or 1 year, whichever comes first, shall:

(i) Submit an application for temporary practice permit for a currently-licensed registered nurse on a form provided by the Board.

(ii) Remit the fee specified in § 21.5.

(2) An individual applying for a temporary practice permit for a currently-licensed registered nurse shall demonstrate proficiency in English by submitting proof that the individual's nursing education program was conducted in English or that the individual has received a passing score on a Board-approved English proficiency examination. The Board will make available a list of Board-approved English proficiency examinations on its web site. This information must be submitted with the Applicant Data Sheet of the application for licensure.

(3) Within 45 days of the date the temporary practice permit is issued, an individual who has been granted a temporary practice permit for a currently-licensed registered nurse shall submit the Verification of Licensure Form of the application for licensure and shall:

(i) Request verification of licensure from the foreign jurisdiction and retain documentation of the submission of the request to provide to the Board upon request.

(ii) Request certification of the applicant's nursing education program from the licensing board or appropriate educational authorities. The certification of nursing education shall be submitted to the Board in English

directly from the appropriate educational authorities. The applicant shall retain documentation of the submission of the request to provide to the Board upon request.

(iii) Submit an application for an education evaluation to a Board-approved foreign credentials evaluator if required under §§ 21.23(b) and 21.28(c) (relating to qualifications of applicant for examination; and licensure by endorsement) and retain documentation of the application submitted to the evaluator to provide to the Board upon request.

(iv) If the applicant is required to take the licensure examination, submit the licensure examination registration form and fee required to the professional testing organization and retain documentation of the submission of the application to take the examination to provide to the Board upon request.

(4) An individual who has been granted a temporary practice permit for a currently-licensed registered nurse shall ensure that all documentation in support of the application for licensure is received by the Board no later than 90 days prior to the expiration date of the temporary practice permit. An individual whose supporting documentation has not been received by the Board at least 90 days prior to the expiration date of the temporary practice permit shall submit, within 10 days of receiving notice of the deficiency from the Board, a detailed written explanation of why the supporting documentation has not been supplied to the Board in a timely manner.

(5) An individual who has been granted a temporary practice permit for a currently-licensed registered nurse and who has complied with paragraphs (2)—(4) may request an extension of the individual's temporary practice permit because of illness or extreme hardship by:

(i) Submitting a temporary practice permit extension application provided by the Board.

(ii) Remitting the fee specified in § 21.5.

(iii) Submitting a written, detailed explanation of the reasons the extension is requested. If requesting an extension due to illness, the applicant shall provide certification of the illness from the applicant's treating physician.

(iv) Providing proof of the timely request for verification of licensure referenced in paragraph (3)(i).

(6) The request for temporary practice permit extension shall be submitted to the Board no less than 60 days prior to the expiration date of the temporary practice permit.

(7) The Board will not grant an extension to an individual who fails to meet the requirements of paragraphs (2)—(6).

#### **Authority**

The provisions of this § 21.7 issued and amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.7 adopted May 19, 2006, effective May 20, 2006, 36 Pa.B. 2402; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (378842) and (351261) to (351263).

**Cross References**

This section cited in 49 Pa. Code § 21.23 (relating to qualifications of applicant for examination); and 49 Pa. Code § 21.28 (relating to licensure by endorsement).

**RESPONSIBILITIES OF THE REGISTERED NURSE****§ 21.11. General functions.**

(a) The registered nurse assesses human responses 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:

- (1) Collects complete and ongoing data to determine nursing care needs.
- (2) Analyzes the health status of the individuals and families and compares the data with the norm when possible in determining nursing care needs.
- (3) Identifies goals and plans for nursing care.
- (4) Carries out nursing care actions which promote, maintain and restore the well-being of individuals.
- (5) Involves individuals and their families in their health promotion, maintenance and restoration.

(6) Evaluates the effectiveness of the quality of nursing care provided.

(b) The registered nurse is fully responsible for all actions as a licensed nurse and is accountable to clients for the quality of care delivered.

(c) The registered nurse may not engage in areas of highly specialized practice without adequate knowledge of and skills in the practice areas involved.

(d) The Board recognizes standards of practice and professional codes of behavior, as developed by appropriate nursing associations, as the criteria for assuring safe and effective practice.

**Source**

The provisions of this § 21.11 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9690).

**Cross References**

This section cited in 49 Pa. Code § 21.411 (relating to interpretations regarding the general functions of registered nurses—statement of policy); 49 Pa. Code § 21.412 (relating to interpretations regarding venipuncture, intravenous fluids, resuscitation and respiration—statement of policy); 49 Pa. Code § 21.413 (relating to interpretations regarding the administration of drugs—statement of policy); and 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**Notes of Decisions***Nursing Care Actions*

Where nurse had disconnected patient from respirator to perform unauthorized evaluation of spontaneous respiration, failed to perform external cardiac resuscitation, etc., subsection (a)(2) and (4) was not unconstitutionally vague with respect to nurse's conduct since nurse's actions were "unauthorized, contra-indicated and a serious deviation from acceptable nursing practice." *Rafferty v. State Board of Nurse Examiners*, 471 A.2d 1339 (Pa. Cmwlth. 1984); reversed in part 499 A.2d 289 (Pa. 1995); on remand 505 A.2d 359 (Pa. Cmwlth. 1986).

A nurse violated subsection (a)(4) by leaving patient experiencing rare premature ventricular contractions failing to call code team when so instructed and failing to attach cardiac monitor strip to patient's chart, but such actions did not constitute violations of 49 Pa. Code § 21.13 which merely establishes limitations on who may perform resuscitation and respiration and circumstances under which those procedures may be performed. *State Board of Nurse Examiners v. Rafferty*, 471 A.2d 1339 (Pa. Cmwlth. 1984); reversed in part 499 A.2d 289 (Pa. 1995); on remand 505 A.2d 359 (Pa. Cmwlth. 1986).

Nurse violated subsection (a)(4) by disconnecting comatose patient from respirator to check for spontaneous respirations, leaving patient without oxygen for 30 seconds, when there had been no special circumstances such as patient displaying signs of becoming conscious. *State Board of Nurse Examiners v. Rafferty*, 471 A.2d 1339 (Pa. Cmwlth. 1984); reversed in part 499 A.2d 289 (Pa. 1995); on remand 505 A.2d 359 (Pa. Cmwlth. 1986).

A nurse did not wilfully violate subsection (a)(4) in lightly slapping the hand of a patient who had a grip on her arm, since the nurse had to have the use of her arm in order to keep the patient from falling and other attempts to make the patient loosen his grip had failed. *Leukhardt v. State Board of Nurse Examiners*, 403 A.2d 645 (Pa. Cmwlth. 1979).

*Vagueness*

Where the Board of Nurse Examiners found no willful, repeated, deliberate or knowing violation, but merely acts which were deemed to deviate from accepted practice and errors of judgment, the court held that there was no violation of subsection (a) (1) and (4). *Rafferty v. State Board of Nurse Examiners*, 471 A.2d 1339 (Pa. Cmwlth. 1984); reversed in part 499 A.2d 289 (Pa. 1995); on remand 505 A.2d 359 (Pa. Cmwlth. 1986).

*Willful Violations*

Board of Nurse Examiners need not prove specific intent to violate the statute or regulations in order to establish a "willful" violation. *State Board of Nurse Examiners v. Rafferty*, 471 A.2d 1339 (Pa. Cmwlth. 1984); reversed in part 499 A.2d 289 (Pa. 1995); on remand 505 A.2d 359 (Pa. Cmwlth. 1986).

**§ 21.12. Venipuncture; intravenous fluids.**

Performing of venipuncture and administering and withdrawing intravenous fluids are functions regulated by this section, and these functions may not be performed unless:

- (1) The procedure has been ordered in writing for the patient by a licensed doctor of the healing arts.
- (2) The registered nurse who performs venipunctures has had instruction and supervised practice in performing venipunctures.

(3) The registered nurse who administers parenteral fluids, drugs or blood has had instruction and supervised practice in administering parenteral fluids, blood or medications into the vein.

(4) A list of medications which may be administered by the registered nurse is established and maintained by a committee of physicians, pharmacists and nurses from the employing agency or the agency within whose jurisdiction the procedure is being performed if no employing agency is involved.

(5) The intravenous fluid or medication to be administered is the fluid or medication specified in the written order.

(6) The blood is identified as the blood ordered for the patient.

(7) An accurate record is made concerning the following:

- (i) The time of the injection.
- (ii) The medication or fluid injected.
- (iii) The amount of medication or fluid injected.
- (iv) Reactions to the fluid.

#### Source

The provisions of this § 21.12 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (47492) and (44732).

#### Cross References

This section cited in 49 Pa. Code § 21.412 (relating to interpretations regarding venipuncture, intravenous fluids, resuscitation and respiration—statement of policy); 49 Pa. Code § 21.413 (relating to interpretations regarding the administration of drugs—statement of policy); and 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

### § 21.13. Resuscitation and respiration.

External cardiac resuscitation and artificial respiration, mouth-to-mouth, are procedures regulated by this section, and these functions may not be performed unless both of the following provisions are met:

(1) External cardiac resuscitation and artificial respiration, mouth-to-mouth, shall only be performed by a nurse on an individual when respiration or pulse, or both, cease unexpectedly.

(2) A nurse may not perform external cardiac resuscitation and artificial respiration, mouth-to-mouth, unless the nurse has had instruction and supervised practice in performing the procedures.

#### Source

The provisions of this § 21.13 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9691).

#### Cross References

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**Notes of Decisions**

Nurse violated 49 Pa. Code § 21.11(a)(4) by leaving patient experiencing rare premature ventricular contractions, failing to call code team when so instructed and failing to attach cardiac monitor strip to patient's chart, but such actions did not constitute violations of § 21.13 which merely establishes limitations on who may perform resuscitation and respiration and circumstances under which those procedures may be performed. *State Board of Nurse Examiners v. Rafferty*, 471 A.2d 1339 (Pa. Cmwlth. 1984); reversed in part 499 A.2d 289 (Pa. 1995); on remand 505 A.2d 359 (Pa. Cmwlth. 1986).

**§ 21.14. Administration of drugs.**

(a) A licensed registered nurse may administer a drug ordered for a patient in the dosage and manner prescribed.

(b) A licensed registered nurse, responsible for administering a drug, may supervise a graduate nurse or a nursing student in an approved nursing education program in the administration of the drug. In this section, “supervise” means the licensed registered nurse is physically present in the area or unit where the student or unlicensed graduate is practicing. This definition is not intended to limit in any way the practice of practical nursing as defined in the Practical Nurse Law (63 P.S. §§ 651—667).

**Authority**

The provisions of this § 21.14 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)); and section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.14 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended November 4, 1977, effective November 5, 1977, 7 Pa.B. 3263; amended December 19, 2003, effective December 20, 2003, 33 Pa.B. 6219. Immediately preceding text appears at serial pages (261719) to (261720).

**Cross References**

This section cited in 28 Pa. Code § 107.64 (relating to administration of drugs); 49 Pa. Code § 21.413 (relating to interpretations regarding the administration of drugs—statement of policy); and 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.15. Monitoring, defibrillating and resuscitating.**

The use of monitoring, defibrillating or resuscitating equipment, or a combination of the three, hereinafter called “therapy,” is a proper function of a registered nurse and is a function regulated by this section; the function may not be performed unless all of the following provisions are met:

- (1) The employer, through written policy, has agreed that the registered nurse may administer the therapy.
- (2) A committee of licensed physicians and nurses within the employing agency has established written criteria prescribing when the therapy shall be administered by a registered nurse either in the presence or absence of the attending physician.



(3) The techniques for administering the therapy have been established by a committee of licensed physicians and registered nurses within the employing agency.

(4) The registered nurse has had instruction and supervised practice in administering the therapy.

(5) The registered nurse has demonstrated competency in administering the therapy to the satisfaction of the employer.

(6) The registered nurse shall have employed the prescribed techniques in administering the therapy in accordance with the established criteria.

#### Source

The provisions of this § 21.15 amended November 19, 1970, effective November 20, 1970, 1 Pa.B. 804; amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial pages (9691) to (9692).

#### Cross References

This section cited in 49 Pa. Code § 21.413 (relating to interpretations regarding the administration of drugs—statement of policy); and 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

### § 21.16. Immunizations.

(a) Immunization and skin testing is a proper function of a registered nurse and is a function regulated by this section, and the function may not be performed unless all of the following conditions are met:

(1) A written order has been issued by a licensed physician. The order may be a standing order applicable to individuals or groups.

(2) The policies and procedures under which the registered nurse may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution. These written policies and procedures shall be available to the nurse. The committee shall also perform the following functions:

(i) Identify the immunizing and skin testing agents which the nurse may administer.

(ii) Determine contraindications for the administration of specific immunizing and skin testing agents.

(iii) Outline medical principles governing the treatment of possible anaphylactic reactions.

(iv) Establish instruction and supervised practice required to insure competency in administering immunizing and skin testing agents.

(b) Following skin testing, the size of the induration or its absence may be observed and recorded by the properly instructed registered nurse.

**Source**

The provisions of this § 21.16 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9692).

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**§ 21.17. Anesthesia.**

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

(1) The registered nurse has successfully completed the educational program of a school for nurse anesthetists accredited by the Council on Accreditation of Education Programs of Nurse Anesthesia of the American Association of Nurse Anesthetists.

(2) The registered nurse is certified as a Registered Nurse Anesthetist by the Council on Certification or on Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists.

(3) The certified nurse anesthetist is authorized to administer anesthesia in cooperation with a surgeon or dentist. The nurse anesthetist's performance shall be under the overall direction of the chief or director of anesthesia services. In situations or health care delivery facilities where these services are not mandatory, the nurse anesthetist's performance shall be under the overall direction of the surgeon or dentist responsible for the patient's care.

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

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

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

**Source**

The provisions of this § 21.17 adopted October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2827. Immediately preceding text appears at serial page (81100).

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**Notes of Decisions***Willful Violation*

The provisions of 49 Pa. Code § 21.17 (relating to anesthesia) are wilfully violated even though a physician is present at the time the anesthetic is administered if the nurse administers the anesthetic without the physician's direction or awareness. *McCarl v. State Board of Nurse Examiners*, 396 A.2d 866 (Pa. Cmwlth. 1979).

**§ 21.18. Standards of nursing conduct.**

(a) A registered nurse shall:

(1) Undertake a specific practice only if the registered 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.

(3) Act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.

(4) Safeguard the patient's dignity, the right to privacy and the confidentiality of patient information. This standard does not prohibit or affect reporting responsibilities under 23 Pa.C.S. Chapter 63 (relating to the Child Protective Services Law), the Older Adults Protective Services Act (35 P.S. §§ 10211—10224) and other statutes which may mandate reporting of this information.

(5) Document and maintain accurate records.

(b) A registered nurse may not:

(1) Knowingly aid, abet or assist another person to violate or circumvent a law or Board regulation.

(2) Discriminate, while providing nursing services, on the basis of age, marital status, sex, sexual preference, race, religion, diagnosis, socioeconomic status or disability.

(3) Knowingly permit another individual to use his license or temporary permit for any purpose or knowingly permit the unlicensed person under the registered nurse's jurisdiction or supervision to misrepresent that the individual is a licensed nurse.

(4) Misappropriate equipment, materials, property, drugs or money from an employer or patient.

(5) Solicit, borrow or misappropriate money, materials or property from a patient or the patient's family.

(6) Leave a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.

(7) Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of a patient for whom the nurse is responsible.

(8) Falsify or knowingly make incorrect entries into the patient's record or other related documents.

(9) Engage in conduct defined as a sexual violation or sexual impropriety in the course of a professional relationship.

(c) A registered nurse who fails to comply with an obligation or prohibition under this section is subject to disciplinary and corrective measures under section 14 of the act (63 P.S. § 224).

(d) The Board may, in addition to any other disciplinary or corrective measure set forth in this section, levy appropriate civil penalties as authorized by section 13(b) of the act (63 P.S. § 223(b)) upon a nurse found to have engaged in conduct constituting a sexual impropriety or sexual violation.

#### Authority

The provisions of this § 21.18 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

#### Source

The provisions of this § 21.18 adopted April 30, 1993, effective May 1, 1993, 23 Pa.B. 2115; amended September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730. Immediately preceding text appears at serial pages (261722) and (209951).

#### Cross References

This section cited in 49 Pa. Code § 21.4a (relating to procedural matters); 49 Pa. Code § 21.288 (relating to CRNP standards of conduct); 49 Pa. Code § 21.369 (relating to general curriculum requirements); 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses); and 49 Pa. Code § 21.821 (relating to CNS standards of conduct).

### § 21.18a. Impaired professional program.

When the Board is empowered to take disciplinary or corrective action against a nurse for conduct defined as a sexual violation or sexual impropriety, the nurse will not be eligible for placement into an impaired professional program under section 14.1 of the act (63 P.S. § 224.1).

#### Authority

The provisions of this § 21.18a issued under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

#### Source

The provisions of this § 21.18a adopted September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730.

**Cross References**

This section cited in 49 Pa. Code § 21.803 (relating to applicability of rules relating to professional nurses).

**LICENSES****§ 21.20. Licensure by examination.**

An applicant for licensure by examination shall comply with the requirements of § 21.23 (relating to application for examination), pass the examination and complete at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

**Authority**

The provisions of this § 21.20 added under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.20 added March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916.

**§ 21.21. Application for examination.**

(a) A candidate for the licensing examination may submit an application together with the required fee no sooner than 90 days prior to completing a professional nursing education program.

(b) A candidate will not be authorized to take the examination unless the candidate has satisfied the requirements of the act necessary for eligibility, including confirmation of completion of an approved professional nursing educational program.

(c) Graduates of professional nursing education programs outside of this Commonwealth shall file an official transcript validating program completion with the application.

(d) An applicant seeking a waiver of the 1-year requirement in § 21.23(c) (relating to qualifications of applicant for examination) shall submit documentation to demonstrate that an emergency, illness, military service or other good cause prevented compliance, or that the candidate holds a license to practice nursing in another state or country.

**Authority**

The provisions of this § 21.21 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 1 of The Professional Nursing Law (63 P.S. § 212.1); amended under section 812.1 of The Administrative Code of 1929 (71 P.S. § 279.3a); and section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.21 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended March 20, 1981, effective March 21, 1981, 11 Pa.B. 1027; amended April 29, 1983, effective April 30, 1983, 13 Pa.B. 1439; amended June 8, 1990, effective June 9, 1990, 20 Pa.B. 3078; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (351271).

**§ 21.22. [Reserved].****Authority**

The provisions of this § 21.22 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 1 of The Professional Nursing Law (63 P.S. § 212.1); reserved under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.22 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended April 29, 1983, effective April 30, 1983, 13 Pa.B. 1439; reserved December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (351271).

**§ 21.23. Qualifications of applicant for examination.**

(a) An applicant shall demonstrate proficiency in English by submitting proof that the applicant's nursing education program was conducted in English or that the applicant has, prior to being approved to take the licensure examination, received a passing score on a Board-approved English proficiency examination, unless the applicant has already met this requirement in satisfaction of § 21.7(b)(2) (relating to temporary practice permits). The Board will make available a list of Board-approved English proficiency examinations on its web site.

(b) An applicant who graduated from a professional nursing education program in a country or territory outside of the United States or Canada shall have the applicant's education evaluated by a Board-approved foreign credentials evaluator to determine whether the education obtained is equivalent to the program of study required in this Commonwealth at the time the program was completed.

(c) A candidate for licensure shall take the examination for the first time within 1 year of completing the professional nursing education program unless prevented by emergency, illness, military service or other good cause shown, or the candidate holds a license to practice nursing in another state or country.

**Authority**

The provisions of this § 21.23 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 1 of The Professional Nursing Law (63 P.S. § 212.1); amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.23 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended May 22, 1981, effective May 23, 1981, 11 Pa.B. 1802; amended April 29, 1983, effective April 30, 1983, 13 Pa.B. 1439; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (351271) to (351272).

**Cross References**

This section cited in 49 Pa. Code § 21.7 (relating to temporary practice permits); 49 Pa. Code § 21.20 (relating to licensure by examination); and 49 Pa. Code § 21.21 (relating to application for examination).

**§ 21.24. Passage of the licensure examination.**

The candidate for licensure shall pass the licensure examination approved by the Board.

**Authority**

The provisions of this § 21.24 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 1 of The Professional Nursing Law (63 P.S. § 212.1); amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.24 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended April 29, 1983, effective April 30, 1983, 13 Pa.B. 1439; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (351272).

**§ 21.25. Re-examination.**

(a) A candidate shall submit a re-examination application, including the required fee for re-examination.

(b) The candidate may take the licensing examination as many times as necessary to pass the licensure examination.

(c) Candidates who apply for re-examination 2 years or more after initial examination shall satisfy the administrative and education requirements prevailing at the time of reapplication.

**Authority**

The provisions of this § 21.25 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 1 of The Professional Nursing Law (63 P.S. § 212.1); amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.25 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended April 29, 1983, effective April 30, 1983, 13 Pa.B. 1439; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (351272) and (378843).

**§ 21.26. [Reserved].****Source**

The provisions of this § 21.26 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; reserved April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103. Immediately preceding text appears at serial page (238267).

**§ 21.27. [Reserved].****Authority**

The provisions of this § 21.27 reserved under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.27 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; reserved December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (378843).

**§ 21.28. Licensure by endorsement.**

(a) A registered nurse who has graduated from an approved professional nursing education program in the United States or Canada and who obtained licensure in another jurisdiction having passed an examination considered by the Board to be equivalent to the examination required for licensure in this Commonwealth may be granted licensure by endorsement.

(b) An applicant for licensure by endorsement shall meet the requirements as stated in the act.

(c) A registered nurse who has graduated from a professional nursing education program in a country or territory outside of the United States or Canada deemed equivalent to the program of study required in this Commonwealth at the time the program was completed and who obtained licensure in that country or territory upon having passed an examination considered by the Board to be equivalent to the examination required for licensure in this Commonwealth may be granted licensure by endorsement without examination. The Board will base educational equivalency upon an evaluation administered by a Board-approved foreign credentials evaluator.

(d) An applicant for licensure by endorsement whose license in the other jurisdiction is not current for 5 years or longer shall, prior to receiving a license in this Commonwealth, satisfy the requirements of § 21.30a(a)(1) or (2) (relating to continued competency).

(e) An applicant for licensure by endorsement shall demonstrate proficiency in English by submitting proof that the applicant's nursing education program was conducted in English or that the applicant received a passing score on a Board-approved English proficiency examination unless the applicant has met this requirement in satisfaction of § 21.7(b)(2) (relating to temporary practice permits). The Board will make available a list of Board-approved English proficiency examinations on its web site.

(f) An applicant for licensure by endorsement shall complete at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

#### Authority

The provisions of this § 21.28 amended under 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.28 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended March 22, 1991, effective March 23, 1991, 21 Pa.B. 1165; amended June 18, 1993, effective June 19, 1993, 23 Pa.B. 2827; amended November 28, 1997, effective November 29, 1997, 27 Pa.B. 6210; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385121) to (385122).

#### Cross References

This section cited in 49 Pa. Code § 21.7 (relating to temporary practice permits); 49 Pa. Code § 21.118 (relating to post-basic nursing programs); and 49 Pa. Code § 21.134 (relating to continuing education sources).

### § 21.29. Expiration and renewal of license.

(a) The Board will assign registered nurses to one of the following license expiration dates:

- (1) April 30 in the even-numbered years.
- (2) October 31 in the even-numbered years.
- (3) April 30 in the odd-numbered years.
- (4) October 31 in the odd-numbered years.



(b) Notice of the renewal period of a license will be sent to each active licensee prior to the expiration date of the licensee's license.

(c) The applicant for license renewal may complete and submit an application online or may mail a completed application form to the Board's administrative office. When applying for licensure renewal, a registered nurse shall:

(1) Complete and submit the renewal application, including disclosing any license to practice nursing or any allied health profession in any other state, territory, possession or country.

(2) Pay the biennial renewal of licensure fee in § 21.5 (relating to fees).

(3) Verify that the registered nurse has complied with the continuing education requirements mandated by section 12.1 of the act (63 P.S. § 222) during the biennial period immediately preceding the application for renewal in accordance with §§ 21.131—21.134 (relating to continuing education). School nurses, who as certified education specialists are required to obtain continuing professional education under the Public School Code of 1949 (24 P.S. §§ 1-101—27-2702), shall verify by signed statement that the school nurse has complied with the continuing education requirements for certification by the Department of Education.

(3.1) Ensure that the registered nurse has completed at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(4) Disclose any discipline imposed by a state licensing board on any nursing or allied health profession license or certificate in the previous biennial period and any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition during the previous biennial period unless prior notification has been made under § 21.29a (relating to reporting of crimes and disciplinary action).

(d) When communicating with the Board, licensees shall identify themselves by full name, current address and license number.

#### Authority

The provisions of this § 21.29 amended under sections 2.1, 11 and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1, 221 and 222(a)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.29 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended March 22, 1985, effective March 23, 1985, 15 Pa.B. 1082; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3796; amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385122) and (396891).

#### Cross References

This section cited in 49 Pa. Code § 21.29a (relating to reporting of crimes and disciplinary action); 49 Pa. Code § 21.331 (relating to biennial renewal of certification); and 49 Pa. Code § 21.822 (relating to biennial renewal of certification).

**§ 21.29a. Reporting of crimes and disciplinary action.**

(a) A registered nurse shall notify the Board of pending criminal charges within 30 days of the filing of the criminal charges or on the biennial renewal application under § 21.29(c)(4) (relating to expiration and renewal of license), whichever is sooner.

(b) A registered nurse shall notify the Board of a criminal conviction, plea of guilty or nolo contendere, or an admission into a probation without verdict or accelerated rehabilitative disposition program within 30 days of the disposition or on the biennial renewal application under § 21.29(c)(4), whichever is sooner.

(c) A registered nurse shall notify the Board of disciplinary action in the nature of a final order taken against the registered nurse by the licensing authority of another state, territory or country within 90 days of receiving notice of the disciplinary action, or on the biennial renewal application under § 21.29(c)(4), whichever is sooner.

**Authority**

The provisions of this § 21.29a issued under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)).

**Source**

The provisions of this § 21.29a adopted October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196.

**Cross References**

This section cited in 49 Pa. Code § 21.29 (relating to expiration and renewal of license).

**§ 21.29b. Reporting of address changes.**

A registered nurse shall notify the Board within 14 days of a change of address.

**Authority**

The provisions of this § 21.29b issued under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.29b adopted December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822.

**§ 21.30. Registered nurses licensed outside of the United States or Canada.**

(a) A registered nurse educated and licensed outside of the United States or Canada may not practice professional nursing in this Commonwealth until the registered nurse is issued a license or temporary practice permit by the Board.

(b) A graduate nurse licensed in another country may participate in an accredited graduate program in nursing for 2 years without licensure and compensation in this Commonwealth.

**Authority**

The provisions of this § 21.30 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.30 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended June 17, 1977, effective June 18, 1977, 7 Pa.B. 1641; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (378846).

**Cross References**

This section cited in 49 Pa. Code § 21.5 (relating to fees); and 49 Pa. Code § 21.822 (relating to biennial renewal of certification).

**§ 21.30a. Continued competency.**

(a) A registered nurse whose license has lapsed for 5 years or longer or has been placed on inactive status for 5 years or longer, as permitted in section 11(b) of the act (63 P.S. § 221(b)), may reactivate the license by doing one of the following:

- (1) Successfully completing the initial licensing examination approved by the Board and submitting the examination fee in § 21.5 (relating to fees).
- (2) Successfully completing a Board-approved reactivation program, which requires passage of a nursing achievement examination.
- (3) Providing evidence to the Board that the applicant has a current license and has practiced as a registered nurse in another jurisdiction at some period of time within the last 5 years.

(b) A registered nurse whose license has been suspended for 5 years or longer may reactivate the license after complying with the terms of the suspension Order by doing either of the following:

- (1) Successfully completing the initial licensing examination approved by the Board and submitting the examination fee in § 21.5.
- (2) Successfully completing a Board-approved reactivation program which requires passage of a nursing achievement examination.

**Authority**

The provisions of this § 21.30a amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.30a adopted June 18, 1993, effective June 19, 1993, 23 Pa.B. 2827; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (378846) and (346571).

**Cross References**

This section cited in 49 Pa. Code § 21.28 (relating to licensure by endorsement); 49 Pa. Code § 21.332a. (relating to inactive status and reactivation); and 49 Pa. Code § 21.602 (relating to volunteer license).

**APPROVAL OF SCHOOLS OF NURSING****§ 21.31. Surveys; list of approved nursing education programs.**

(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.

#### Authority

The provisions of this § 21.31 amended under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

#### Source

The provisions of this § 21.31 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103. Immediately preceding text appears at serial page (335523).

### § 21.32. Objectives.

Nursing schools in this Commonwealth are approved to effectuate the following:

- (1) Safeguard the preparation 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.

#### Source

The provisions of this § 21.32 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9696).

### § 21.33. Types of approval.

(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 taken 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 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.

#### Authority

The provisions of this § 21.33 amended under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

#### Source

The provisions of this § 21.33 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103. Immediately preceding text appears at serial page (335524).

#### Cross References

This section cited in 49 Pa. Code § 21.51 (relating to establishment).

### § 21.33a. Failure to comply with standards.

(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 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.

#### **Authority**

The provisions of this § 21.33a adopted under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

#### **Source**

The provisions of this § 21.33a adopted April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103.

**§ 21.33b. Minimum rate for graduates of nursing education programs to pass the National licensure examination.**

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.

**Authority**

The provisions of this § 21.33b adopted under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

**Source**

The provisions of this § 21.33b adopted April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103.

**Cross References**

This section cited in 49 Pa. Code § 21.33 (relating to types of approval).

**§ 21.34. Removal from approved list.**

(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 post-hearing briefs.
- (6) The Board will issue a written decision which will set forth findings of fact and conclusions of law.
- (7) The Board's written decision is 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 conformance 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)).

#### Authority

The provisions of this § 21.34 amended under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

#### Source

The provisions of this § 21.34 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103. Immediately preceding text appears at serial page (335524).

#### Cross References

This section cited in 49 Pa. Code § 21.33a (relating to failure to comply with standards).

### DISCONTINUANCE OF A SCHOOL OF NURSING

#### § 21.41. Notification; completion of program; records.

(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).



**Source**

The provisions of this § 21.41 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial page (30246).

**Cross References**

This section cited in 49 Pa. Code § 21.364 (relating to removal from approved list; discontinuance of CRNP program).

**APPROVED PROGRAMS OF NURSING****§ 21.51. Establishment.**

(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 a degree-granting institution from the Department of Education.
- (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.

#### Authority

The provisions of this § 21.51 amended under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1).

#### Source

The provisions of this § 21.51 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended December 2, 2005, effective December 3, 2005, 35 Pa.B. 6527. Immediately preceding text appears at serial pages (209959) to (209960).

### ORGANIZATION AND ADMINISTRATION OF NURSING PROGRAMS

#### § 21.61. Baccalaureate and associate degree programs: organizational requirements.

- (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.

**Source**

The provisions of this § 21.61 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30247) to (30248).

**§ 21.62. Diploma programs; organizational requirements.**

- (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.

**Source**

The provisions of this § 21.62 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial pages (9699) to (9700).

**§ 21.63. Diploma programs utilizing cooperating agencies.**

(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.

#### Source

The provisions of this § 21.63 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30249) to (30250).

### ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL

#### § 21.71. Nurse administrator, faculty and staff requirements.

(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.

**Source**

The provisions of this § 21.71 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended February 25, 1977, effective February 26, 1977, 7 Pa.B. 521; amended January 20, 1978, effective January 21, 1978, 8 Pa.B. 201; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3806. Immediately preceding text appears at serial pages (209964) to (209965).

**§ 21.72. Faculty policies; additional responsibilities of faculty and faculty assistants.**

- (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.

**Source**

The provisions of this § 21.72 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended February 25, 1977, effective February 26, 1977, 7 Pa.B. 521; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3806. Immediately preceding text appears at serial page (209965).



**§ 21.73. Internal nursing faculty organizations.**

(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.

**Source**

The provisions of this § 21.73 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial page (34222).

**§ 21.74. [Reserved].****Source**

The provisions of this § 21.74 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended January 21, 1977, effective January 22, 1977, 7 Pa.B. 223; amended January 20, 1978, effective January 21, 1978, 8 Pa.B. 201; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; reserved July 11, 2008, effective July 12, 2008, 38 Pa.B. 3806. Immediately preceding text appears at serial pages (209966) to (209967).

**§ 21.75. [Reserved].****Source**

The provisions of this § 21.75 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; reserved July 11, 2008, effective July 12, 2008, 38 Pa.B. 3806. Immediately preceding text appears at serial page (209967).

**§ 21.76. Faculty organizations.**

(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.

**Source**

The provisions of this § 21.76 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial pages (9704) to (9705).

**§ 21.77. [Reserved].****Source**

The provisions of this § 21.77 reserved October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9705).

**CURRICULUM FOR BACCALAUREATE, ASSOCIATE DEGREE,  
AND DIPLOMA PROGRAMS**

**§ 21.81. General curriculum requirements.**

(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 a 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.

**Authority**

The provisions of this § 21.81 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186).

**Source**

The provisions of this § 21.81 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended June 12, 1980, effective June 14, 1980, 10 Pa.B. 2404; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (34224) and (50845).

**§ 21.82. Curriculum evaluation.**

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.

**Source**

The provisions of this § 21.82 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9707).

**§ 21.83. Curriculum changes requiring Board approval.**

- (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.

**Source**

The provisions of this § 21.83 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended January 18, 1980, effective January 19, 1980, 10 Pa.B. 217; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (50846) to (50847).

**§ 21.84. Baccalaureate curriculum philosophy; purposes and objectives.**

- (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.

**Source**

The provisions of this § 21.84 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (50847) and (30257).

**§ 21.85. Baccalaureate general educational criteria.**

- (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.

#### Source

The provisions of this § 21.85 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30257) to (30258).

### **§ 21.86. Associate degree curriculum philosophy; purposes and objectives.**

(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.

**Source**

The provisions of this § 21.86 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial page (30258).

**§ 21.87. Associate degree general educational criteria.**

- (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.

**Source**

The provisions of this § 21.87 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30258) to (30259).

**§ 21.88. Diploma curriculum philosophy; purposes, and objectives.**

(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.

**Source**

The provisions of this § 21.88 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30259) to (30260).

**§ 21.89. Diploma general education criteria.**

(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.

**Source**

The provisions of this § 21.89 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9712).

**FACILITIES FOR ADMINISTRATION AND TEACHING****§ 21.91. Facility and resource requirements.**

(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.

#### Source

The provisions of this § 21.91 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial pages (9712) to (9713).

### STUDENTS

#### § 21.101. Selection and admission standards.

- (a) Policies and procedures related to the selection and admission 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.

**Source**

The provisions of this § 21.101 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30261).

**§ 21.102. Admission of classes.**

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.

**Source**

The provisions of this § 21.102 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9713).

**§ 21.103. Transfer of students or advanced standing.**

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.

**Source**

The provisions of this § 21.103 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30261) to (30262).

**STUDENT SERVICES**

**§ 21.111. Health program.**

- (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.

**Source**

The provisions of this § 21.111 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended March 22, 1991, effective March 23, 1991, 21 Pa.B. 1165; amended April 26, 1996, effective April 27, 1996, 26 Pa.B. 2005. Immediately preceding text appears at serial pages (209976) to (209977).

**§ 21.112. Student employment.**

- (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.

**Source**

The provisions of this § 21.112 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9715).

**§ 21.113. Student housing.**

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 devices, 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.

**Source**

The provisions of this § 21.113 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9716).

**§ 21.114. Counseling and guidance.**

- (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.

**Source**

The provisions of this § 21.114 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial pages (30263) to (30264).

**§ 21.115. Financial aid.**

(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) Students accepting financial aid should be made aware of the provisions and responsibilities incurred with such assistance.

**Source**

The provisions of this § 21.115 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9716).

**§ 21.116. Students' rights.**

There shall be written specific policies pertaining to students' rights and grievances, with procedures for implementation.

**Source**

The provisions of this § 21.116 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829. Immediately preceding text appears at serial page (30264).

**STUDENTS LICENSED IN OTHER JURISDICTIONS****§ 21.118. Post-basic nursing 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 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 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).

**Source**

The provisions of this § 21.118 adopted March 22, 1991, effective March 23, 1991, 21 Pa.B. 1165.

**RECORDS****§ 21.121. Program records.**

- (a) A record system essential to the operation of the program shall be maintained.
- (b) Records shall be kept in locked fireproof files.

**Source**

The provisions of this § 21.121 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9717).

**§ 21.122. Record maintenance.**

Each nursing faculty shall select record forms specifically for the nursing program and 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 5 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.

**Source**

The provisions of this § 21.22 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial pages (9717) to (9718).

**§ 21.123. Access and use of records.**

(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.

**Source**

The provisions of this § 21.123 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677. Immediately preceding text appears at serial page (9718).

**Cross References**

This section cited in 49 Pa. Code § 21.34 (relating to removal from approved list).

**§ 21.124. Records to be filed with Board.**

(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 must bear the impression of the school seal and signature of the nurse administrator or authorized representative.

**Source**

The provisions of this § 21.24 amended October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677; amended September 16, 1983, effective September 17, 1983, 13 Pa.B. 2829; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3806. Immediately preceding text appears at serial page (319577).

**§ 21.125. Custody of records.**

(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.

**Source**

The provisions of this § 21.125 adopted October 22, 1976, effective October 23, 1976, 6 Pa.B. 2677.

**Cross References**

This section cited in 49 Pa. Code § 21.34 (relating to removal from approved list); and 49 Pa. Code § 21.41 (relating to notification; completion of program; records).

**§ 21.126. [Reserved].****Source**

The provisions of this § 21.126 adopted December 10, 1982, effective December 11, 1982, 12 Pa.B. 4236; amended September 20, 1985, effective September 21, 1985, 15 Pa.B. 3345; reserved December 25, 1987, effective December 26, 1987, 17 Pa.B. 5329. Immediately preceding text appears at serial page (103882).

**CONTINUING EDUCATION****§ 21.131. Continuing education.**

(a) *Requirement of continuing education.* A registered nurse seeking licensure renewal shall complete 30 hours of continuing education approved by the Board during the biennial period immediately preceding the application for renewal in accordance with section 12.1 of the act (63 P.S. § 222) and this subchapter. At least 2 of the 30 hours shall be completed in approved continuing education in child abuse recognition and reporting requirements in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement). The Board will not renew a license of a registered nurse who fails to verify compliance with the continuing education requirement. A registered nurse whose license is not renewed by the expiration of the biennial period may not engage in the practice of professional nursing until the continuing education requirements are satisfied and the license has been renewed, reinstated or reactivated.

(b) *Exception.* An applicant applying for initial licensure in this Commonwealth will not be required to meet the continuing education requirement on the first renewal immediately following licensure, except for the mandatory continuing education in child abuse recognition and reporting required under § 21.508(b).

(c) *Board audits; proof of completion.* The Board may perform audits on registered nurses to determine compliance with the continuing education requirements. A registered nurse shall retain documentation of the registered nurse's completion of continuing education for at least 5 years. A registered nurse shall comply with a request for submission of documents verifying the registered nurse's completion of continuing education. The following documents shall be retained and submitted upon request:

- (1) For attendance at continuing education programs or courses, the registered nurse shall retain the certificate of attendance provided by the program or course provider.
- (2) For academic courses taken from an accredited college or university, the registered nurse shall retain the transcript issued by the educational institution.
- (3) For publication of a textbook or article, the registered nurse shall retain a copy of the published item, including the date of publication.
- (4) For a research project, the registered nurse shall retain a copy of the research abstract, letter from the institutional review board granting approval for the research project and list of primary and co-investigators.
- (5) For school nurses, evidence that the nurse's certification by the Department of Education is current.

(d) *Reinstatement of lapsed license or reactivation of inactive license.* A registered nurse seeking to reinstate a lapsed license or reactivate an inactive license shall file an application for reinstatement or reactivation and submit, or cause to be submitted, documentation to demonstrate that the licensee completed 30 hours of continuing education, including at least 2 hours in approved child abuse rec-

ognition and reporting in accordance with § 21.508(b), within the biennial period immediately preceding application.

(e) *Reinstatement of suspended license.* A registered nurse seeking to reinstate a suspended license shall submit, or cause to be submitted, documentation to demonstrate that the registered nurse completed 30 hours of continuing education, including at least 2 hours in approved child abuse recognition and reporting in accordance with § 21.508(b), within the biennial period immediately preceding application for reinstatement.

(f) *Carry over.* Continuing education hours may not be carried over from one biennial renewal period to the next.

(g) *Waiver.* A registered nurse may request a waiver of the continuing education requirement because of serious illness, military service or other demonstrated hardship. The registered nurse shall submit the request and any supporting documentation to the Board in writing at least 90 days prior to the registered nurse's license expiration date unless an emergency or hardship occurs within the 90-day period. The Board will grant, deny or grant in part the request for waiver.

(h) *Disciplinary action authorized.*

(1) Failure to complete a minimum of 30 hours of continuing education in a biennial period in accordance with subsection (a) will subject the registered nurse to discipline under section 13(b) of the act (63 P.S. § 223(b)) in accordance with the schedule of civil penalties in § 43b.18a (relating to schedule of civil penalties—nurses). A second or subsequent violation will subject the registered nurse to discipline under section 14(a)(3) of the act (63 P.S. § 224(a)(3)).

(2) A registered nurse who has not completed a minimum of 30 hours of continuing education shall make up the deficiency within 6 months of receiving notice of the deficiency.

(3) Notwithstanding any civil penalty assessed under paragraph (1), failure to provide the Board with documentation demonstrating the completion of 30 hours of approved continuing education within 6 months after receiving notice of a deficiency will subject the registered nurse to discipline under section 14(a)(3) of the act.

(4) Failure to comply with an audit request for continuing education documentation may subject a registered nurse to additional discipline under section 14(a)(4)(i) of the act.

#### Authority

The provisions of this § 21.131 issued under sections 2.1(k) and 12.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222); amended under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.131 adopted July 11, 2008, effective July 12, 2008, 38 Pa.B. 3796; amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385152) to (385153).

#### Cross References

This section cited in 49 Pa. Code § 21.29 (relating to expiration and renewal of license).

**§ 21.132. Continuing education hours.**

(a) The Board will accept hours of continuing education as designated by an approved provider, so long as each hour is at least 50 minutes of activity and each 1/2 hour is at least 30 minutes of activity.

(b) For purposes of determining acceptable hours of continuing education for academic coursework, the following apply:

- (1) One academic trimester course is equivalent to 12 continuing education hours.
- (2) One academic quarter course is equivalent to 10 continuing education hours.
- (3) One academic semester course is equivalent to 15 continuing education hours.

**Authority**

The provisions of this § 21.132 issued under sections 2.1(k) and 12.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222); amended under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)).

**Source**

The provisions of this § 21.132 adopted July 11, 2008, effective July 12, 2008, 38 Pa.B. 3796; amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196. Immediately preceding text appears at serial page (351278).

**Cross References**

This section cited in 49 Pa. Code § 21.29 (relating to expiration and renewal of license); and 49 Pa. Code § 21.825 (relating to sources of continuing education).

**§ 21.133. Continuing education content.**

(a) Continuing education must be relevant to patient care or professional nursing in a general or specialty area and enhance the knowledge and application of the physical, social, biological and behavioral sciences.

(b) The Board may, for any given biennial license period and with adequate notice to registered nurses, require that up to 4 hours of continuing education be completed in designated topics.

(c) Courses in areas related to the practice of professional nursing such as the following are acceptable:

- (1) Human sexuality.
- (2) Death, dying and grief.
- (3) Foreign language relevant to health care.
- (4) Therapeutic interpersonal relationship skills.
- (5) Patient rights.
- (6) Pharmacology.

(d) Courses in areas impacting the practice of professional nursing, such as nursing administration, management, education, and diagnostic and procedural coding are acceptable.

(e) Group or individual research, as the principal or co-principal investigator, if approved by the institutional review board of the sponsoring institution, is acceptable and will be credited in the year completed as 15 hours of continuing education.

(f) Nonprofessional course content not directly related to patient care, such as courses in self-improvement, changes in attitude, financial gain, courses



designed for lay people, basic life support or cardiopulmonary resuscitation, mandatory annual education on facility specific policies unrelated to the practice of professional nursing (such as facility leave policies) and employment orientation programs are not acceptable for meeting requirements for license renewal.

#### Authority

The provisions of this § 21.133 issued under sections 2.1(k) and 12.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222); amended under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)).

#### Source

The provisions of this § 21.133 adopted July 11, 2008, effective July 12, 2008, 38 Pa.B. 3796; amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196. Immediately preceding text appears at serial pages (351278) and (335539).

#### Cross References

This section cited in 49 Pa. Code § 21.29 (relating to expiration and renewal of license); and 49 Pa. Code § 21.134 (relating to continuing education sources).

### § 21.134. Continuing education sources.

(a) The following continuing education activities that meet the requirements of § 21.133 (relating to continuing education content) for registered nurses are approved:

- (1) Activities sponsored by a Board-approved practical or professional nursing program or a Nationally accredited graduate nursing program.
- (2) Activities sponsored by an accredited professional nursing, CRNP, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist or Nurse Midwifery education program.
- (3) Activities sponsored by accredited hospitals and health care facilities.
- (4) Activities sponsored by hospitals and health care facilities licensed by the Department of Health or the Department of Public Welfare.
- (5) Activities sponsored by regionally-accredited institutions of higher education.
- (6) Activities sponsored by National nursing, medical, osteopathic and other health care professional organizations and their state and regional affiliates.
- (7) Activities sponsored by National trade organizations, associations and their affiliated groups and state and regional affiliates.
- (8) Activities approved by National nursing, risk management, health care quality and patient safety organizations.
- (9) Activities sponsored by Federal and state agencies.
- (10) Activities approved by a Board in another jurisdiction.

(b) The Board may approve other sources of continuing education on a case-by-case basis after the provider or registered nurse seeking approval submits the following:

- (1) Full name and address of the provider.
- (2) Title of the activity.
- (3) Date and location of the activity.
- (4) Faculty qualifications.
- (5) Schedule of the activity, including, for activities with multiple presenters, the title of each subject, lecturer and time allotted.
- (6) Hours of continuing education.

- (7) Method of certifying and assuring attendance, and draft of certificate of attendance to be provided to course participants, as applicable.
  - (8) Course objectives.
  - (9) Curriculum.
  - (10) Target audience.
  - (11) Program coordinator.
  - (12) Instruction methods.
  - (13) Evaluation methods, including participant evaluation and activity evaluation.
  - (14) Other information requested in writing by the Board.
- (c) Requests for approval of a continuing education activity under subsection (b) shall be submitted at least 90 days prior to commencement of the activity and shall be accompanied by the fee in § 21.5 (relating to fees).
- (d) Upon approval of a continuing education activity under subsection (b), the Board will determine the number of continuing education hours awarded for the activity.
- (e) A separate application and fee, as set forth in § 21.5, shall be submitted whenever a change is made to information submitted under subsection (b), except for information related to a change in date or location, or both, of the activity under subsection (b)(3).
- (f) A continuing education provider shall award a certificate of attendance to professional nurses who complete the continuing education activity. The certificate must contain the information listed in subsection (b)(1)—(3) and (6) and the name of the individual to whom the certificate is awarded.
- (g) Distance learning continuing education is acceptable for completion of all 30 continuing education hours required for license renewal.

#### Authority

The provisions of this § 21.134 issued under sections 2.1(k) and 12.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222); amended under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)).

#### Source

The provisions of this § 21.134 adopted July 11, 2008, effective July 12, 2008, 38 Pa.B. 3796; amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196. Immediately preceding text appears at serial pages (335539) to (335540) and (363467).

#### Cross References

This section cited in 49 Pa. Code § 21.5 (relating to fees); and 49 Pa. Code § 21.29 (relating to expiration and renewal of license).

## Subchapter B. PRACTICAL NURSES

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**Authority**

The provisions of this Subchapter B issued under the Practical Nurse Law (63 P.S. §§ 651—667.8), unless otherwise noted.

**Source**

The provisions of this Subchapter B adopted January 20, 1967; amended March 26, 1976, effective March 27, 1976, 6 Pa.B. 610, unless otherwise noted.

**Cross References**

This subchapter cited in 28 Pa. Code § 201.3 (relating to definitions).

**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:

*Act*—The Practical Nurse Law (63 P.S. §§ 651—667) which establishes standards for the education of practical nurses and the practice of practical nursing.

*Approved*—Approved by the Board.

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

*Bolus*—A concentrated medication or solution given rapidly over a short period of time.

*Central venous catheter*—An intravenous (IV) 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 assessment*—Appraisal of an individual's current status and situation, which contributes to comprehensive assessment by the licensed professional nurse and supports ongoing data collection.

*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 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 therapy*—The administration of fluids, electrolytes, nutrients or medications by the venous route.

*LPN*—Licensed practical nurse. A nurse licensed under this subchapter to practice in this Commonwealth.

*Oral order*—A spoken order issued by a practitioner authorized by law and by facility policy to issue orders for medical and therapeutic measures.

*PICC*—*Peripherally inserted central catheter*—An IV catheter, the tip of which terminates in the superior vena cava and is confirmed by chest x-ray.

*Patient (includes residents and clients)*—A person, other than a spouse or immediate family member, who receives professional services from a licensed practical nurse, regardless of whether or not the nurse receives remuneration for the services.

*Peripheral midline catheter*—A peripherally inserted catheter, the tip of which terminates no further than the axilla and is between 3 inches and 8 inches (7.5 cm and 20 cm) in length.

*Peripheral short catheter*—A venous access device less than 3 inches (7.5 cm) in length.

*Practice of practical nursing*—The performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.

*Professional relationship*—The relationship which shall be deemed to exist for a period of time beginning with the first professional contact or consultation between a licensed practical nurse and a patient and ending with the final professional contact between them. The administration of emergency medical treatment or transitory trauma care will not be deemed to establish a professional relationship.

*Sexual impropriety*—The term includes the following offenses:

- (i) Making sexually demeaning or sexually suggestive comments about or to a patient, including comments about a patient's body or undergarments.
- (ii) Unnecessarily exposing a patient's body or watching a patient dress or undress, unless for therapeutic purposes or the patient specifically requests assistance.
- (iii) Examining or touching genitals without the use of gloves when performing an otherwise appropriate examination.
- (iv) Discussing or commenting on a patient's potential sexual performance or requesting details of a patient's sexual history or preferences during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction or reproductive health care. Discussion of a patient's sexual practices and preferences shall be fully documented in the patient's chart.
- (v) Soliciting a date from a patient.
- (vi) Volunteering information to a patient about one's sexual problems, preferences or fantasies.

*Sexual violation*—The term includes the following offenses:

- (i) Sexual intercourse between an LPN and a patient during the professional relationship.
- (ii) Genital to genital contact between a nurse and a patient during the professional relationship.
- (iii) Oral to genital contact between a nurse and a patient during the professional relationship.
- (iv) Touching breasts, genitals or any other body part for any purpose other than appropriate examination or treatment, or using prolonged or improper examination techniques, or after the patient has refused or withdrawn consent.
- (v) Encouraging a patient to masturbate in the presence of the nurse or masturbating while the patient is present.
- (vi) Providing or offering to provide drugs or treatment in exchange for sexual favors.
- (vii) Using or causing the use of anesthesia or any other drug affecting consciousness for the purpose of engaging in any conduct that would constitute a sexual impropriety or sexual violation.

*Titration of IV 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.

#### Authority

The provisions of this § 21.141 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)); and section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and amended under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

**Source**

The provisions of this § 21.141 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730; amended December 19, 2003, effective December 20, 2003, 33 Pa.B. 6219; amended May 19, 2006, effective May 20, 2006, 36 Pa.B. 2402; amended April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103; amended August 24, 2012, effective August 25, 2012, 42 Pa.B. 5486. Immediately preceding text appears at serial pages (342920) to (342922).

**§ 21.142. Scope.**

(a) The Board administers the act by promulgating rules and regulations which establish standards for practical nursing programs and the conduct of programs.

(b) The Board provides for licensure of graduate practical nurses from approved programs by examination, by endorsement and by programs renewal of licenses.

(c) The Board may impose disciplinary sanctions and assess civil penalties for cause.

(d) The Board may approve practical nursing education programs conducted in hospitals and accredited community colleges, universities and postsecondary institutions that award academic degrees and public school districts and vocational education programs under the Department of Education, and will make available a list of approved practical nursing education programs on its web site.

(e) The Board will regulate the practice of practical nursing.

**Authority**

The provisions of this § 21.142 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and sections 8 and 17.6 of the Practical Nurse Law (63 P.S. §§ 658 and 667.6).

**Source**

The provisions of this § 21.142 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (363471) to (363472).

**§ 21.143. Surveys; list of approved programs.**

(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.

**Authority**

The provisions of this § 21.143 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.143 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26485).

**§ 21.144. [Reserved].****Authority**

The provisions of this § 21.144 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658); reserved under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.144 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; reserved December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (363472) to (363473).

**§ 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 assessment in settings where nursing takes place.

(1) An LPN shall communicate with a licensed professional nurse and the patient's health care team members to seek guidance when:

(i) The patient's care needs exceed the licensed practical nursing scope of practice.

(ii) The patient's care needs surpass the LPN's knowledge, skill or ability.

(iii) The patient's condition deteriorates or there is a significant change in condition, the patient is not responding to therapy, the patient becomes unstable or the patient needs immediate assistance.

(2) An LPN shall obtain instruction and supervision if implementing new or unfamiliar nursing practices or procedures.

(3) An LPN shall follow the written, established policies and procedures of the facility that are consistent with the act.

(b) The LPN administers medication and carries out the therapeutic treatment ordered for the patient in accordance with the following:

(1) The LPN may accept a written order for medication and therapeutic treatment from a practitioner authorized by law and by facility policy to issue orders for medical and therapeutic measures.

(2) The LPN may accept an oral order if the following conditions are met:

(i) The practitioner issuing the oral order is authorized by law and by facility policy to issue oral orders for medical and therapeutic measures.



- (ii) The LPN has received instruction and training in accepting an oral order in an approved nursing education program or has received instruction and training in accepting an oral order in accordance with the established policies and protocols of the facility.
- (iii) The policy of the facility permits an LPN to accept an oral order.
- (iv) The regulations governing the facility permit an LPN to accept an oral order.
- (3) The LPN shall question any order which is perceived as unsafe or contraindicated for the patient or which is not clear and shall raise the issue with the ordering practitioner. If the ordering practitioner is not available, the LPN shall raise the issue with a registered nurse or other responsible person in a manner consistent with the protocols or policies of the facility.
- (4) The LPN may not accept an oral order which is not within the scope of functions permitted by this section or which the LPN does not understand.
- (5) An oral order accepted by the LPN shall be immediately transcribed by the LPN in the proper place on the medical record of the patient. The transcription shall include the prescriber's name, the date, the time of acceptance of the oral order and the full signature of the LPN accepting the oral order. The countersignature of the ordering practitioner shall be obtained in accordance with applicable regulations of the Department of Health governing the licensed facility.
- (c) The LPN participates in the development, revision and implementation of policies and procedures designed to insure comfort and safety of patients in collaboration with other health care personnel.
- (d) The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice.
- (e) The LPN may administer immunizing agents and do skin testing only if the following conditions are met:
  - (1) The LPN has received and satisfactorily completed a Board approved educational program which requires study and supervised clinical practice intended to provide training necessary for administering immunizing agents and for performing skin testings.
  - (2) A written order has been issued by a licensed physician pertaining to an individual patient or group of patients.
  - (3) Written policies and procedures under which the LPN may administer immunizing agents and do skin testing have been established by a committee representing the nurses, the physicians and the administration of the agency or institution employing or having jurisdiction over the LPN. A current copy of the policies and procedures shall be provided to the LPN at least once every 12 months. The policies and procedures shall provide for:
    - (i) Identification of the immunizing and skin testing agents which the LPN may administer.

- (ii) Determination of contraindications for the administration of specific immunizing and skin testing agents.
  - (iii) The listing, identification, description and explanation of principles, including technical and clinical indications, necessary for the identification and treatment of possible adverse reactions.
  - (iv) Instruction and supervised practice required to insure competency in administering immunizing and skin testing agents.
- (f) An LPN may perform only the IV 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 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 therapy, an LPN shall:
    - (i) Verify the order and identity of the patient.
    - (ii) Identify allergies, fluid and medication compatibilities.
    - (iii) Monitor the patient's circulatory system and infusion site.
    - (iv) Inspect all equipment.
    - (v) Instruct the patient regarding the risk and complication of therapy.
  - (3) Maintenance of IV therapy by an LPN shall include ongoing observation and focused assessment of the patient, monitoring the IV 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 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 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:
    - (i) When a patient's condition is critical, fluctuating, unstable or unpredictable.
    - (ii) When a patient has developed signs and symptoms of an IV catheter-related infection, venous thrombosis or central line catheter occlusion.
    - (iii) When a patient is receiving hemodialysis.
- (g) An LPN who has met the education and training requirements of § 21.145b (relating to IV therapy curriculum requirements) may perform the following IV 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.

- (2) Observation and reporting of subjective and objective signs of adverse reactions to any IV administration and initiation of appropriate interventions.
- (3) Administration of IV fluids and medications.
- (4) Observation of the IV insertion site and performance of insertion site care.
- (5) Performance of maintenance. Maintenance includes dressing changes, IV tubing changes, and saline or heparin flushes.
- (6) Discontinuance of a medication or fluid infusion, including infusion devices.
- (7) Conversion of a continuous infusion to an intermittent infusion.
- (8) Insertion or removal of a peripheral short catheter.
- (9) Maintenance, monitoring and discontinuance of blood, blood components and plasma volume expanders.
- (10) Administration of solutions to maintain patency of an IV access device via direct push or bolus route.
- (11) Maintenance and discontinuance of IV medications and fluids given via a patient-controlled administration system.
- (12) Administration, maintenance and discontinuance of parenteral nutrition and fat emulsion solutions.
- (13) Collection of blood specimens from an IV access device.

#### Authority

The provisions of this § 21.145 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); sections 8 and 17.6 of the Practical Nurse Law (63 P.S. §§ 658 and 667.6); and section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

#### Source

The provisions of this § 21.145 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended August 4, 1989, effective August 5, 1989, 19 Pa.B. 3281; amended December 19, 2003, effective December 20, 2003, 33 Pa.B. 6219; amended August 24, 2012, effective August 25, 2012, 42 Pa.B. 5486. Immediately preceding text appears at serial pages (302267) to (302270).

#### Cross References

This section cited in 49 Pa. Code § 21.414 (relating to interpretations regarding the functions of Licensed Practical Nurses (LPN)—statement of policy).

### § 21.145a. Prohibited acts.

An LPN may not perform the following IV therapy functions:

- (1) Initiate administration of blood, blood components and plasma volume expanders.
- (2) Administer tissue plasminogen activators, immunoglobulins, antineoplastic agents or investigational drugs.
- (3) Access a central venous route access device used for hemodynamic monitoring.
- (4) Administer medications or fluids via arterial lines.

- (5) Administer medications via push or bolus route.
- (6) Administer fibrinolytic or thrombolytic agents to declot any IV access device.
- (7) Administer medications requiring titration.
- (8) Insert or remove any IV access device, except a peripheral short catheter.
- (9) Access or program an implanted IV infusion pump.
- (10) Administer IV medications for the purpose of procedural sedation or anesthesia.
- (11) Administer fluids or medications via an epidural, intrathecal, intraosseous or umbilical route, or via a ventricular reservoir.
- (12) Administer medications or fluids via an arteriovenous fistula or graft, except for dialysis.
- (13) Perform repair of a central venous route access device or PICC.
- (14) Perform therapeutic phlebotomy.
- (15) Direct access of implantable devices.

#### Authority

The provisions of this § 21.145a issued under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

#### Source

The provisions of this § 21.145a adopted August 24, 2012, effective August 25, 2012, 42 Pa.B. 5484.

### § 21.145b. IV therapy curriculum requirements.

(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.

**Authority**

The provisions of this § 21.145b issued under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.145b adopted August 24, 2012, effective August 25, 2012, 42 Pa.B. 5484.

**Cross References**

This section cited in 49 Pa. Code § 21.147 (relating to fees).

**§ 21.146. Applicability of general rules.**

Under 1 Pa. Code § 31.1 (relating to scope of part) 1 Pa. Code Part II (relating to general rules of administrative practice and procedure) is applicable to the activities of the proceedings before the Board.

**Authority**

The provisions of this § 21.146 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.146 adopted July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061.

**§ 21.146a. Procedural matters.**

(a) The consent of the patient to any sexual impropriety or violation is not a defense to any disciplinary charge for violation of the act or this subchapter.

(b) Evidence of specific instances, opinion evidence, or reputation evidence of a patient's past sexual conduct is not admissible in proceedings brought under § 21.148(b)(9) (relating to standards of nursing conduct). The Board may consider sexual relationships between the nurse and the patient occurring prior to the professional relationship.

(c) A nurse who attempts to raise as a defense an argument that conduct prohibited as a sexual violation or sexual impropriety was necessary or appropriate to the treatment of a patient shall be required to demonstrate competency in practice which relates directly to the treatment of sexual function or dysfunction. This competence may be demonstrated through educational training and supervised clinical experience. Appropriate discussions of sexual matters between a nurse and a patient shall be fully documented in patient records.

**Authority**

The provisions of this § 21.146a issued under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.146a adopted September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730.

**§ 21.147. Fees.**

(a) The following application fees are charged by the Board for services to licensees and applicants:

Licensure by examination—Board-approved nursing education program graduates . . . . .	\$95
Reexamination . . . . .	\$75
Licensure by endorsement . . . . .	\$120
Licensure by endorsement with examination . . . . .	\$145
Temporary practice permit . . . . .	\$70
Extension of temporary practice permit. . . . .	\$85
Fee for review and challenge of PN exam . . . . .	\$435
Licensure by examination—Graduates of out-of-State nursing education programs . . . . .	\$115
Verification of licensure . . . . .	\$45
Reactivation of inactive or lapsed license (5 years or longer) . . . . .	\$130
Restoration after suspension or revocation . . . . .	\$60
Certification of scores. . . . .	\$25
Verification of licensure with history. . . . .	\$50

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of license . . . . .	\$76
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(c) The following fees are charged by the Board for services to nursing education programs:

Application for approval of new nursing education program . . . . .	\$2,195
Review of curriculum revisions fee . . . . .	\$585
Review of annual compliance report fee . . . . .	\$430
New nursing education program survey visit fee . . . . .	\$1,525

(d) The following fee is charged for evaluations of curricula and programs requiring Board approval under §§ 21.145b(b) and 21.156a(2) (relating to IV therapy curriculum requirements; and continued competency) . . . . . \$285

(e) In addition to the fees prescribed in subsection (a), which are payable directly to the Board, a candidate for the practical nurse licensing examination shall also pay a fee to the National Council of the State Boards of Nursing ([www.ncsbn.org](http://www.ncsbn.org)) to cover costs associated with the preparation and administration of the practical nurse licensing examination.

**Authority**

The provisions of this § 21.147 issued under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 11.2(a) and (d) of The Professional Nursing Law (63 P.S. § 11.2(a) and (d)); amended under sections 810(a)(3) and (7) and 812.1 of The Administrative Code of 1929 (71 P.S. §§ 279(a)(3) and (7) and 279.3a); sections 13.1 and 17.5 of the Practical Nurse Law (63 P.S. §§ 663.1 and 667.5);

sections 11(b) and 11.2 of The Professional Nursing Law (63 P.S. §§ 221(b) and 221.2); and section 22.1 of the Podiatry Practice Act (63 P.S. § 42.21c).

**Source**

The provisions of this § 21.147 adopted December 25, 1987, effective December 26, 1987, 17 Pa.B. 5329; amended June 8, 1990, effective June 9, 1990, 20 Pa.B. 3078; amended July 27, 1990, effective July 28, 1990, 20 Pa.B. 4086; amended November 29, 1991, effective November 30, 1991, 21 Pa.B. 5521; amended June 12, 1992, effective immediately and applies to biennial renewals commencing May 1, 1992, 22 Pa.B. 2976; amended June 18, 1993, effective June 19, 1993, 23 Pa.B. 2827; amended November 26, 1993, effective November 27, 1993, 23 Pa.B. 5634; amended June 16, 2000, effective June 17, 2000, 30 Pa.B. 3040; amended November 17, 2000, effective November 18, 2000, 30 Pa.B. 5952; amended June 2, 2006, effective June 3, 2006, 36 Pa.B. 2673; amended August 20, 2010, effective August 21, 2010, 40 Pa.B. 4755; amended July 26, 2019, effective July 27, 2019, 49 Pa.B. 3891. Immediately preceding text appears at serial pages (385168) to (385169).





**Cross References**

This section cited in 49 Pa. Code § 21.149 (relating to temporary practice permits); 49 Pa. Code § 21.156 (relating to renewal of license); 49 Pa. Code § 21.156a (relating to continued competency); and 49 Pa. Code § 21.605 (relating to biennial renewal).

**§ 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.
  - (3) Act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.
  - (4) Safeguard the patient's dignity, the right to privacy and the confidentiality of patient information. This standard does not prohibit or affect reporting responsibilities under 23 Pa.C.S. Chapter 63 (relating to the Child Protective Services Law), the Older Adults Protective Services Act (35 P.S. §§ 10211—10224) and other statutes which may mandate reporting of this information.
  - (5) Document and maintain accurate records.
- (b) A licensed practical nurse may not:
  - (1) Knowingly aid, abet or assist another person to violate or circumvent a law or Board regulation.
  - (2) Discriminate, while providing nursing services, on the basis of age, marital status, sex, sexual preference, race, religion, diagnosis, socioeconomic status or disability.
  - (3) Knowingly permit another individual to use his license or temporary permit for any purpose or knowingly permit the unlicensed person under the licensed practical nurse's jurisdiction or supervision to misrepresent that the individual is a licensed nurse.
  - (4) Misappropriate equipment, materials, property, drugs or money from an employer or patient.
  - (5) Solicit, borrow or misappropriate money, materials or property from a patient or the patient's family.
  - (6) Leave a nursing assignment prior to the proper reporting and notification to the appropriate department head or personnel of such an action.
  - (7) Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of a patient for whom the nurse is responsible.
  - (8) Falsify or knowingly make incorrect entries into the patient's record or other related documents.
  - (9) Engage in conduct defined as a sexual violation or sexual impropriety in the course of a professional relationship.

(c) Failure to comply with an obligation or prohibition imposed by this section is subject to disciplinary and corrective measures under section 16 of the act (63 P.S. § 666).

(d) The Board may, in addition to any other disciplinary or corrective measure set forth in this section, levy appropriate civil penalties as authorized by section 15 of the act (63 P.S. § 665) upon a nurse found to have engaged in conduct constituting a sexual impropriety or sexual violation.

#### Authority

The provisions of this § 21.148 amended under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

#### Source

The provisions of this § 21.148 adopted April 30, 1993, effective May 1, 1993, 23 Pa.B. 2115; amended September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730. Immediately preceding text appears at serial pages (267600) to (267601) and (214445).

#### Notes of Decisions

##### *Nursing Standards*

The standard of nursing conduct promulgated by these regulations provides a definite warning to a licensee, in addition to the provisions of the law as interpreted by the Board of Nursing, of what may constitute unprofessional conduct by setting forth an ascertainable standard against which conduct can be measured. *Stephens v. State Board of Nursing*, 657 A.2d 71 (Pa. Cmwlth.), appeal denied, 664 A.2d 978 (Pa. 1995).

##### *Unprofessional Conduct Established*

These standards of nursing conduct provide a definite warning to a licensee, in addition to the provisions of the law as interpreted by the State Board of Nursing, of what may constitute unprofessional conduct by setting forth an ascertainable standard against which conduct can be measured. Thus, a licensed practical nurse could be assessed a civil penalty and formally reprimanded based on allowing a nurse's aide to ingest patient medication and provoke patients into agitation. *Stephens v. State Board of Nursing*, 657 A.2d 71 (Pa. Cmwlth.), appeal denied, 664 A.2d 978 (Pa. 1995).

#### Cross References

This section cited in 49 Pa. Code § 21.146a (relating to procedural matters).

### **§ 21.148a. Impaired professional program.**

When the Board is empowered to take disciplinary or corrective action against a practical nurse for conduct defined as a sexual violation or sexual impropriety, the nurse will not be eligible for placement into an impaired professional program under section 16.2 of the act (63 P.S. § 666.2).

#### Authority

The provisions of this § 21.148a issued under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.148a adopted September 8, 2000, effective September 9, 2000, 30 Pa.B. 4730.

**§ 21.149. Temporary practice permits.**

(a) A graduate practical nurse may only practice practical nursing under supervision and if the graduate practical nurse holds a current temporary practice permit. "Supervision" means that a licensed registered nurse is physically present in the area or unit where the graduate practical nurse is practicing. The Board may grant a temporary practice permit to a graduate practical nurse as follows:

(1) An individual who wishes to practice as a graduate practical nurse during the period from the date of completion of the Board-approved educational program to the notification of the results of the licensing examination shall submit an application for temporary practice permit for a graduate practical nurse on a form provided by the Board and remit the fee specified in § 21.147 (relating to fees). A temporary practice permit granted under this section is valid for up to 1 year from the date of issuance unless extended under paragraphs (3) and (4), and immediately expires if the applicant fails the licensing examination.

(2) At least 90 days prior to the expiration date of the temporary practice permit, the graduate practical nurse shall:

- (i) Submit an application for licensure by examination as a practical nurse.
- (ii) Remit the fee specified in § 21.147.
- (iii) Submit the licensure examination registration form and fee required to the professional testing organization.

(3) At least 60 days prior to the expiration date of the temporary practice permit, the graduate practical nurse who wishes to extend the expiration date of the temporary practice permit because of illness or extreme hardship shall:

- (i) Submit an application for temporary practice permit extension on a form provided by the Board.
  - (ii) Remit the fee specified in § 21.147.
  - (iii) Provide a detailed, written explanation of the reasons the extension is requested. If requesting an extension due to illness, the applicant shall provide certification of the illness from the applicant's treating physician.
- (4) The Board will not grant an extension to an individual who fails to meet the requirements of paragraphs (2) and (3).

(b) The Board may grant a temporary practice permit to an individual who holds a current practical nurse license issued by another state, territory or possession of the United States or Canada (a currently-licensed practical nurse). The temporary practice permit will expire in 1 year, unless the individual fails the licensure examination, in which case the temporary practice permit will immedi-

ately expire. The Board may extend the temporary practice permit in cases of illness or extreme hardship, as set forth in paragraph (5).

(1) A currently-licensed practical nurse who wishes to practice practical nursing during the period from the date of submission of the Applicant Data Sheet of the application for licensure until the Board makes a determination on the application for licensure or 1 year, whichever comes first, shall:

(i) Submit an application for temporary practice permit for a currently-licensed practical nurse on a form provided by the Board.

(ii) Remit the fee specified in § 21.147.

(2) An individual applying for a temporary practice permit for a currently-licensed practical nurse shall demonstrate proficiency in English by submitting proof that the individual's nursing education program was conducted in English or that the individual has received a passing score on a Board-approved English proficiency examination. The Board will make available a list of Board-approved English proficiency examinations on its web site. This information shall be submitted with the Applicant Data Sheet of the application for licensure.

(3) Within 45 days of the date the temporary practice permit is issued, an individual who has been granted a temporary practice permit for a currently-licensed practical nurse shall submit the Verification of Licensure Form of the application for licensure and shall:

(i) Request verification of licensure from the foreign jurisdiction and retain documentation of submission of the request to provide to the Board upon request.

(ii) Request certification of the applicant's nursing education program from the licensing board or appropriate educational authorities. The certification of nursing education shall be submitted to the Board in English directly from the appropriate educational authorities. The applicant shall retain documentation of submission of the request to submit to the Board upon request.

(iii) Submit an application for an education evaluation to a Board-approved foreign credentials evaluator if required under § 21.155(d) (relating to licensure by endorsement) and retain documentation of the application submitted to the evaluator to provide to the Board upon request.

(iv) If the applicant is required to take the licensure examination, submit the licensure examination registration form and fee required to the professional testing organization and retain documentation of the submission of the application to take the examination to provide to the Board upon request.

(4) An individual who has been granted a temporary practice permit for a currently-licensed practical nurse shall ensure that all documentation in support of the application for licensure is received by the Board at least 90 days prior to the expiration date of the temporary practice permit. An individual whose supporting documentation has not been received by the Board at least 90 days

prior to the expiration date of the temporary practice permit shall submit, within 10 days of receiving notice of the deficiency from the Board, a detailed written explanation of why the supporting documentation has not been supplied to the Board in a timely manner.

(5) An individual who has been granted a temporary practice permit for a currently-licensed practical nurse and who has complied with paragraphs (2)—(4) may request an extension of the temporary practice permit because of illness or extreme hardship by:

(i) Submitting a temporary practice permit extension application on a form provided by the Board.

(ii) Remitting the fee specified in § 21.147.

(iii) Submitting a written, detailed explanation of the reasons the extension is requested. If requesting an extension due to illness, the applicant shall provide certification of the illness from the applicant's treating physician.

(iv) Providing proof of the timely request for verification of licensure referenced in paragraph (3)(i).

(6) The request for temporary practice permit extension shall be submitted to the Board at least 60 days prior to the expiration date of the temporary practice permit.

(7) The Board will not grant an extension to an individual who fails to meet the requirements of paragraphs (2)—(6).

#### Authority

The provisions of this § 21.149 issued under sections 3.1 and 17.6 of the Practical Nurse Law (63 P.S. §§ 653.1 and 667.6); amended under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

#### Source

The provisions of this § 21.149 adopted May 19, 2006, effective May 20, 2006, 36 Pa.B. 2402; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (363482) to (363484).

#### Cross References

This section cited in 49 Pa. Code § 21.151 (relating to application for examination); and 49 Pa. Code § 21.155 (relating to licensure by endorsement).

### LICENSURE

#### § 21.150. Licensure by examination.

An applicant for licensure by examination shall comply with the requirements of § 21.151 (relating to application for examination), pass the examination and complete at least 3 hours of training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

#### Authority

The provisions of this § 21.150 added under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.150 added March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916.

**§ 21.151. Application for examination.**

(a) A candidate for the licensing examination may submit an application together with the required fee no sooner than 90 days prior to completing a practical nursing education program.

(b) A candidate will not be authorized to take the examination unless the candidate has satisfied the requirements of the act necessary for eligibility, including confirmation of completion of an approved practical nursing educational program.

(c) Graduates of practical nursing education programs outside of this Commonwealth shall file an official transcript validating program completion with the application.

(d) An applicant shall demonstrate proficiency in English by submitting proof that the applicant's nursing education program was conducted in English or that the applicant has, prior to being approved to take the licensure examination, received a passing score on a Board-approved English proficiency examination unless the applicant has already met this requirement in satisfaction of § 21.149(b)(2) (relating to temporary practice permits). The Board will make available a list of Board-approved English proficiency examinations on its web site.

(e) An applicant who graduated from a practical nursing education program outside of the United States or Canada shall have the applicant's education evaluated by a Board-approved foreign credentials evaluator to determine whether the education obtained is equivalent to the program of study required in this Commonwealth at the time the program was completed.

(f) A candidate shall take the examination for the first time within 1 year of completing the practical nursing education program unless prevented by emergency, illness, military service or other good cause shown, or the candidate holds a license to practice nursing in another state or country.

**Authority**

The provisions of this § 21.151 amended under sections 506 and 812.1 of The Administrative Code of 1929 (71 P.S. §§ 186 and 279.3a); and sections 8 and 17.6 of the Practical Nurse Law (63 P.S. §§ 658 and 667.6).

**Source**

The provisions of this § 21.151 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended June 8, 1990, effective June 9, 1990, 20 Pa.B. 3078; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (363484) to (363485).

**Cross References**

This section cited in 49 Pa. Code § 21.150 (relating to licensure by examination).

**§ 21.152. Passage of the examination.**

Candidates for practical nursing licensure shall pass the licensure examination approved by the Board.

**Authority**

The provisions of this § 21.152 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and sections 8 and 17.6 of the Practical Nurse Law (63 P.S. §§ 658 and 667.6).

**Source**

The provisions of this § 21.152 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (363485).

**§ 21.153. Re-examination.**

(a) A candidate shall submit a re-examination application, including the required fee for re-examination.

(b) The candidate may take the licensing examination as many times as necessary to pass the licensure examination.

(c) Candidates who reapply for examination 2 years or more after initial examination shall satisfy the administrative and education requirements prevailing at the time of reapplication.

**Authority**

The provisions of this § 21.153 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and sections 8 and 17.6 of the Practical Nurse Law (63 P.S. §§ 658 and 667.6).

**Source**

The provisions of this § 21.153 amended March 25, 1977, effective March 26, 1977, 7 Pa.B. 841; amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (363485).

**§ 21.154. [Reserved].****Authority**

The provisions of this § 21.154 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658); reserved under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.154 amended March 11, 1977, effective March 12, 1977, 7 Pa.B. 704; amended March 25, 1977, effective March 26, 1977, 7 Pa.B. 841; amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; reserved December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (363485) to (363486).

**§ 21.155. Licensure by endorsement.**

(a) A practical nurse who has graduated from an approved practical nursing program in the United States or Canada and who obtained licensure in another jurisdiction of the United States or Canada upon having passed an examination considered by the Board to be equivalent to the examination required for licensure in this Commonwealth may be granted licensure by endorsement.

(b) An applicant for licensure by endorsement shall meet the requirements regarding age, good moral character, preliminary education and practical nursing education as outlined in the act.

(c) An applicant for licensure by endorsement whose license in the other jurisdiction is not current for 5 years or longer shall, prior to receiving a license in this Commonwealth, satisfy the requirements of § 21.156a(a)(1) or (2) (relating to continued competency).

(d) A practical nurse who has graduated from a practical nursing education program in a country or territory outside of the United States or Canada deemed equivalent to the program of study required in this Commonwealth at the time the program was completed and who obtained licensure in that country or territory upon having passed an examination considered by the Board to be equivalent to the examination required for licensure in this Commonwealth may be granted licensure by endorsement without examination. The Board will base educational equivalency upon an evaluation administered by a Board-approved foreign credentials evaluator.

(e) An applicant for licensure by endorsement shall demonstrate proficiency in English by submitting proof that the applicant's nursing education program was conducted in English or that the applicant has received a passing score on a Board-approved English proficiency examination unless the applicant has previously met this requirement in satisfaction of § 21.149(b)(2) (relating to temporary practice permits). The Board will make available a list of Board-approved English proficiency examinations on its web site.

(f) An applicant for licensure by endorsement shall complete at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

#### Authority

The provisions of this § 21.155 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); sections 8 and 17.6 of the Practical Nurse Law (63 P.S. §§ 658 and 667.6); section 2.1(k) of The Professional Nursing Law (73 P.S. § 222.1(k)); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.155 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended June 18, 1993, effective June 19, 1993, 23 Pa.B. 2827; amended November 28, 1997, effective November 29, 1997, 27 Pa.B. 6210; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385175) to (385176).

#### Cross References

This section cited in 49 Pa. Code § 21.149 (relating to temporary practice permits).

### § 21.156. Renewal of license.

(a) Licenses for practical nurses expire on June 30 of each biennium in the even-numbered years.

(b) When applying for licensure renewal, a licensed practical nurse shall:



- (1) Submit the renewal application, including disclosing a license to practice nursing or an allied health profession in any other state, territory, possession or country.
  - (2) Pay the biennial renewal of license fee in § 21.147(b) (relating to fees).
  - (3) Disclose discipline imposed by a state licensing board in the previous biennial period and criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition during the previous biennial period, unless prior notification has been made under § 21.156b (relating to reporting of crimes and disciplinary actions).
- (b.1) Licensed practical nurses applying for renewal shall complete at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).
- (c) When communicating with the Board, licensed practical nurses shall identify themselves by their full name, current address and license number.

#### Authority

The provisions of this § 21.156 amended under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.156 amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385176) and (396897).

#### Cross References

This section cited in 49 Pa. Code § 21.156b (relating to reporting of crimes and disciplinary action).

### § 21.156a. Continued competency.

- (a) A licensed practical nurse whose license has lapsed for 5 years or longer or has been placed on inactive status for 5 years or longer, as permitted in section 13.1(b) of the act (63 P.S. § 663.1(b)), may reactivate the license by doing one of the following:
- (1) Successfully completing the initial licensing examination approved by the Board and submitting the examination fee in § 21.147 (relating to fees).
  - (2) Successfully completing a Board-approved reactivation program which requires passage of a nursing achievement examination.
  - (3) Providing evidence to the Board that the applicant has a current license and has practiced as a practical nurse in another jurisdiction at sometime within the last 5 years.
- (b) A licensed practical nurse whose license has been suspended for 5 years or longer may reactivate the license after complying with the terms of the suspension Order by doing either of the following:
- (1) Successfully completing the initial licensing examination approved by the Board and submitting the examination fee in § 21.147.

- (2) Successfully completing a Board-approved reactivation program which requires passage of a nursing achievement examination.

**Authority**

The provisions of this § 21.156a amended under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.156a adopted June 18, 1993, effective June 19, 1993, 23 Pa.B. 2827; amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (378858).

**Cross References**

This section cited in 49 Pa. Code § 21.147 (relating to fees); 49 Pa. Code § 21.155 (relating to licensure by endorsement); and 49 Pa. Code § 21.602 (relating to volunteer license).

**§ 21.156b. Reporting of crimes and disciplinary action.**

(a) An LPN shall notify the Board of pending criminal charges within 30 days of the filing of the criminal charges or on the biennial renewal application under § 21.156 (relating to renewal of license), whichever is sooner.

(b) An LPN shall notify the Board of a criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition program within 30 days of the disposition or on the biennial renewal application under § 21.156, whichever is sooner.

(c) An LPN shall notify the Board of disciplinary action in the nature of a final order taken against the LPN by the licensing authority of another state, territory or country within 90 days of receiving notice of the disciplinary action or on the biennial renewal application under § 21.156, whichever is sooner.

**Authority**

The provisions of this § 21.156b issued under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.156b adopted October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196.

**Cross References**

This section cited in 49 Pa. Code § 21.156 (relating to renewal of license).

**§ 21.156c. Reporting of address changes.**

A licensed practical nurse shall notify the Board within 14 days of a change of address.

**Authority**

The provisions of this § 21.156c issued under section 17.6 of the Practical Nurse Law (63 P.S. § 667.6).

**Source**

The provisions of this § 21.156c adopted December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822.

**§ 21.157. Employment of practical nurses licensed outside of the United States, its territories or Canada.**

A person who holds a current and valid license or other evidence of the right to practice practical nursing issued by another country other than Canada may not be employed as a practical nurse in this Commonwealth until licensed by the Board.

**Authority**

The provisions of this § 21.157 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.157 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (78865).

**§ 21.158. Qualifications of application for examination.**

Additional applicant qualifications are contained in section 5 of the act (63 P.S. § 655). Every applicant for examination as a licensed practical nurse shall furnish evidence satisfactory to the Board that the applicant is 18 years of age or older, is of good moral character, has completed at least 12 years of education with diploma in public, parochial or private school, or its equivalent as evaluated by the Department of Education; and has satisfactorily completed a course in practical nursing prescribed and approved by the Board in a school, hospital or other institution of not less than 1,500 hours and within a period of not less than 12 months.

**Authority**

The provisions of this § 21.158 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.158 adopted July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061.

**§ 21.159. [Reserved].**

**Source**

The provisions of this § 21.159 adopted December 10, 1982, effective December 11, 1982, 12 Pa.B. 4236; amended September 20, 1985, effective September 21, 1985, 15 Pa.B. 3345; reserved December 25, 1987, effective December 26, 1987, 17 Pa.B. 5329. Immediately preceding text appears at serial page (101303).

**APPROVAL OF PRACTICAL NURSING PROGRAMS**

**§ 21.161. Objectives.**

Practical nurse programs require approval for the following reasons:

- (1) To safeguard the preparation of practical nurses, and 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.**

(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 § 21.162b (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(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.

**Authority**

The provisions of this § 21.162 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658); amended under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

**Source**

The provisions of this § 21.162 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103. Immediately preceding text appears at serial page (238278).

**§ 21.162a. Failure to comply with standards.**

(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 (relating to removal from approved list).

#### Authority

The provisions of this § 21.162a adopted under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

#### Source

The provisions of this § 21.162a adopted April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103.

### **§ 21.162b. Minimum rate for graduates of nursing education programs to pass the National licensure examination.**

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.

#### Authority

The provisions of this § 21.162b adopted under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

#### Source

The provisions of this § 21.162b adopted April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103.

**Cross References**

The provisions of this section cited in 49 Pa. Code § 21.162 (relating to types of approval).

**§ 21.163. [Reserved].****Source**

The provisions of this § 21.163 reserved July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26491).

**§ 21.164. [Reserved].****Source**

The provisions of this § 21.164 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26492).

**§ 21.165. [Reserved].****Source**

The provisions of this § 21.165 reserved July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26492).

**§ 21.166. Removal from approved list.**

(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).

**Authority**

The provisions of this § 21.166 adopted under sections 2.1(k) and 6.1 of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 216.1); and sections 9 and 17.6 of the Practical Nurse Law (63 P.S. §§ 659 and 667.6).

**Source**

The provisions of this § 21.166 adopted April 24, 2009, effective April 25, 2009, 39 Pa.B. 2103.

**Cross References**

This section cited in 49 Pa. Code § 21.162a (relating to failure to comply with standards).

**APPROVED PROGRAM OF PRACTICAL NURSING**

**§ 21.171. [Reserved].**

**Source**

The provisions of this § 21.171 reserved July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26492).

**§ 21.172. Establishment.**

(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 the 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.

#### **Authority**

The provisions of this § 21.172 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

#### **Source**

The provisions of this § 21.172 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial pages (26492) and (26493).

### **§ 21.173. Discontinuance or interruption of a program of practical nursing.**

(a) Written notification of intent to discontinue a program of practical nursing shall be submitted to the Board within a reasonable period of time, but not less than 6 months prior to a 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 agency 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 agency also has the legal responsibility to make provisions for permanent retention of student and graduate records in conformity with § 21.233 (relating to custody of records).

#### Authority

The provisions of this § 21.173 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

#### Source

The provisions of this § 21.173 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26493).

### ORGANIZATION AND ADMINISTRATION OF PRACTICAL NURSING PROGRAMS

#### § 21.181. Administrative authority.

(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.

**Authority**

The provisions of this § 21.181 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.181 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26494).

**§ 21.182. Advisory committee.**

(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.

**Authority**

The provisions of this § 21.182 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.182 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26494).

**§ 21.183. Budget.**

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.

**Authority**

The provisions of this § 21.183 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.183 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26494).

**§ 21.184. Cooperating agencies.**

(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.

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.

##### Source

The provisions of this § 21.191 amended March 25, 1977, effective March 26, 1977, 7 Pa.B. 841. Immediately preceding text appears at serial page (26495).

##### § 21.192. Faculty qualifications.

(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.**

(a) The faculty shall be employed by and responsible to the educational institution.

(b) Faculty members shall meet the requirements of the parent 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 defined in writing.

(e) Functions and responsibilities of each faculty member shall be defined in writing.

(f) Full-time faculty of the nursing program may not carry responsibilities for administration, curriculum development or teaching for other types of educational programs, nor 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.**

- (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.**

- (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.

**Authority**

The provisions of this § 21.201 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.201 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial pages (26499) and (26500).

**§ 21.202. General curriculum requirements for practical nursing programs.**

- (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.**

(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 psycho-social 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.

#### Authority

The provisions of this § 21.203 amended under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and sections 8 and 17.6 of the Practical Nurse Law (63 P.S. §§ 658 and 667.6).

#### Source

The provisions of this § 21.203 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended August 4, 1989, effective August 5, 1989, 19 Pa.B. 3281; amended August 24, 2012, effective August 25, 2012, 42 Pa.B. 5486. Immediately preceding text appears at serial pages (214458) to (214459).

### § 21.204. Changes in curriculum.

(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.

#### Authority

The provisions of this § 21.204 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

#### Source

The provisions of this § 21.204 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (26504).

### FACILITIES FOR ADMINISTRATION AND TEACHING

#### § 21.211. Facility and resource requirements.

(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.

#### Source

The provisions of this § 21.211 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061.

## STUDENTS

### § 21.221. Selection and admission.

(a) Admission standards shall conform with the following:

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

(2) Applicants shall have completed work equal to a standard high school course as evaluated by the Credentials Evaluation Division of the Pennsylvania Department of Education.

(b) The Board recommends that only one class be admitted per year. The number of candidates for each class shall be determined by the educational and clinical resources which the program can provide.

(c) Advanced standing shall conform with the following:

(1) The Board encourages practical nursing programs to thoughtfully review their respective curricula to identify where opportunity can be provided for the recognition and validation of previous education and experience of prospective applicants. Advanced placement proposals developed may then be submitted for review and approval by the Board.

(2) Programs submitted shall be developed for either a specific, identified individual or for a theoretical group of individuals. The extent of the approval granted will be based on the nature and content of the program submitted.

**§ 21.222. Student services.**

(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.

**Authority**

The provisions of this § 21.222 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.222 amended March 25, 1977, effective March 26, 1977, 7 Pa.B. 841; amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061; amended November 15, 1991, effective November 16, 1991, 21 Pa.B. 5342; amended April 26, 1996, effective April 27, 1996, 26 Pa.B. 2005. Immediately preceding text appears at serial pages (210007) to (210008).

**§ 21.223. Student's rights.**

There shall be written specified policies relating to students' rights and grievances with procedures for implementation.

**Source**

The provisions of this § 21.223 adopted July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061.

**RECORDS**

**§ 21.231. Program records and record maintenance.**

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.

**Authority**

The provisions of this § 21.231 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.231 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial pages (30278) to (30279).

**§ 21.232. Records required to be filed in the Board office.**

- (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.

**Authority**

The provisions of this § 21.232 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.232 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (30279).

**§ 21.233. Custody of records.**

- (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.

**Authority**

The provisions of this § 21.233 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.233 amended July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061. Immediately preceding text appears at serial page (30279).

**Cross References**

This section cited in 49 Pa. Code § 21.166 (relating to removal from approved list); and 49 Pa. Code § 21.173 (relating to discontinuance or interruption of a program of practical nursing).

**§ 21.234. Access and use of records.**

(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.

**Authority**

The provisions of this § 21.234 issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); and section 8 of the Practical Nurse Law (63 P.S. § 658).

**Source**

The provisions of this § 21.234 adopted July 1, 1983, effective July 2, 1983, 13 Pa.B. 2061.

**Cross References**

This section cited in 49 Pa. Code § 21.166 (relating to removal from approved list).

**Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS****GENERAL PROVISIONS**

- Sec.  
21.251. Definitions.  
21.252. [Reserved].  
21.253. Fees.

**LEGAL RECOGNITION**

- 21.261. Use of title; authorization to practice.

**CERTIFICATION REQUIREMENTS**

- 21.271. Certification requirements.
- 21.272. [Reserved].
- 21.273. Application for certification.
- 21.281. [Reserved].
- 21.282. [Reserved].

**CRNP PRACTICE**

- 21.282a. CRNP Practice.
- 21.283. Authority and qualifications for prescribing, dispensing and ordering drugs.
- 21.284. Prescribing and dispensing parameters.
- 21.284a. Prescribing and dispensing drugs.
- 21.284b. Prescribing, administering and dispensing controlled substances.
- 21.285. Prescriptive authority collaborative agreements.
- 21.286. Identification of the CRNP.
- 21.287. [Reserved].
- 21.288. CRNP standards of conduct.
- 21.291. [Reserved].
- 21.292. [Reserved].
- 21.293. [Reserved].
- 21.294. [Reserved].
- 21.311. [Reserved].
- 21.321. [Reserved].

**MAINTENANCE OF CERTIFICATION**

- 21.331. Biennial renewal of certification.
- 21.332. Requirement of continuing education.
- 21.332a. Inactive status and reactivation.
- 21.333. Continuing education content.
- 21.334. Sources of continuing education.
- 21.335. Requirements for courses.
- 21.336. Continuing education course approval.
- 21.337. CRNP responsibilities.
- 21.341. [Reserved].

**PENALTIES FOR VIOLATION**

- 21.351. Penalties for violation.



### **APPROVAL OF CERTIFIED REGISTERED NURSE PRACTITIONER PROGRAMS**

- 21.361. General criteria for approval of programs.
- 21.362. Annual reports and compliance reviews; list of approved programs.
- 21.363. Approval process.
- 21.364. Removal from approved list; discontinuance of CRNP program.
- 21.365. Establishment.
- 21.366. Organizational requirements.
- 21.367. Faculty requirements for CRNP programs.
- 21.368. Faculty policies.
- 21.369. General curriculum requirements.
- 21.370. Evaluation.
- 21.371. Curriculum changes requiring Board approval.
- 21.372. CRNP program philosophy; purposes and objectives.
- 21.373. Facility and resource requirements.
- 21.374. Selection and admission standards.
- 21.375. Advanced standing.
- 21.376. Program records.
- 21.377. Custody of records.

#### **Authority**

The provisions of this Subchapter C issued under section 506 of The Administrative Code of 1929 (71 P.S. § 186); The Professional Nursing Law (63 P.S. §§ 211—225); and sections 3 and 16 of the Medical Practice Act of 1974 (63 P.S. §§ 421.3 and 421.16) (Repealed), unless otherwise noted.

#### **Source**

The provisions of this Subchapter C adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063, unless otherwise noted.

#### **Cross References**

This subchapter cited in 6 Pa. Code § 11.3 (relating to definitions); and 28 Pa. Code § 9.678 (relating to PCPs); 28 Pa. Code § 107.12a (relating to specified professional personnel—statement of policy); 52 Pa. Code § 56.2 (relating to definitions); 52 Pa. Code § 56.252 (relating to definitions); 55 Pa. Code § 1153.41a (relating to medication—statement of policy); 55 Pa. Code § 2380.122a (relating to labeling of medications—statement of policy); 55 Pa. Code § 2380.124a (relating to medication log—statement of policy); 55 Pa. Code § 2380.126a (relating to adverse reaction—statement of policy); 55 Pa. Code § 5200.42a (relating to medication prescription—statement of policy); 55 Pa. Code § 5210.58a (relating to medication prescription—statement of policy); 55 Pa. Code § 6400.162a (relating to labeling of medication—statement of policy); 55 Pa. Code § 6400.163a (relating to use of prescription medication—statement of policy); 55 Pa. Code § 6400.164a (relating to medication log—statement of policy); 55 Pa. Code § 6400.166a (relating to adverse reaction—statement of policy); 55 Pa. Code § 6500.132a (relating to labeling of medication—statement of policy); 55 Pa. Code § 6500.133a (relating to use of prescription medications—statement of policy); 55 Pa. Code § 6500.134a (relating to medication log—statement of policy); and 55 Pa. Code § 6500.136a (relating to adverse reaction—statement of policy).

**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).

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

*CRNP—Certified Registered Nurse Practitioner*—A professional nurse licensed in this Commonwealth who is certified by the Board in a specialty and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with a physician licensed to practice in this Commonwealth and in accordance with the act and this subchapter. Nothing in this subchapter is to be deemed to limit or prohibit a professional nurse from engaging in those activities which constitute the practice of professional nursing as defined in section 2 of the act (63 P.S. § 212).

*Certification*—The authorization granted by the Board to a professional nurse who has demonstrated the qualifications for recognition as a CRNP.

*Collaboration*—A process in which a CRNP works with one or more physicians to deliver health care services within the scope of the CRNP's expertise. The process includes the following:

- (i) Immediate availability of a licensed physician to a CRNP through direct communications or by radio, telephone or telecommunications.
- (ii) A predetermined plan for emergency services.
- (iii) A physician available to a CRNP on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics and cosigning records when necessary to document accountability by both parties.

*Collaborative agreement*—The written and signed agreement between a CRNP and a collaborating physician in which they agree to the details of their collaboration including the elements in the definition of collaboration.

*Initial certification*—The first certification or licensure as a nurse practitioner that an individual receives in any jurisdiction.

*National certification*—Certification by a Board-recognized National certification organization which required passing a nurse practitioner National certifying examination in a specialty.

*Prescriptive authority collaborative agreement*—The written and signed agreement between a CRNP with prescriptive authority and a collaborating physician in which they agree to the details of their collaboration.

*Specialty*—The area of practice or population in which a CRNP is certified by the Board.

**Source**

The provisions of this § 21.251 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (335543) to (335544).

**Notes of Decisions***Chart Review*

Physicians may render an opinion based on a review of records. Therefore, the physician was justified in formulating a medical opinion based on the information provided by the certified registered nurse practitioner and the suspension of the petitioner's license based on incompetence under 67 Pa. Code § 83.5 was justified. *Satler v. Department of Transportation*, 670 A.2d 1205 (Pa. Cmwlth. 1996).

**§ 21.252. [Reserved].****Source**

The provisions of this § 21.252 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (335544).

**§ 21.253. Fees.**

(a) The following application fees are charged by the Board for services to licensees and applicants:

CRNP Certification—Board-approved nursing education program graduates . . . . .	\$100
CRNP Certification—graduates of out-of-State nursing education programs . . . . .	\$140
Verification of certification . . . . .	\$45
Verification of certification with history . . . . .	\$50
Application for prescriptive authority . . . . .	\$95
Each additional application for prescriptive authority . . . . .	\$45
Restoration of CRNP certification after suspension or revocation . . . . .	\$60
Restoration of CRNP prescriptive authority after suspension or revocation . . . . .	\$60

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of CRNP certification . . . . .	\$81
Biennial renewal of prescriptive authority approval . . . . .	\$41

(c) The following fees for approval and review of CRNP education programs are charged by the Board:

Application for approval of new nursing education program . . . . .	\$2,195
Review of curriculum revisions fee . . . . .	\$585
Review of annual compliance report fee . . . . .	\$430
New nursing education program survey visit fee . . . . .	\$1,525

(d) The following fee is charged for course evaluations requiring Board approval under § 21.283(b)(1)(i) (relating to authority and qualifications for prescribing, dispensing and ordering drugs) . . . . . \$285

(e) The following fees related to continuing education are charged by the Board:

Approval of each hour of CRNP continuing education activity by sources not listed in § 21.334(a) (relating to sources of continuing education) .....	\$115
Renewal of approval of CRNP continuing education activity by sources not listed in § 21.334(a).....	\$35

#### Authority

The provisions of this § 21.253 issued under section 11.2(a) and (d) of The Professional Nursing Law (63 P.S. §§ 221.2(a) and (d)); and section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); amended under sections 8.1 and 11.2 of The Professional Nursing Law (63 P.S. §§ 218.1 and 221.2); section 17.5 of the Practical Nurse Law (63 P.S. § 667.5); and section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P.S. § 279.1(a)(3) and (7)).

#### Source

The provisions of this § 21.253 adopted December 25, 1987, effective December 26, 1987, 17 Pa.B. 5329; amended June 12, 1992, effective immediately and applies to biennial renewals commencing May 1, 1992, 22 Pa.B. 2976; amended June 16, 2000, effective June 17, 2000, 30 Pa.B. 3040; amended November 17, 2000, effective November 18, 2000, 30 Pa.B. 5952; amended December 9, 2005, effective December 10, 2005, 35 Pa.B. 6658; amended June 2, 2006, effective June 3, 2006, 36 Pa.B. 2673; amended July 3, 2008, effective July 5, 2008, 38 Pa.B. 3656; amended August 20, 2010, effective August 21, 2010, 40 Pa.B. 4755; amended July 26, 2019, effective July 27, 2019, 49 Pa.B. 3891. Immediately preceding text appears at serial pages (385203) to (385204).

#### Cross References

This section cited in 49 Pa. Code § 21.273 (relating to application for certification); 49 Pa. Code § 21.283 (relating to authority and qualifications for prescribing, dispensing and ordering drugs); 49 Pa. Code § 21.285 (relating to prescriptive authority collaborative agreements); 49 Pa. Code § 21.331 (relating to biennial renewal of certification); and 49 Pa. Code § 21.336 (relating to continuing education course approval); and 49 Pa. Code § 21.605 (relating to biennial renewal).

### LEGAL RECOGNITION

#### § 21.261. Use of title; authorization to practice.

(a) A professional nurse who has satisfactorily met the requirements set forth in the act and this subchapter and holds current certification as a CRNP or whose certification is maintained on inactive status may use the designation CRNP.

(b) The Board will identify the specialty in which a CRNP is certified on the certification issued to the CRNP.

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

(d) A professional nurse may not practice or offer to practice as a CRNP in a specialty in this Commonwealth during the time the professional nurse's certification in that specialty or the professional nurse's RN license is inactive, lapsed or expired. A professional nurse may not practice or offer to practice as a CRNP in this Commonwealth if the professional nurse's certification or RN license is revoked or suspended.

**Source**

The provisions of this § 21.261 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (335545).

**CERTIFICATION REQUIREMENTS****§ 21.271. Certification requirements.**

(a) *Initial certification.* An applicant for initial certification shall meet the following requirements:

(1) *Registered nurse license.* An applicant for certification shall hold a current, unrestricted license as a professional nurse in this Commonwealth.

(2) *Education.* An applicant for certification shall have completed an accredited, Board-approved master's or postmaster's nurse practitioner program or other Board-approved program that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in this Commonwealth at the time the course was completed.

(3) *National certification.* An applicant for initial certification after February 7, 2005, shall hold current National certification in the specialty in which the professional nurse is seeking certification.

(4) *Mandatory training in child abuse recognition and reporting.* An applicant for initial certification shall have completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement) as a condition of certification.

(b) *Certification by endorsement.* An applicant for certification who holds a current, unrestricted license or certificate as a nurse practitioner from another state, territory or possession of the United States or a foreign country, shall meet the certification requirements that were effective at the time the applicant was licensed or certified as a nurse practitioner by the other jurisdiction. Applicants who were initially licensed or certified by another state, territory or possession of the United States or a foreign country after February 7, 2005, shall hold current National certification in the specialty in which the nurse is seeking certification. Nurse practitioners applying for certification from a jurisdiction that does not designate the nurse practitioner's specialty will be required to present evidence satisfactory to the Board to demonstrate the nurse practitioner's specialty. An applicant for initial certification by endorsement shall have completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) as a condition of certification.

(c) *Addition of a specialty.* A CRNP who holds an unrestricted certification to practice may apply for certification in an additional specialty. To be granted certification in an additional specialty, the CRNP shall meet the educational and National certification requirements for the specialty in which the CRNP is applying for certification.

**Authority**

The provisions of this § 21.271 amended under section 2.1(k) of the Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.271 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (396901) and (385205).

**Cross References**

This section cited in 49 Pa. Code § 21.273 (relating to application for certification); and 49 Pa. Code § 21.332a (relating to inactive status and reactivation).

**§ 21.272. [Reserved].****Source**

The provisions of this § 21.272 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (335546).

**§ 21.273. Application for certification.**

(a) Applicants for certification shall pay a fee set forth in § 21.253 (relating to fees), and submit an application form provided by the Board to the Board for its review and approval. Applicants shall verify compliance with section 8.7 of the act (63 P.S. § 218.7) regarding professional liability coverage.

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

(1) Proof of completion of a Board-approved education program or proof of completion and official transcript from another course of study that meets the requirements of § 21.271(a)(2) (relating to certification requirements).

(2) Proof of current National certification as set forth in § 21.271(a)(3).

(c) An applicant for certification by endorsement shall include documentation satisfactory to the Board of the following:

(1) Verification of current, unrestricted licensure or certification as a nurse practitioner issued by the proper licensing authority of another state, territory or possession of the United States or a foreign country.

(2) Copy of the licensure or certification requirements at the time the applicant was initially licensed or certified by another jurisdiction and a copy of the criteria under which the applicant was initially licensed or certified, obtained from the jurisdiction's board of nursing or licensing authority.

(3) Official transcript from the applicant's nurse practitioner program, including degree awarded.

(4) Proof of current National certification in the specialty in which the nurse is seeking certification by the Board, if the applicant obtained initial certification or licensure after February 7, 2005.

(5) Proof of specialty designation. For a nurse practitioner who obtained initial certification in a specialty before February 7, 2005, and who does not

hold current National certification, the specialty designation shall be demonstrated by certification from the nurse practitioner's original state of certification. For a nurse practitioner whose certification is from a state that does not designate a specialty, the specialty designation shall be demonstrated by the nurse practitioner's educational program.

(d) An applicant who holds certification who is applying for certification in another specialty shall submit documentation of the following:

(1) Official transcript from the applicant's nurse practitioner program and any additional educational programs, including degree awarded, demonstrating a concentration in the specialty in which the applicant is seeking certification.

(2) Proof of current National certification in the specialty in which the nurse is seeking certification by the Board.

(e) Applicants shall remit the fee set forth in § 21.253.

(f) Applicants shall submit additional information as identified on the application or as requested by the Board. Applications will remain on file for 12 months.

(g) All forms are available on the Board's web site or by contacting the Board.





**Source**

The provisions of this § 21.273 adopted December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994.

**APPLICATION FOR APPROVAL****§ 21.281. [Reserved].****Source**

The provisions of this § 21.281 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (335546).

**§ 21.282. [Reserved].****Source**

The provisions of this § 21.282 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (335546).

**CRNP PRACTICE****§ 21.282a. CRNP Practice.**

- (a) A CRNP may collaborate only with physicians who hold a current license to practice in this Commonwealth.
- (b) When acting in collaboration with a physician as set forth in a collaborative agreement and within the CRNP's specialty, a CRNP may:
  - (1) Perform comprehensive assessments of patients and establish medical diagnoses.
  - (2) Order, perform and supervise diagnostic tests for patients and, to the extent the interpretation of diagnostic tests is within the scope of the CRNP's specialty and consistent with the collaborative agreement, may interpret diagnostic tests.
  - (3) Initiate referrals to and consultations with other licensed professional health care providers, and consult with other licensed professional health care providers at their request.
  - (4) Develop and implement treatment plans, including issuing orders to implement treatment plans. However, only a CRNP with current prescriptive authority approval may develop and implement treatment plans for pharmaceutical treatments.
  - (5) Complete admission and discharge summaries.
  - (6) Order blood and blood components for patients.
  - (7) Order dietary plans for patients.

- (8) Order home health and hospice care.
  - (9) Order durable medical equipment.
  - (10) Issue oral orders to the extent permitted by the health care facilities' by-laws, rules, regulations or administrative policies and guidelines.
  - (11) Make physical therapy and dietitian referrals.
  - (12) Make respiratory and occupational therapy referrals.
  - (13) Perform disability assessments for the program providing temporary assistance to needy families (TANF).
  - (14) Issue homebound schooling certifications.
  - (15) Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.
- (c) The provisions of this section are subject to limitation as set forth in section 8.2(c.2) of the act (63 P.S. § 218.2(c.2)), regarding the authority of state agencies and health care facilities.

#### Source

The provisions of this § 21.282a adopted December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994.

### **§ 21.283. Authority and qualifications for prescribing, dispensing and ordering drugs.**

(a) A CRNP with prescriptive authority approval may, when acting in collaboration with a physician as set forth in a prescriptive authority collaborative agreement and within the CRNP's specialty, prescribe and dispense drugs and give written or oral orders for drugs and other medical therapeutic or corrective measures. These orders may include:

- (1) Orders for drugs, total parenteral nutrition and lipids, in accordance with §§ 21.284 and 21.285 (relating to prescribing and dispensing parameters; and prescriptive authority collaborative agreements).
  - (2) Disposables and devices adjunctive to a treatment plan.
- (b) To obtain prescriptive authority approval, a CRNP shall:

(1) Successfully complete at least 45 hours of course work specific to advanced pharmacology in accordance with the following:

(i) The course work in advanced pharmacology may be either part of the CRNP education program or, if completed outside of the CRNP education program, an additional course or courses taken from an educational program or programs approved by the Board.

(ii) The course work shall be at an advanced level above a pharmacology course required by a professional nursing (RN) education program.

(iii) The course work shall have been completed within 5 years immediately preceding the date the applicant applies for initial prescriptive authority approval.

- (2) Submit an application for prescriptive authority approval to the Board.
- (3) Pay the fee set forth in § 21.253 (relating to fees).
- (c) A CRNP who has prescriptive authority shall complete at least 16 hours of Board-approved continuing education in pharmacology in the 2 years prior to the biennial renewal date of the certification. The CRNP shall verify completion of the continuing education when submitting a biennial renewal.

#### Authority

The provisions of this § 21.283 issued under section 15(b) of the Medical Practice Act of 1985 (63 P.S. § 422.15(b)) (Repealed).

#### Source

The provisions of this § 21.283 adopted November 17, 2000, effective November 18, 2000, 30 Pa.B. 5943; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (335546) and (319599).

#### Cross References

This section cited in 49 Pa. Code § 21.253 (relating to fees); 49 Pa. Code § 21.285 (relating to prescriptive authority collaborative agreements); 49 Pa. Code § 21.332a (relating to inactive status and reactivation); and 49 Pa. Code § 21.369 (relating to general curriculum requirements).

### § 21.284. Prescribing and dispensing parameters.

(a) The Board adopts the American Hospital Formulary Service Pharmacologic-Therapeutic Classification to identify drugs which the CRNP may prescribe and dispense subject to the parameters identified in this section.

(b) A CRNP with current prescriptive authority approval from the Board may prescribe, dispense and administer drugs and therapeutic or corrective measures consistent with the prescriptive authority collaborative agreement and relevant to the CRNP's specialty from the following categories:

- (1) Antihistamines.
- (2) Anti-infective agents.
- (3) Antineoplastic agents, unclassified therapeutic agents, devices and pharmaceutical aids.
- (4) Autonomic drugs.
- (5) Blood formation, coagulation and anticoagulation drugs, and thrombolytic and antithrombolytic agents.
- (6) Cardiovascular drugs.
- (7) Central nervous system agents.
- (8) Contraceptives including foams and devices.
- (9) Diagnostic agents.
- (10) Disinfectants for agents used on objects other than skin.
- (11) Electrolytic, caloric and water balance.
- (12) Enzymes.
- (13) Antitussive, expectorants and mucolytic agents.

- (14) Gastrointestinal drugs.
- (15) Local anesthetics.
- (16) Eye, ear, nose and throat preparations.
- (17) Serums, toxoids and vaccines.
- (18) Skin and mucous membrane agents.
- (19) Smooth muscle relaxants.
- (20) Vitamins.
- (21) Hormones and synthetic substitutes.
- (c) A CRNP may not prescribe or dispense a drug from the following categories:
  - (1) Gold compounds.
  - (2) Heavy metal antagonists.
  - (3) Radioactive agents.
  - (4) Oxytocics.
  - (5) Schedule I controlled substances as defined by section 4 of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § 780-104).
- (d) Restrictions on CRNP prescribing and dispensing practices are as follows:
  - (1) A CRNP may write a prescription for a Schedule II controlled substance for up to a 30-day supply as identified in the collaborative agreement.
  - (2) A CRNP may prescribe a Schedule III or IV controlled substance for up to a 90 day supply as identified in the collaborative agreement.
- (e) A CRNP may not delegate prescriptive authority.

#### Authority

The provisions of this § 21.284 issued under section 15(b) of the Medical Practice Act of 1985 (63 P.S. § 422.15(b)) (Repealed).

#### Source

The provisions of this § 21.284 adopted November 17, 2000, effective November 18, 2000, 30 Pa.B. 5943; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (319599) to (319601).

#### Cross References

This section cited in 49 Pa. Code § 21.283 (relating to authority and qualifications for prescribing, dispensing and ordering drugs); and 49 Pa. Code § 21.369 (relating to general curriculum requirements).

### § 21.284a. Prescribing and dispensing drugs.

- (a) *Professional samples.* A CRNP who holds current prescriptive authority approval may request, receive and sign for professional samples and may dispense professional samples to patients.
- (b) *Prescriptions.*
  - (1) Prescriptions must bear the name, title and Pennsylvania CRNP certification number of the CRNP.

- (2) When appropriate, the CRNP's National Provider Identifier (NPI) number must appear on the prescription.
- (3) Prescriptions may not be presigned.
- (c) *Documentation requirements.* When prescribing or dispensing a drug, the CRNP shall document in the patient's medical record the name, amount and dosage of the drug, instructions for taking the drug, the number of refills, the date and the CRNP's name.
- (d) *Packaging.* Prescription drugs shall be dispensed in accordance with Federal regulations pertaining to packaging. (See 16 CFR Part 1700 (relating to poison prevention packaging)).
- (e) *Labeling of dispensed drugs.*
  - (1) The label on a dispensed drug container must include the name of the drug, using abbreviations if necessary; the quantity; and the name of the manufacturer if the drug is a generic drug. If a CRNP specifically indicates that the name of the drug may not appear on the label, the recognized National drug code number shall be placed on the label if the number is available for the product. The label shall also bear the name and address of the CRNP, the date dispensed, the name of the patient and the directions for use of the drug by the patient.
  - (2) Drugs that, at the time of their dispensing, have full potency for less than 1 year, as determined by the expiration date placed on the original label by the manufacturer, may only be dispensed with a label that indicates the expiration date. The label must include the statement, "Do not use after manufacturer's expiration date," or similar wording.
- (f) *Compliance with regulations relating to prescribing, administering, dispensing, packaging and labeling of drugs.* A CRNP shall comply with this section, § 21.284b (relating to prescribing, administering and dispensing controlled substances) and regulations of the Department of Health in 28 Pa. Code §§ 25.51—25.58, 25.61—25.63, 25.72, 25.81 and 25.91—25.95.

#### Source

The provisions of this § 21.284a adopted December 11, effective December 12, 2009, 39 Pa.B. 6994.

### § 21.284b. Prescribing, administering and dispensing controlled substances.

- (a) A CRNP authorized to prescribe or dispense, or both, controlled substances shall register with the Drug Enforcement Administration.
- (b) A CRNP shall carry out the following minimum standards when prescribing, administering or dispensing controlled substances:
  - (1) *Initial evaluation.* In a health care facility regulated by the Department of Health, the Department of Public Welfare or the Federal government, an initial medical history shall be taken and an initial physical examination shall be

conducted to the extent required by the Department of Health in 28 Pa. Code (relating to health and safety) or Department of Public Welfare in 55 Pa. Code (relating to public welfare) or the Federal government in appropriate Federal regulations, whichever is applicable, and bylaws of the health care facility and its medical staff. In other practice settings, before commencing treatment that involves prescribing, administering or dispensing a controlled substance, an initial medical history shall be taken and an initial physical examination shall be conducted unless emergency circumstances justify otherwise. Alternatively, medical history and physical examination information recorded by another health care provider may be considered if the medical history was taken and the physical examination was conducted within the immediately preceding 30 days. The physical examination must include an evaluation of the heart, lungs, vital signs, pain level, and body functions that relate to the patient's specific complaint.

(2) *Reevaluations.* Among the factors to be considered in determining the number and frequency of follow-up evaluations that should be recommended to the patient are the condition diagnosed, the controlled substance involved, expected results and possible side effects. For chronic conditions, periodic follow-up evaluations shall be recommended to monitor the effectiveness of the controlled substance in achieving the intended results.

(3) *Patient counseling.* Appropriate counseling shall be given to the patient regarding the condition diagnosed and the controlled substance prescribed, administered or dispensed. Unless the patient is in an inpatient care setting, the patient shall be specifically counseled about dosage levels, instructions for use, frequency and duration of use and possible side effects.

(4) *Medical records.* In a health care facility regulated by the Department of Health, the Department of Public Welfare or the Federal government, information pertaining to the prescription, administration or dispensation of a controlled substance shall be entered in the medical records of the patient and the health care facility under 28 Pa. Code or 55 Pa. Code or appropriate Federal regulations, whichever is applicable, and bylaws of the health care facility and its medical staff. In other practice settings, certain information shall be recorded in the patient's medical record on each occasion when a controlled substance is prescribed, administered or dispensed. This information must include the name of the controlled substance, its strength, the quantity and the date it was prescribed, administered or dispensed. On the initial occasion when a controlled substance is prescribed, administered or dispensed to a patient, the medical record must also include a specification of the symptoms observed and reported, the diagnosis of the condition for which the controlled substance is being given and the directions given to the patient for the use of the controlled substance. If the same controlled substance continues to be prescribed, administered or dispensed, the medical record must reflect changes in the symptoms

observed and reported, in the diagnosis of the condition for which the controlled substance is being given and in the directions given to the patient.

(5) *Emergency prescriptions.* In the case of an emergency contact by a known patient, a prudent, short-term prescription for a controlled substance may be issued. Neither a refill nor a consecutive issuance of this emergency prescription may be given unless a physical examination and evaluation of the patient are first conducted. The results of this examination and evaluation must be set forth in the patient's medical record together with the diagnosis of the condition for which the controlled substance is being prescribed. An emergency oral prescription for a Schedule II controlled substance shall be covered by a written prescription delivered to the pharmacist within 72 hours. In certain health care facilities regulated by the Department of Health, the Department of Public Welfare and the Federal government, an order for the immediate, direct administration of a Schedule II controlled substance to a patient is not considered a prescription and is, therefore, not subject to the requirements in this paragraph. Further information regarding this exclusion can be found in The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§ 780-101—780-144) and 28 Pa. Code Chapter 25 (relating to controlled substances, drugs, devices, and cosmetics).

(c) This section establishes minimum standards for the prescription, administration and dispensation of controlled substances by a CRNP. This section does not restrict or limit the application of The Controlled Substance, Drug, Device and Cosmetic Act or of another statute or regulation, and does not relieve a CRNP from complying with more stringent standards that may be imposed by another statute or regulation, or policy of the CRNP's employer or facility in which the CRNP is employed.

(d) Compliance with this section will not be treated as compliance with the standards of acceptable and prevailing practice as a CRNP when medical circumstances require that the CRNP exceed the requirements of this section.

#### Source

The provisions of this § 21.284b adopted December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994.

#### Cross References

This section cited in 49 Pa. Code § 21.284a (relating to prescribing and dispensing drugs).

### § 21.285. Prescriptive authority collaborative agreements.

(a) The prescriptive authority collaborative agreement between a physician and a CRNP who will prescribe and dispense drugs and other medical therapeutic or corrective measures, as set forth in § 21.283(a) (relating to authority and qualifications for prescribing, dispensing and ordering drugs) must satisfy the following requirements. The agreement must:

(1) Be in writing, identify the parties, including the collaborating physician, the CRNP, and at least one substitute physician who will provide collaboration if the collaborating physician is unavailable, include the signature of the CRNP and the collaborating physician, and contain the date that the agreement is signed and the date that the agreement is effective.

(2) Identify the specialty in which the CRNP is certified.

(3) Identify the categories of drugs from which the CRNP may prescribe or dispense in accordance with section 8.3 (a)(2)(ii) of the act (63 P.S. § 218.3(a)(2)(ii)).

(4) Specify the circumstances and how often the collaborating physician will personally see the patient.

(5) Be kept at the primary practice location of the CRNP and a copy filed with the Bureau of Professional and Occupational Affairs.

(6) Be made available for inspection to anyone who requests it and be provided, without charge, to any licensed pharmacist or pharmacy upon request.

(7) Be reviewed and updated by the parties at least once every 2 years or whenever the agreement is changed.

(8) Specify the amount of professional liability insurance that covers the CRNP.

(b) The CRNP shall notify the Board, in writing, whenever a prescriptive authority collaborative agreement is updated or terminated, and, when appropriate, shall file the “Change Of Prescriptive Authority Collaborative Agreement” form and the amended prescriptive authority collaborative agreement with the Board and pay the fee set forth in § 21.253 (relating to fees).

#### Authority

The provisions of this § 21.285 issued under section 15(b) of the Medical Practice Act of 1985 (63 P.S. § 422.15(b)) (Repealed).

#### Source

The provisions of this § 21.285 adopted November 17, 2000, effective November 18, 2000, 30 Pa.B. 5943; amended December 29, 2000, effective November 18, 2000, 30 Pa.B. 6911; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (319601) to (319602).

#### Cross References

This section cited in 49 Pa. Code § 21.283 (relating to authority and qualifications for prescribing, dispensing and ordering drugs); 49 Pa. Code § 21.369 (relating to general curriculum requirements).

### § 21.286. Identification of the CRNP.

(a) A CRNP shall comply with State, Federal and facility regulations regarding identification of personnel.



(b) The listing of a CRNP in an advertisement or publicly displayed sign shall identify CRNPs who use the designation “Dr.” as CRNPs by using the title CRNP following the individual’s name.

**Authority**

The provisions of this § 21.286 issued under section 15(b) of the Medical Practice Act of 1985 (63 P.S. § 422.15(b)) (Repealed).

**Source**

The provisions of this § 21.286 adopted November 17, 2000, effective November 18, 2000, 30 Pa.B. 5943; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (319602) to (319603).

**Cross References**

This section cited in 49 Pa. Code § 21.369 (relating to general curriculum requirements).

**§ 21.287. [Reserved].**

**Authority**

The provisions of this § 21.287 issued under section 15(b) of the Medical Practice Act of 1985 (63 P.S. § 422.15(b)) (Repealed).

**Source**

The provisions of this § 21.287 adopted November 17, 2000, effective November 18, 2000, 30 Pa.B. 5943; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (319603).

**Cross References**

This section cited in 49 Pa. Code § 21.369 (relating to general curriculum requirements).

**§ 21.288. CRNP standards of conduct.**

A CRNP shall undertake a specific practice or procedure only if the CRNP has the necessary knowledge, preparation, experience and competency to properly execute the practice or procedure and the practice is within the scope of the CRNP’s specialty and consistent with the CRNP’s collaborative agreement. A CRNP shall comply with § 21.18 (relating to standards of nursing conduct).

**Source**

The provisions of this § 21.288 adopted December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994.

**§ 21.291. [Reserved].**

**Source**

The provisions of this § 21.291 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (319603) to (319604).

**Cross References**

This section cited in 28 Pa. Code § 107.12a (relating to specified professional personnel—statement of policy).

**§ 21.292. [Reserved].****Source**

The provisions of this § 21.292 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (319604).

**§ 21.293. [Reserved].****Source**

The provisions of this § 21.293 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (319604).

**§ 21.294. [Reserved].****Source**

The provisions of this § 21.294 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (319604).

**§ 21.311. [Reserved].****Source**

The provisions of this § 21.311 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (308269).

**§ 21.321. [Reserved].****Source**

The provisions of this § 21.231 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (308269).

**MAINTENANCE OF CERTIFICATION****§ 21.331. Biennial renewal of certification.**

(a) The certification, and prescriptive authority approval, if applicable, of a CRNP will expire at the same time as the CRNP's registered nurse license as provided in § 21.29 (relating to expiration and renewal of license).

(b) Notice of application for renewal will be forwarded biennially to each active CRNP at the CRNP's address of record with the Board prior to the expiration date of the current biennial period.

(c) As a condition of biennial renewal, a CRNP shall:

(1) Renew the CRNP's registered nurse license.

(2) Verify completion of a minimum of 30 hours of Board-approved continuing education in the 2 years prior to renewal, including at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement). As a condition of biennial renewal of prescriptive authority approval, a CRNP shall complete a minimum of 16 of the 30 hours of Board-approved continuing education in pharmacology in the 2 years prior to renewal.

(3) Demonstrate current National certification, if the CRNP was certified by the Board after February 7, 2005.

(4) Pay the required biennial renewal fee set forth in § 21.253 (relating to fees).

(5) Verify compliance with section 8.7 of the act (63 P.S. § 218.7) regarding liability coverage.

(d) Any written communication with the Board must be typed or printed and include the CRNP's full name, including former names, the current address and certification number.

#### Authority

The provisions of this § 21.331 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1 (k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.331 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; amended October 18, 1985, effective October 19, 1985, 15 Pa.B. 3726; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385216) to (385217).

### § 21.332. Requirement of continuing education.

(a) A CRNP shall comply with this section and §§ 21.332a—21.337.

(b) Continuing education requirements shall be completed each biennial renewal cycle.

(1) A CRNP who does not meet the continuing education requirements for a biennial period will be subject to formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 244(a)(3)).

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

(3) A CRNP who requests a waiver may not prescribe or dispense drugs after the expiration of his current prescriptive authority until the Board grants the waiver request or the prescriptive authority approval has been renewed.

#### Authority

The provisions of this § 21.332 issued under sections 2.1(k) and 8.1(c) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 218.1(c)); amended under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)).

**Source**

The provisions of this § 21.332 adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6409; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994; amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196. Immediately preceding text appears at serial page (366681).

**Cross References**

This section cited in 49 Pa. Code § 21.332a (relating to inactive status and reactivation).

**§ 21.332a. Inactive status and reactivation.**

(a) A CRNP who places his certification on inactive status is not required to meet the continuing education requirements in section 8.1(c) of the act (63 P.S. § 218.1(c)) during the period the certification is on inactive status. Upon application for reactivation of certification, the CRNP shall show proof of meeting the continuing education requirements for the biennial period immediately preceding the request for reactivation, and, if the certification has been lapsed or on inactive status for 5 years or longer, the CRNP must have a current, active professional nurse license, reactivated in accordance with the continued competency requirements in § 21.30a (related to continued competency), and at least one of the following:

(1) Proof of current National certification in the specialty in which the nurse is seeking reactivation, if the CRNP is subject to section 8.1(b) of the act.

(2) Evidence that the applicant has practiced as a nurse practitioner in another jurisdiction at some period of time within the last 5 years under a current license or certification during that time.

(b) A CRNP who places his prescriptive authority approval on inactive status for less than 3 years is not required to meet the continuing education requirements in § 21.332(b)(2) (relating to requirement of continuing education) during the period the prescriptive authority approval is on inactive status. Upon application for reactivation of prescriptive authority approval, the CRNP shall show proof of meeting the continuing education requirements for the biennial period immediately preceding the request for reactivation.

(c) A CRNP who places his prescriptive authority approval on inactive status for 3 years or longer or whose prescriptive authority approval is lapsed for 3 years or longer, may reactivate the prescriptive authority approval by meeting one of the following conditions:

(1) Complete the requirement in § 21.283(b)(1) (relating to authority and qualifications for prescribing, dispensing and ordering drugs) by taking at least 45 hours of course work in advanced pharmacology.

(2) Provide evidence to the Board that:

(i) The CRNP has practiced, for at least 1 of the last 3 years, as a CRNP with prescriptive authority in another jurisdiction.

(ii) The scope of the prescriptive authority in the other jurisdiction is equivalent to prescriptive authority in this Commonwealth.

(iii) The CRNP was required, as a condition for continued practice in the other jurisdiction, to complete continuing education that is substantially equivalent to the requirements of § 21.283(b)(1).

(iv) The CRNP met the continuing education requirements of the other jurisdiction within 1 year of the request for reactivation of prescriptive authority.

(d) A CRNP whose certification has been suspended for 5 years or longer shall meet the requirements in § 21.332(b), and any other requirements set forth by Board order. A CRNP whose prescriptive authority approval has been suspended for 3 years or longer shall, in addition to meeting the requirements to renew the CRNP certification, meet the requirements in subsection (c), and any other requirements set forth by Board order.

(e) A CRNP whose certification has been revoked shall meet all of the requirements for certification in § 21.271(a) (relating to certification requirements), the requirements in § 21.332(b), and any other requirements set forth by Board order. A CRNP whose prescriptive authority approval has been revoked shall, in addition to meeting the requirements to reinstate the CRNP certification, meet the requirements in subsection (c), and any other requirements by Board order.

#### Authority

The provisions of this § 21.332a issued under sections 2.1(k) and 8.1(c) of The Professional Nursing Law (63 P.S. §§ 211(k) and 218.1(c)).

#### Source

The provisions of this § 21.332a adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6409; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (308271) to (308272).

#### Cross References

This section cited in 49 Pa. Code § 21.332 (relating to requirement of continuing education).

### § 21.333. Continuing education content.

(a) Continuing education activities must address the CRNP's specialty.

(b) Pharmacology continuing education activities must provide the knowledge and skills to understand the pharmacokinetics and pharmacodynamics of broad categories of drugs or drugs used in the CRNP's specialty and to analyze the relationship between pharmacologic agents and physiologic/pathologic responses.

#### Authority

The provisions of this § 21.333 issued under sections 2.1(k) and 8.1(c) of The Professional Nursing Law (63 P.S. §§ 211(k) and 218.1(c)).

**Source**

The provisions of this § 21.333 adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6409; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (308272).

**Cross References**

This section cited in 49 Pa. Code § 21.332 (relating to requirement of continuing education).

**§ 21.334. Sources of continuing education.**

(a) The following providers of continuing education and credentialing organizations have currently met the standards for approval for continuing education. Therefore, all activities offered by these providers are approved for continuing education hours required for biennial license renewal.

(1) Board-approved CRNP educational programs and CRNP educational programs approved by other state boards of nursing or that hold current accreditation issued by a National nursing accreditation organization.

(2) National and international nursing organizations and their state and local affiliates.

(3) National and international medical and osteopathic organizations and their state and local affiliates.

(4) National pharmaceutical organizations and their state and local affiliates.

(5) National nursing specialty organizations.

(6) Continuing education programs approved by other state boards of nursing for advanced practice nurses or nurse practitioners.

(b) CRNPs may obtain hours for continuing education activities offered by providers not indicated in subsection (a)(1)—(6) if the provider receives approval of the activity under § 21.336 (relating to continuing education course approval) prior to its implementation.

(c) CRNPs may obtain credit for continuing education hours on an individual basis if the CRNP, prior to attendance at the course, obtains Board approval by submitting a request for course approval and supporting documentation listed in § 21.336(b).

(d) CRNPs may obtain credit for correspondence courses, taped study courses and other independent study courses if the course is Board approved.

(e) Up to 4 hours will be credited for service as a teacher, preceptor, lecturer or speaker and for publication in a refereed journal or other scholarly publication relating to pharmacology or the CRNP's area of practice. Application shall be made prior to the service or within 90 days of the publication to assure that the Board will approve the service or publication and to allow the Board to determine the number of contact hours that will be granted.

(f) An hour for purposes of nurse practitioner continuing education is 50 minutes.

**Authority**

The provisions of this § 21.334 issued under sections 2.1(k) and 8.1(c) of The Professional Nursing Law (63 P.S. §§ 211(k) and 218.1(c)).

**Source**

The provisions of this § 21.334 adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6409; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial pages (308272) to (308273).

**Cross References**

This section cited in 49 Pa. Code § 21.253 (relating to fees); 49 Pa. Code § 21.332 (relating to requirement of continuing education); 49 Pa. Code § 21.336 (relating to continuing education course approval); and 49 Pa. Code § 21.337 (relating to CRNP responsibilities).

**§ 21.335. Requirements for courses.**

Each course shall have:

- (1) An established mechanism to measure its quality, established criteria for selecting and evaluating faculty, and established criteria for the evaluation of each participant who completes the course.
- (2) Adequate facilities with appropriate instructional materials to carry out continuing education programs.
- (3) Instructors who have suitable qualifications as detailed in § 21.336(d) (relating to continuing education course approval).

**Authority**

The provisions of this § 21.335 issued under sections 2.1(k) and 8.1(c) of The Professional Nursing Law (63 P.S. §§ 211(k) and 218.1(c)).

**Source**

The provisions of this § 21.335 adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6409.

**Cross References**

This section cited in 49 Pa. Code § 21.332 (relating to requirement of continuing education).

**§ 21.336. Continuing education course approval.**

(a) As a condition of approval, providers and credentialing organizations are required to provide CRNPs who complete continuing education courses with a certificate of completion which contains the information listed in § 21.337(a) (relating to CRNP responsibilities). Providers and credentialing organizations shall maintain records of course attendance for at least 5 years.

(b) Providers referenced in § 21.334(b) (relating to sources of continuing education) or CRNPs applying for individual approval in § 21.334(c), when seeking Board approval of a continuing education course shall pay the required fee (see § 21.253 (relating to fees)) and complete and submit an application for

course approval at least 60 days prior to the date the course is to be offered, which shall include the following information:

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

#### Authority

The provisions of this § 21.336 issued under sections 2.1(k) and 8.1(c) of The Professional Nursing Law (63 P.S. §§ 211(k) and 218.1(c)).

#### Source

The provisions of this § 21.336 adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6409.

#### Cross References

This section cited in 49 Pa. Code § 21.332 (relating to requirement of continuing education); 49 Pa. Code § 21.334 (relating to sources of continuing education); and 49 Pa. Code § 21.335 (relating to requirements for courses).

### § 21.337. CRNP responsibilities.

- (a) A CRNP is required to maintain documentation of completion of continuing education, including:



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

(b) Primary responsibility for documenting completion of the continuing education requirements rests with the CRNP. A CRNP seeking to renew certification or prescriptive authority shall verify compliance with continuing education requirements. Documentation of completion of continuing education requirements must be maintained for 5 years. The certificate issued by the course provider must be acceptable documentation. Acceptable documentation of hours obtained through § 21.334(c) or (e) (relating to sources of continuing education) must be the Board approval letter sent to the applicant.

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

#### Authority

The provisions of this § 21.337 issued under sections 2.1(k) and 8.1(c) of The Professional Nursing Law (63 P.S. §§ 211(k) and 218.1(c)).

#### Source

The provisions of this § 21.337 adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6409.

#### Cross References

This section cited in 49 Pa. Code § 21.332 (relating to requirement of continuing education); and 49 Pa. Code § 21.336 (relating to continuing education course approval).

### § 21.341. [Reserved].

#### Source

The provisions of this § 21.341 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; reserved December 25, 1987, effective December 26, 1987, 17 Pa.B. 5329. Immediately preceding text appears at serial page (117197).

## PENALTIES FOR VIOLATION

### § 21.351. Penalties for violation.

Certification as a CRNP may be suspended, revoked or otherwise restricted or subjected to remedial measures when, after notice and opportunity to be heard, the Board finds that:

- (1) The CRNP has engaged in the performance of medical functions and tasks beyond the scope of practice permitted for a CRNP, beyond the scope of

the CRNP's specialty, or in violation of the CRNP's collaborative agreement, as provided in the act and this subchapter.

(2) The CRNP has performed a medical task or function which the CRNP does not have the necessary knowledge, preparation, experience and competency to perform properly or is not qualified under the act and this subchapter to perform.

(3) The CRNP has violated the act or this subchapter, or engaged in any conduct prohibited for professional nurses.

**Source**

The provisions of this § 21.351 adopted July 22, 1977, effective July 23, 1977, 7 Pa.B. 2063; amended December 11, 2009, effective December 12, 2009, 39 Pa.B. 6994. Immediately preceding text appears at serial page (319606).

**APPROVAL OF CERTIFIED REGISTERED NURSE  
PRACTITIONER PROGRAMS**

**§ 21.361. General criteria for approval of programs.**

(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.

**Authority**

The provisions of this § 21.361 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.361 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section is cited in 49 Pa. Code § 21.363 (relating to process).

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

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

(b) Approved programs must conduct a compliance review of CRNP programs at least once every 3 years. The compliance review 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.

#### **Authority**

The provisions of this § 21.362 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

#### **Source**

The provisions of this § 21.362 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

### **§ 21.363. Approval process.**

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

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

#### **Authority**

The provisions of this § 21.363 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

#### **Source**

The provisions of this § 21.363 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

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

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

(b) Programs planning to discontinue must follow the procedures in § 21.41 (relating to notification; completion of program; records).

**Authority**

The provisions of this § 21.364 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.364 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**§ 21.365. Establishment.**

(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.

**Authority**

The provisions of this § 21.365 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.365 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process); and 49 Pa. Code § 21.367 (relating to approval process).

**§ 21.366. Organizational requirements.**

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

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

(c) Adequate funds 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.

#### **Authority**

The provisions of this § 21.366 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

#### **Source**

The provisions of this § 21.366 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

#### **Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

### **§ 21.367. Faculty requirements for CRNP programs.**

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

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

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

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

(1) Faculty members shall provide evidence of expertise in their subject areas, and when appropriate, be currently licensed and certified in this Commonwealth and hold and maintain National certification. Faculty members already employed in a CRNP program who do not hold National certification in their area of specialization shall obtain National certification, if available, by 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.

**Authority**

The provisions of this § 21.367 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.367 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process); and 49 Pa. Code § 21.365 (relating to establishment).

**§ 21.368. Faculty policies.**

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

**Authority**

The provisions of this § 21.368 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.368 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

**§ 21.369. General curriculum requirements.**

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

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

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

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

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

(4) *Advanced pharmacology.*

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

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

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

- (A) Comprehend the pharmacotherapeutics of broad categories of drugs.
- (B) Analyze the relationship between pharmacologic agents and physiologic/pathologic responses.
- (C) Understand the pharmacokinetics and pharmacodynamics of broad categories of drugs.



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

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

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

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

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

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

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

(i) Management of client health/illness status.

(ii) The nurse-client relationship.

(iii) The teaching-mentoring function.

(iv) Professional role.

(v) Managing and negotiating health care delivery systems.

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

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

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

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

(g) The ratio of students to faculty must insure optimal learning opportunities in clinical laboratory sessions, be consistent with the objectives of the CRNP courses, and comply with § 21.373(c)(3)(ii) (relating to facility and resource requirements).

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

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

**Authority**

The provisions of this § 21.369 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.369 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

**§ 21.370. Evaluation.**

(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.

**Authority**

The provisions of this § 21.370 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.370 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to process).

**§ 21.371. Curriculum changes requiring Board approval.**

Curriculum changes that require Board approval include changes in:

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

**Authority**

The provisions of this § 21.371 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.371 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to process).

**§ 21.372. CRNP program philosophy; purposes and objectives.**

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

**Authority**

The provisions of this § 21.372 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.372 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

**§ 21.373. Facility and resource requirements.**

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

- (1) Faculty and staff offices.
- (2) Classrooms, conference rooms and laboratories.
- (3) Administrative and secretarial support.
- (4) Interactive information systems (computer/technical support) sufficient to develop, manage and evaluate the program.

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

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

- (1) Space for faculty's and students' needs.
- (2) Exposure of appropriate duration to a patient population sufficient in number to insure that the student will meet program goals.
- (3) Faculty to provide adequate supervision and evaluation.
  - (i) Supervision of all students in the clinical areas is the responsibility of the CRNP program faculty.
  - (ii) One program faculty member shall supervise no more than 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.

**Authority**

The provisions of this § 21.373 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.373 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process); and 49 Pa. Code § 21.369 (relating to general curriculum requirements).

**§ 21.374. Selection and admission standards.**

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

(b) Students admitted to CRNP programs shall meet the requirements for admission to the university or college for a master's degree in nursing 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.

**Authority**

The provisions of this § 21.374 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.374 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

**§ 21.375. Advanced standing.**

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.

**Authority**

The provisions of this § 21.375 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.375 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

**§ 21.376. Program records.**

(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.

**Authority**

The provisions of this § 21.376 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.376 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

**§ 21.377. Custody of records.**

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

**Authority**

The provisions of this § 21.377 issued under sections 6.1 and 8.1 of The Professional Nursing Law (63 P.S. §§ 216.1 and 218.1).

**Source**

The provisions of this § 21.377 adopted June 2, 2006, effective June 3, 2006, 36 Pa.B. 2667.

**Cross References**

This section cited in 49 Pa. Code § 21.363 (relating to approval process).

**Subchapter D. INTERPRETATIONS****GENERAL PROVISIONS**

Sec.  
21.401. Interpretations: scope of practice.

**STATEMENT OF POLICY**

- 21.411. Interpretations regarding the general functions of registered nurses—statement of policy.
- 21.412. Interpretations regarding venipuncture, intravenous fluids, resuscitation and respiration—statement of policy.
- 21.413. Interpretations regarding the administration of drugs—statement of policy.
- 21.414. Interpretations regarding the functions of Licensed Practical Nurses (LPN)—statement of policy.

**Authority**

The provisions of this Subchapter D issued under section 2(k) of The Professional Nursing Law (63 P.S. §§ 212.1(k)); and section 17.6 of the Practical Nurse Law (63 P.S. § 667.6), unless otherwise noted.

**Source**

The provisions of this Subchapter D adopted February 20, 1987, effective February 21, 1987, 17 Pa.B. 811, unless otherwise noted.

**GENERAL PROVISIONS****§ 21.401. Interpretations: scope of practice.**

(a) The Board may, upon request of a licensed nurse, nursing association, health care facility or licensed health care professional, or upon its own motion, issue interpretations of this chapter as they apply to the question of whether the execution of specific practices are within the scope of professional or practical nursing.

(b) Interpretations issued by the Board will not conflict with this chapter, or enlarge or restrict this chapter, but will solely address the matter of applying principles set forth in this chapter to specific practices.

(c) Interpretations issued under this section do not constitute an exercise of delegated legislative power by the Board and will be expressly subject to modification by the Board in an adjudicative proceeding based upon the particular facts and circumstances relevant to a proceeding. Interpretations are not intended to be legally enforceable against a licensed person by the Board. In issuing adjudications, the Board may consider, but is not bound by, interpretations.

(d) Prior to issuing interpretations, the Board will submit to the Legislative Reference Bureau for recommended publication in the *Pennsylvania Bulletin* a notice indicating its intent to adopt interpretations, and making available upon request to interested persons copies of proposed or draft interpretations. The

notice shall also indicate the date and place for the conduct of hearings proposed regarding the interpretations. The notice shall contain the full statement of policy or a description of the substance of the statement of policy.

(e) The Board will not adopt statements of policy until the time for public comment has elapsed. A minimum of 60 days from publication in the *Pennsylvania Bulletin* of notice of intention to adopt shall be provided for public comment. Following a review and consideration of comments received concerning a proposed interpretation, the Board may adopt interpretations by a majority vote taken at a scheduled public meeting of the Board.

(f) Interpretations adopted by the Board under this chapter will be reviewed for form and legality under Chapter 3 of the Commonwealth Attorneys Act (71 P.S. §§ 732-301—732-303) and, upon approval, will be submitted to the Legislative Reference Bureau for recommended publication in the *Pennsylvania Bulletin* and *Pennsylvania Code* as a statement of policy of the Board as a part of this subchapter.

(g) If a nurse executes a practice which the Board has interpreted to be within the scope of nursing practice, the nurse shall only undertake the practice if the nurse has the necessary preparation, experience and knowledge to properly execute the practice. The execution of the procedures shall include the identification and discrimination of expected and unexpected human responses and the effective management of nursing actions.

(h) Interpretations of the Board will not be deemed to impose requirements upon educational institutions to include the teaching of practices within their curricula.

(i) The procedure for issuing interpretations will not prohibit the Board from answering specific inquiries involving individual factual situations, which answers will be limited in application to the individual factual situation involved in the inquiry.

#### Source

The provisions of this § 21.401 adopted February 20, 1987, effective February 21, 1987, 17 Pa.B. 811.

### STATEMENT OF POLICY

#### § 21.411. Interpretations regarding the general functions of registered nurses—statement of policy.

The following nursing practices fall within the scope of registered nurse practice under § 21.11 (relating to general functions):

- (1) Collection of arterial and venous blood samples.
- (2) Collection of arterial and venous blood samples from indwelling arterial/venous catheters.
- (3) Arterial puncture for blood samples in infant intensive care units.
- (4) Vaginal examination using a speculum to include:



- (i) Testing for ruptured membranes.
- (ii) Doing Pap smears.
- (iii) Doing cervical smears.
- (5) Application of intraocular pressure reducer.
- (6) Internal fetal monitoring including the application of leads.
- (7) Insertion of nasogastric tubes.
- (8) Insertion and removal of enteric double or multilumen tubes with or without mercury bags.
- (9) The changing of an outer tracheostomy tube after stoma is healed.
- (10) The change of an cystostomy tubes.
- (11) The changing of a gastrostomy tube when stoma is healed.
- (12) Removal of sutures.
- (13) Use of hypnosis.
- (14) Surgical debridement of decubiti.
- (15) The programming of permanent pacemakers.
- (16) Documenting the fact that a patient has died.

**Source**

The provisions of this § 21.411 adopted February 20, 1987, effective February 21, 1987, 17 Pa.B. 811; amended November 4, 1988, effective November 5, 1988, 18 Pa.B. 4996; amended December 15, 1989, effective February 14, 1990, 19 Pa.B. 5315; amended June 21, 1991, effective June 22, 1991, 21 Pa.B. 2817. Immediately preceding text appears at serial pages (143338) to (143339).

**§ 21.412. Interpretations regarding venipuncture, intravenous fluids, resuscitation and respiration—statement of policy.**

The following nursing practices fall within the scope of registered nursing practice under §§ 21.11 and 21.12 (relating to general functions; and venipuncture; intravenous fluids):

- (1) Introduction of percutaneous catheters for intravascular infusion of infant intensive care unit.
- (2) Insertion of angiocath into an A-V Fistula.
- (3) Changing a subclavian catheter over guidewire after it had been placed by a physician.
- (4) Removal of central venous line.
- (5) Teaching patients and families the administration of intravenous medications in the home.

**Source**

The provisions of this § 21.412 adopted February 20, 1987, effective February 21, 1987, 17 Pa.B. 811.

**§ 21.413. Interpretations regarding the administration of drugs—statement of policy.**

(a) The following nursing practices fall within the scope of registered nursing practice under §§ 21.11, 21.12 and 21.14 (relating to general functions; venipuncture; intravenous fluids; and administration of drugs):

- (1) Intravenous administration of Pavulon to a patient maintained on a mechanical ventilator.
- (2) Use of lidocaine as an analgesic prior to venipuncture.
- (3) Use of lidocaine or xylocaine for analgesia prior to use of a vascular access device of an implantable infusion pump.

(b) The following nursing practices fall within the scope of registered nursing practice under §§ 21.11 and 21.14:

- (1) The addition of medications to peritoneal dialysate.
- (2) The administration of chemotherapy.
- (3) The refilling of implantable drug delivery systems following placement by a physician in the proper anatomical site.
- (4) The administration of intrathecal medications by an externalized ventriculoperitoneal shunt.
- (5) Monitoring and administering medications by epidural catheter or other pain relief devices to be used as analgesia for pain control. Administration of medications as used in this paragraph does not include initiation of the medication.
- (6) When a physician writes a prescription order for a patient for a specific medication with a range of dosage, the registered nurse shall use professional judgment to determine the amount of medication within the range to be given to the patient.

(c) The following nursing practices fall within the scope of registered nursing practice under § 21.11 and § 21.15 (relating to monitoring, defibrillating and resuscitating):

- (1) Measurement of a cardiac output by thermodilution method.
- (2) Inflation of a Swan-Ganz catheter balloon for the purpose of obtaining intermittent pulmonary capillary wedge pressure readings.
- (3) Establishment of arterial lines with or without a cannula.
- (4) Analysis of rhythm strips of patients with permanent programmable pacemakers.
- (5) Endotracheal intubation and extubation.
- (6) Endotracheal intubation in infant intensive care unit.
- (7) Needle aspiration of pneumothorax in infant intensive care unit.
- (8) Performance of cardioversion in the presence or absence of a physician.
- (9) Umbilical vessel catheterization in infant intensive care units.
- (10) Pulling back on Swan-Ganz catheter when it is wedged.

(d) As used in this subsection, “conscious sedation” is defined as a minimally depressed level of consciousness in which the patient retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands. The registered nurse who is not a certified registered nurse anesthetist may administer conscious sedation medications, under § 21.14, during minor therapeutic and diagnostic procedures, when the following conditions exist:

(1) The specific amount of conscious sedation medications has been ordered in writing by a licensed physician or certified registered nurse practitioner and a licensed physician or certified registered nurse practitioner is physically present in the room during administration.

(2) Written guidelines specifying the medications that the registered nurse may administer in a particular setting are available to the registered nurse.

(3) Electrocardiogram, blood pressure and oximetry equipment are used for both monitoring and emergency resuscitation purposes pursuant to written guidelines which are provided for minimum patient monitoring. Additional emergency resuscitation equipment is immediately available.

(4) The patient has a patent intravenous access when the conscious sedation is administered intravenously.

(5) The registered nurse involved in direct patient care is certified in advanced cardiac life support (ACLS). Provisions shall be in place for back-up personnel who are experts in airway management, emergency intubation and advanced life support if complications arise.

(6) The registered nurse possesses the knowledge, skills and abilities related to the management of patients receiving conscious sedation with evaluation of competence on a periodic basis. This includes, but is not limited to, arrhythmia detection, airway management and pharmacologic action of drugs administered. This includes emergency drugs.

(7) The registered nurse managing the care of the patient receiving conscious sedation medication may not have other responsibilities during the procedure. The registered nurse may not leave the patient unattended or engage in tasks which would compromise continuous monitoring.

(8) The registered nurse monitors the patient until the patient is discharged by a qualified professional authorized to discharge the patient in accordance with established criteria of the facility.

#### **Authority**

The provisions of this § 21.413 amended under sections 8.2(c) and 8.3(b) of the Professional Nursing Law (63 P.S. §§ 218.2(c) and 218.3(b)).

#### **Source**

The provisions of this § 21.413 adopted February 20, 1987, effective February 21, 1987, 17 Pa.B. 811; amended June 21, 1991, effective June 22, 1991, 21 Pa.B. 2818; amended January 17, 1992, effective January 18, 1992, 22 Pa.B. 300; amended November 12, 1993, effective November 13, 1993, 23 Pa.B. 5404; amended October 23, 1998, effective October 24, 1998, 28 Pa.B. 5345; amended March 31, 2023, effective April 1, 2023, 53 Pa.B. 1806. Immediately preceding text appears at serial pages (385240) and (409283).

**§ 21.414. Interpretations regarding the functions of Licensed Practical Nurses (LPN)—statement of policy.**

(a) Collection of venous blood samples fall within the scope of Licensed Practical Nurse (LPN) practice under § 21.145(a) (relating to functions of the LPN).

(b) The following nursing practices fall within the scope of LPN practice under § 21.145(b):

(1) Changing cystostomy tubes after the stoma heals.

(2) Changing gastrostomy tube when stoma is healed.

(c) The following nursing practices fall within the scope of LPN practice under § 21.145(a) and (b):

(1) Insertion of nasogastric tubes.

(2) Changing outer tracheostomy tube after stoma is healed.

(3) Addition of medications to peritoneal dialysate in the care of those patients with chronic renal disease.

(4) Removal of sutures of a simple and uncomplicated nature.

**Source**

The provisions of this § 21.414 adopted February 20, 1987, effective February 21, 1987, 17 Pa.B. 811.

**Subchapter E. CHILD ABUSE REPORTING REQUIREMENTS**

**Sec.**

21.501. Definitions.

21.502. Suspected child abuse—mandated reporting requirements.

21.503. Photographs, medical tests and X-rays of child subject to report.

21.504. Suspected death as a result of child abuse—mandated reporting requirement.

21.505. Immunity from liability.

21.506. Confidentiality—waived.

21.507. Noncompliance.

21.508. Child abuse recognition and reporting—mandatory training requirement.

21.509. Child abuse recognition and reporting course approval process.

**Authority**

The provisions of this Subchapter E issued under the Child Protective Services Law, 23 Pa.C.S. § 6383(b)(2); section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1k); and section 17.6 of the Practical Nurse Law (63 P.S. § 667.6), unless otherwise noted.

**Source**

The provisions of this Subchapter E adopted November 8, 1996, effective November 9, 1996, 26 Pa.B. 5391, unless otherwise noted.

**§ 21.501. Definitions.**

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

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

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

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

*Bureau*—Bureau of Professional and Occupational Affairs within the Department of State of the Commonwealth.

*Child*—An individual under 18 years of age.

*Child abuse*—Intentionally, knowingly or recklessly doing any of the following:

- (i) Causing bodily injury to a child through any recent act or failure to act.
- (ii) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- (iii) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (iv) Causing sexual abuse or exploitation of a child through any act or failure to act.
- (v) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- (vi) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (vii) Causing serious physical neglect of a child.
- (viii) Engaging in any of the following recent acts:
  - (A) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
  - (B) Unreasonably restraining or confining a child, based on consideration of the method, location or duration of the restraint or confinement.
  - (C) Forcefully shaking a child under 1 year of age.
  - (D) Forcefully slapping or otherwise striking a child under 1 year of age.
  - (E) Interfering with the breathing of a child.
  - (F) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
  - (G) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
    - (I) is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Chapter 97, Subchapter H (relating to registration of

sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed;

(II) has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors;

(III) has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions); or

(IV) has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.58 (relating to assessments) or has to register for life under 42 Pa.C.S. § 9799.55(b) (relating to registration).

(ix) Causing the death of the child through any act or failure to act.

(x) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (Division A of Pub.L. No. 106-386).

*ChildLine*—An organizational unit of the Department of Human Services, which operates a 24-hour a day Statewide toll-free telephone system for receiving reports of suspected child abuse, referring reports for investigation and maintaining the reports in the appropriate file.

*Mandated reporter*—A person who is required under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse) to make a report of suspected child abuse. For purposes of this subchapter, the term includes all Board-regulated practitioners.

*Parent*—A biological parent, adoptive parent or legal guardian.

*Perpetrator*—A person who has committed child abuse as defined in this section.

(i) This term includes only the following:

(A) A parent of the child.

(B) A spouse or former spouse of the child's parent.

(C) A paramour or former paramour of the child's parent.

(D) An individual 14 years of age or older who is a person responsible for the child's welfare or who has direct contact with children as an employee of child-care services, a school or through a program, activity or service.

(E) An individual 14 years of age or older who resides in the same home as the child.

(F) An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child.

(G) An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (Division A of Pub.L. No. 106—386).

(ii) Only the following may be considered a perpetrator for failing to act, as provided in this section:

- (A) A parent of the child.
- (B) A spouse or former spouse of the child's parent.
- (C) A paramour or former paramour of the child's parent.
- (D) A person responsible for the child's welfare who is 18 years of age or older.
- (E) An individual 18 years of age or older who resides in the same home as the child.

*Person responsible for the child's welfare*—A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control.

*Program, activity or service*—Any of the following in which children participate and which is sponsored by a school or a public or private organization:

- (i) A youth camp or program.
- (ii) A recreational camp or program.
- (iii) A sports or athletic program.
- (iv) A community or social outreach program.
- (v) An enrichment or educational program.
- (vi) A troop, club or similar organization.

*Recent act or failure to act*—An act or failure to act committed within 2 years of the date of the report to the Department of Human Services or county agency.

*Serious mental injury*—A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that does one or more of the following:

- (i) Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened.
- (ii) Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.

*Serious physical neglect*—Any of the following when committed by a perpetrator that endangers a child's life or health, threatens a child's well-being, causes bodily injury or impairs a child's health, development or functioning:

- (i) A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities.
- (ii) The failure to provide a child with adequate essentials of life, including food, shelter or medical care.

*Sexual abuse or exploitation*—Any of the following:

- (i) The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes the following:

(A) Looking at sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.

(B) Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.

(C) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.

(D) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.

(ii) Any of the following offenses committed against a child:

(A) Rape as defined in 18 Pa.C.S. § 3121 (relating to rape).

(B) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault).

(C) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse).

(D) Sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault).

(E) Institutional sexual assault as defined in 18 Pa.C.S. 3124.2 (relating to institutional sexual assault).

(F) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault).

(G) Indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault).

(H) Indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).

(I) Incest as defined in 18 Pa.C.S. § 4302 (relating to incest).

(J) Prostitution as defined in 18 Pa.C.S. § 5902 (relating to prostitution and related offenses).

(K) Sexual abuse as defined in 18 Pa.C.S. § 6312 (relating to sexual abuse of children).

(L) Unlawful contact with a minor as defined in 18 Pa.C.S. § 6318 (relating to unlawful contact with minor).

(M) Sexual exploitation as defined in 18 Pa.C.S. § 6320 (relating to sexual exploitation of children).

(iii) For the purposes of subparagraph (i), the term does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within 4 years of the child's age.



**Authority**

The provisions of this § 21.501 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and the Child Protective Services Law, 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.501 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385242) to (385244).

**§ 21.502. Suspected child abuse—mandated reporting requirements.****(a) General rule.**

(1) Under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse), all Board-regulated practitioners are considered mandated reporters. A mandated reporter shall make a report of suspected child abuse in accordance with this section if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

(i) The mandated reporter comes into contact with the child in the course of employment, occupation and practice of the profession or through a regularly scheduled program, activity or service.

(ii) The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child.

(iii) A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.

(iv) An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

(2) Nothing in this subsection shall require a child to come before the mandated reporter to make a report of suspected child abuse.

(3) Nothing in this subsection shall require the mandated reporter to identify the person responsible for the child abuse to make a report of suspected child abuse.

**(b) Staff members of public or private agencies, institutions and facilities.** Whenever a Board-regulated practitioner is required to make a report under subsection (a) in the capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, that Board-regulated practitioner shall report immediately in accordance with subsection (c) and shall immediately thereafter notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge.

**(c) Reporting procedure.** A mandated reporter shall immediately make a report of suspected child abuse to the Department of Human Services by either:

(1) Making an oral report of suspected child abuse by telephone to Child-Line at (800) 932-0313, followed by a written report within 48 hours to the Department of Human Services or the county agency assigned to the case in a manner and format prescribed by the Department of Human Services. The written report submitted under this paragraph may be submitted electronically.

(2) Making an electronic report of suspected child abuse in accordance with 23 Pa.C.S. § 6305 (relating to electronic reporting) through the Department of Human Service's Child Welfare Information Solution self-service portal at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis). A confirmation by the Department of Human Services of the receipt of a report of suspected child abuse submitted electronically relieves the mandated reporter of the duty to make an additional oral or written report.

(d) *Written or electronic reports.* A written or electronic report of suspected child abuse, shall include the following information, if known:

(1) The names and addresses of the child, the child's parents and any other person responsible for the child's welfare.

(2) Where the suspected child abuse occurred.

(3) The age and sex of each subject of the report.

(4) The nature and extent of the suspected child abuse, including any evidence of prior abuse to the child or any sibling of the child.

(5) The name and relationship of each individual responsible for causing the suspected abuse and any evidence of prior abuse by each individual.

(6) Family composition.

(7) The source of the report.

(8) The name, telephone number and e-mail address of the person making the report.

(9) The actions taken by the person making the report, including actions taken under 23 Pa.C.S. §§ 6314—6317.

(9.1) Other information required by Federal law or regulation.

(10) Other information which the Department of Human Services may require by regulation.

#### Authority

The provisions of this § 21.502 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.502 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385244) to (385245).

#### Cross References

This section cited in 49 Pa. Code § 21.503 (relating to photographs, medical tests and X-rays of child subject to report); 49 Pa. Code § 21.505 (relating to immunity from liability); 49 Pa. Code § 21.506 (relating to confidentiality—waived); and 49 Pa. Code § 21.507 (relating to noncompliance).

**§ 21.503. Photographs, medical tests and X-rays of child subject to report.**

A Board-regulated practitioner may take or cause to be taken photographs of the child who is subject to a report and, if clinically indicated, cause to be performed a radiological examination and other medical tests on the child. Medical summaries or reports of the photographs, X-rays and relevant medical tests taken shall be sent to the county children and youth social service agency at the time the written report is sent, or within 48 hours after an electronic report is made under § 21.502(c)(2) (relating to suspected child abuse—mandated reporting requirements), or as soon thereafter as possible. The county children and youth social service agency shall have access to actual photographs or duplicates and X-rays and may obtain them or duplicates of them upon request. Medical summaries or reports of the photographs, X-rays and relevant medical tests shall be made available to law enforcement officials in the course of investigating cases under 23 Pa.C.S. § 6490(a)(9) or (10) (relating to release of information in confidential reports).

**Authority**

The provisions of this § 21.503 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.503 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (385245).

**Cross References**

This section cited in 49 Pa. Code § 21.505 (relating to immunity from liability); 49 Pa. Code § 21.506 (relating to confidentiality—waived); and 49 Pa. Code § 21.507 (relating to noncompliance).

**§ 21.504. Suspected death as a result of child abuse—mandated reporting requirement.**

A Board-regulated practitioner who has reasonable cause to suspect that a child died as a result of child abuse shall report that suspicion to the coroner or medical examiner of the county where death occurred or, in the case where the child is transported to another county for medical treatment, to the coroner or medical examiner of the county where the injuries were sustained.

**Authority**

The provisions of this § 21.504 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and the Child Protective Services Law, 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.504 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (385245).

**Cross References**

This section cited in 49 Pa. Code § 21.505 (relating to immunity from liability); 49 Pa. Code § 21.506 (relating to confidentiality—waived); and 49 Pa. Code § 21.507 (relating to noncompliance).

**§ 21.505. Immunity from liability.**

Under 23 Pa.C.S. § 6318 (relating to immunity from liability), a Board-regulated practitioner who participates in good faith in the making of a report of suspected child abuse, making a referral for general protective services, cooperating or consulting with an investigation including providing information to a child fatality or near fatality review team, testifying in a proceeding arising out of an instance of suspected child abuse or general protective services or engaging in any action authorized under 23 Pa.C.S. §§ 6314—6317, shall have immunity from civil and criminal liability that might otherwise result by reason of the Board-regulated practitioner's actions. For the purpose of any civil or criminal proceeding, the good faith of the Board-regulated practitioner shall be presumed. The Board will uphold the same good faith presumption in any disciplinary proceeding that might result by reason of a Board-regulated practitioner's actions under §§ 21.502—21.504 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement).

**Authority**

The provisions of this § 21.505 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.505 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385245) to (385246).

**§ 21.506. Confidentiality—waived.**

To protect children from abuse, the reporting requirements of §§ 25.502—25.504 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement) take precedence over provisions of any client confidentiality, ethical principle or professional standard that might otherwise apply. In accordance with 23 Pa.C.S. § 6311.1 (relating to privileged communications), privileged communications between a mandated reporter and a patient do not apply to a situation involving child abuse and do not relieve the mandated reporter of the duty to make a report of suspected child abuse. Additionally, under 23 Pa.C.S. § 6313(e) (relating to reporting procedure), notwithstanding any other provision of law to the contrary, a mandated reporter who makes a report of suspected child abuse does not vio-

late the Mental Health Procedures Act (50 P.S. §§ 7101—7503), by releasing information necessary to complete the report.

**Authority**

The provisions of this § 21.506 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.506 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (385246).

**§ 21.507. Noncompliance.**

(a) *Disciplinary action.* A Board-regulated practitioner who willfully fails to comply with the reporting requirements in §§ 25.502—25.504 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement) will be subject to disciplinary action under section 14 of the Professional Nursing Law (63 P.S. § 224) and section 16 of the Practical Nurse Law (63 P.S. § 666).

(b) *Criminal penalties.* Under 23 Pa.C.S. § 6319 (relating to penalties), a Board-regulated practitioner who is required to report a case of suspected child abuse or to make a referral to the appropriate authorities and who willfully fails to do so commits a criminal offense, as follows:

(1) An offense not otherwise specified in paragraphs (2), (3) or (4) is a misdemeanor of the second degree.

(2) An offense is a felony of the third degree if all of the following apply:

(i) The mandated reporter willfully fails to report.

(ii) The child abuse constitutes a felony of the first degree or higher.

(iii) The mandated reporter has direct knowledge of the nature of the abuse.

(3) If the willful failure to report continues while the mandated reporter knows or has reasonable cause to suspect a child is being subjected to child abuse by the same individual, or while the mandated reporter knows or has reasonable cause to suspect that the same individual continues to have direct contact with children through the individual's employment, program, activity or service, the mandated reporter commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the mandated reporter commits a felony of the second degree.

(4) A mandated reporter who, at the time of sentencing for an offense under 23 Pa.C.S. § 6319, has been convicted of a prior offense under 23 Pa.C.S. § 6319, commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the penalty for the second or subsequent offense is a felony of the second degree.

**Authority**

The provisions of this § 21.507 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.507 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (385246).

**§ 21.508. Child abuse recognition and reporting—mandatory training requirement.**

(a) Except as provided in subsection (c), individuals applying to the Board for an initial license or certificate shall have completed at least 3 hours of training in child abuse recognition and reporting requirements which has been approved by the Department of Human Services and the Bureau, as set forth in § 21.509 (relating to child abuse recognition and reporting course approval process). The applicant shall certify on the application that the applicant has either completed the required training or has been granted an exemption under subsection (c). The Board will not issue a license or certificate unless the Bureau has received an electronic report from an approved course provider documenting the attendance/participation by the applicant or the applicant has obtained an exemption under subsection (c).

(b) Except as provided in subsection (c), licensees seeking renewal of a license or certificate issued by the Board shall complete, as a condition of biennial renewal, at least 2 hours of approved continuing education in child abuse recognition and reporting requirements, as a portion of the total continuing education required for biennial renewal. For credit to be granted, the continuing education course or program must be approved by the Bureau, in consultation with the Department of Human Services, as set forth in § 21.509. The Board will not renew a license or certificate unless the Bureau has received an electronic report from an approved course provider documenting the attendance/participation by the licensee in an approved course within the applicable 2-year biennial licensure cycle or the licensee has obtained an exemption under subsection (c). If a licensee holds more than one license or certificate issued by the Board, or holds a license issued by another licensing board within the Bureau that requires mandatory training in child abuse recognition and reporting, credit for completion of an approved course will be applied to both credentials.

(c) An applicant or licensee may apply in writing for an exemption from the training/continuing education requirements set forth in subsections (a) and (b) provided the applicant or licensee meets one of the following:

(1) The applicant or licensee submits documentation demonstrating all of the following:

(i) The applicant or licensee has already completed child abuse recognition training as required by section 1205.6 of the Public School Code of 1949 (24 P.S. § 12-1205.6).

(ii) The training was approved by the Department of Education in consultation with the Department of Human Services.

(iii) The amount of training received equals or exceeds the amount of training or continuing education required under subsection (a) or (b), as applicable.

(iv) For purposes of licensure renewal, the training must have been completed during the relevant biennial renewal period.

(2) The applicant or licensee submits documentation demonstrating all of the following:

(i) The applicant or licensee has already completed child abuse recognition training required under 23 Pa.C.S. § 6383(c) (relating to education and training).

(ii) The training was approved by the Department of Human Services.

(iii) The amount of training received equals or exceeds the amount of training or continuing education required under subsection (a) or (b), as applicable.

(iv) For purposes of licensure renewal, the training must have been completed during the relevant biennial renewal period.

(3) The applicant or licensee submits documentation acceptable to the Board demonstrating why the applicant or licensee should not be subject to the training or continuing education requirement. The Board will not grant an exemption based solely upon proof that children are not part of the applicant's or licensee's practice. Each request for an exemption under this paragraph will be considered on a case-by-case basis. The Board may grant the exemption if it finds that completion of the training or continuing education requirement is duplicative or unnecessary under the circumstances.

(d) Exemptions granted under subsection (c) are applicable only for the biennial renewal period for which the exemption is requested. If an exemption is granted, the Board will issue or renew the license/certificate, as applicable. If an exemption is denied, the Board will e-mail the applicant or licensee a discrepancy notice notifying them of the need to either complete an approved course or, if warranted, to submit additional documentation in support of their request for an exemption.

#### **Authority**

The provisions of this § 21.508 added under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### **Source**

The provisions of this § 21.508 added March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916.

**Cross References**

This section cited in 49 Pa. Code § 21.20 (relating to licensure by examination); 49 Pa. Code § 21.28 (relating to licensure by endorsement); 49 Pa. Code § 21.29 (relating to expiration and renewal of license); 49 Pa. Code § 21.131 (relating to continuing education); 49 Pa. Code § 21.150 (relating to licensure by examination); 49 Pa. Code § 21.155 (relating to licensure by endorsement); 49 Pa. Code § 21.156 (relating to renewal of license); 49 Pa. Code § 21.271 (relating to certification requirements); 49 Pa. Code § 21.331 (relating to biennial renewal of certification); 49 Pa. Code § 21.603 (relating to applications); 49 Pa. Code § 21.605 (relating to biennial renewal); 49 Pa. Code § 21.721 (relating to qualifications for licensure); 49 Pa. Code § 21.723 (relating to license renewal); 49 Pa. Code § 21.724 (relating to continuing education); 49 Pa. Code § 21.811 (relating to qualifications for initial certification); 49 Pa. Code § 21.812 (relating to qualifications for certification by endorsement; additional certification); and 49 Pa. Code § 21.822 (relating to biennial renewal of certification).

**§ 21.509. Child abuse recognition and reporting course approval process.**

(a) An individual, entity or organization may apply for approval to provide mandated reporter training as required under 23 Pa.C.S. § 6383(b) (relating to education and training) by submitting the course materials set forth in subsection (b) simultaneously to the Department of Human Services, Office of Children, Youth and Families, and to the Bureau at the following addresses:

(1) Department of Human Services, Office of Children, Youth and Families, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120; or electronically at RA-PWOCYFCPSL@pa.gov.

(2) Bureau of Professional and Occupational Affairs, 2601 North Third Street, P.O. Box 2649, Harrisburg, PA 17105-2649; or electronically at RA-stcpsl\_course\_app@pa.gov.

(b) Submissions must include all of the following:

(1) Contact information (mailing address, e-mail address and telephone number) for the agency/course administrator.

(2) General description of the training and course delivery method.

(3) Title of the course.

(4) Timed agenda and estimated hours of training.

(5) Learning objectives.

(6) Intended audience.

(7) Course related materials, including as applicable:

(i) Handouts.

(ii) Narrated script or talking points.

(iii) Interactive activities or exercises.

(iv) Videos and audio/visual content.

(v) Knowledge checks, quizzes or other means of assessing participant's understanding of the material.

(vi) For online courses, a transcript of audio training.

(8) Citation of sources, including written permission to use copyrighted material, if applicable.



- (9) Anticipated credentials or experience of the presenter, or biography of presenter, if known.
- (10) Printed materials used to market the training.
- (11) Evaluation used to assess participants' satisfaction with the training.
- (12) Sample certificate of attendance/participation, which shall include:
  - (i) Name of participant.
  - (ii) Title of training.
  - (iii) Date of training.
  - (iv) Length of training (2 or 3 hours).
  - (v) Name and signature of the authorized representative of the provider. The signature may be an electronic signature.
  - (vi) Statement affirming the participant attended the entire course.
- (13) Verification of ability to report participation/attendance electronically to the Bureau in a format prescribed by the Bureau.
- (c) The Bureau will notify the individual, entity or organization in writing upon approval of the course and will post a list of approved courses on the Bureau's web site and the Board's web site.

**Authority**

The provisions of this § 21.509 added under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.509 added March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916.

**Cross References**

This section cited in 49 Pa. Code § 21.508 (relating to child abuse recognition and reporting—mandatory training requirement).

**Subchapter F. VOLUNTEER LICENSES**

- Sec.
- 21.601. Purpose and definitions.
  - 21.602. Volunteer license.
  - 21.603. Applications.
  - 21.604. Validity of license.
  - 21.605. Biennial renewal.
  - 21.606. Return to active practice.
  - 21.607. Disciplinary provisions.

**Authority**

The provisions of this Subchapter F issued under section 5 of the Volunteer Health Services Act (35 P.S. § 449.45); section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)); and section 17.6 of the Practical Nurse Law (63 P.S. § 667.6), unless otherwise noted.

**Source**

The provisions of this Subchapter F adopted November 28, 1997, effective November 29, 1997, 27 Pa.B. 6212, unless otherwise noted.

**§ 21.601. Purpose and definitions.**

(a) This subchapter implements the Volunteer Health Services Act (35 P.S. §§ 449.41—449.50) and provides for the issuance of a volunteer license to a qualified registered nurse, a certified registered nurse practitioner and a licensed practical nurse who retires from active practice and seeks to provide professional services as a volunteer. A volunteer license authorizes the holder to practice only in an organized community-based clinic without remuneration.

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

*Approved clinic*—An organized community-based clinic offering primary health care services to individuals and families who cannot pay for their care, to Medical Assistance clients or to residents of medically underserved areas or health professionals shortage areas. The term includes a State health center, nonprofit community-based clinic and Federally qualified health center, as designated by Federal rulemaking or as approved by the Department of Health or the Department of Public Welfare.

*Unrestricted license*—A license which is not restricted or limited by order of the Board under its disciplinary power.

**§ 21.602. Volunteer license.**

A volunteer license may be issued to a licensee of the Board who documents to the satisfaction of the Board that the applicant will practice without personal remuneration in approved clinics and meets one of the following conditions:

(1) Holds a currently renewed, active, unrestricted license as a registered nurse, a certified registered nurse practitioner or a licensed practical nurse in this Commonwealth and retires from active practice at the time the applicant applies for a volunteer license.

(2) Retires from the active practice of nursing in this Commonwealth in possession of an unrestricted license which was allowed to lapse by not renewing it. A registered nurse whose license had lapsed or had been placed on inactive status shall comply with § 21.30a or § 21.156a (relating to continued competency).

**§ 21.603. Applications.**

(a) An applicant for a volunteer license shall complete an application obtained from the Board. In addition to providing information requested by the Board, the applicant shall provide:

(1) An executed verification on forms provided by the Board certifying that the applicant intends to practice nursing exclusively:

- (i) Without personal remuneration for professional services.
- (ii) In an approved clinic.

(2) A letter signed by the director or chief operating officer of an approved clinic that the applicant has been authorized to provide volunteer services in the named clinic by the governing body or responsible officer of the clinic.

(b) An applicant for a volunteer license shall complete at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement) as a condition of issuance of a volunteer license.

**Authority**

The provisions of this § 21.603 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.603 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385247) to (385248).

**§ 21.604. Validity of license.**

A volunteer license shall be valid for the biennial period for which it is issued, subject to biennial renewal. During each biennial renewal period, the licensee shall notify the Board of any change in clinic or volunteer status within 30 days of the date of a change, or at the time of renewal, whichever occurs first.

**§ 21.605. Biennial renewal.**

A volunteer license shall be renewed biennially on forms provided by the Board. In accordance with section 6(c) of the Volunteer Health Services Act (35 P.S. § 449.46(c)), a volunteer license holder shall comply with the applicable continuing education requirements imposed by the Board, including at least 2 hours of training in approved child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement). The applicant shall be exempt from payment of the biennial renewal fee of § 21.5, § 21.147 or § 21.253 (relating to fees), as applicable.

**Authority**

The provisions of this § 21.605 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.605 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (385248).

**§ 21.606. Return to active practice.**

A volunteer license holder who desires to return to active practice shall notify the Board and apply for biennial registration on forms provided by the Board.

**§ 21.607. Disciplinary provisions.**

A volunteer license holder shall be subject to the disciplinary provisions of the act and this chapter. Failure of the licensee to comply with the Volunteer Health Services Act (35 P.S. §§ 449.41—449.50) or this subchapter may also constitute grounds for disciplinary action.

**Subchapter G. DIETITIAN-NUTRITIONISTS****GENERAL PROVISIONS**

Sec.

- 21.701. Definitions.
- 21.702. Scope.
- 21.703. Applicability of general rules.
- 21.704. Matters related to allegations of sexual impropriety or violation.
- 21.705. Fees.

**RESPONSIBILITIES OF THE LICENSED DIETITIAN-NUTRITIONIST**

- 21.711. Professional conduct.

**LICENSURE REQUIREMENTS**

- 21.721. Qualifications for licensure.
- 21.722. Education, examination and re-examination of applicants.
- 21.723. License renewal.
- 21.723a. Reporting of crimes and disciplinary action.
- 21.723b. Reporting of address changes.
- 21.724. Continuing education.
- 21.725. Inactive status.

**Authority**

The provisions of this Subchapter G issued under sections 2.1(k) and 11(c) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 221(c)), unless otherwise noted.

**Source**

The provisions of this Subchapter G adopted May 19, 2006, effective May 20, 2006, 36 Pa.B. 2396, unless otherwise noted.

**GENERAL PROVISIONS****§ 21.701. Definitions.**

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

*ACEND*—*Accreditation Council for Education in Nutrition and Dietetics*—

The organization recognized by the Council on Higher Education Accreditation and the United States Department of Education as the accrediting agency for education programs that prepare individuals for the practice of dietetics-nutrition.

*ACN*—*American College of Nutrition*.

*AND*—*Academy of Nutrition and Dietetics*.

*Act*—The Professional Nursing Law (63 P.S. §§ 211—225.5), which provides for the licensing of Licensed Dietitian-Nutritionists.

*Approved*—Approved by the Board.

*Approved program*—Those educational programs accredited by ACEND or the American Council on Education for dietetics-nutrition education.

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

*CBNS*—*Certification Board for Nutrition Specialists*—The certification body of the ACN.

*CDR*—*Commission on Dietetic Registration*—The credentialing agency for the AND.

*CNS*—*Certified Nutrition Specialist*—The title given to individuals who meet the requirements of the CBNS.

*CPE*—Continuing professional education, required by the act for biennial license renewal.

*Deviate sexual intercourse*—The term as defined in 18 Pa.C.S. § 3101 (relating to definitions).

*Indecent contact*—The term as defined in 18 Pa.C.S. § 3101.

*LDN*—*Licensed dietitian-nutritionist*—A person holding a current license under this subchapter to practice dietetics-nutrition in this Commonwealth.

*Patient*—A person upon whom or with whom an LDN is practicing dietetics-nutrition, including a client. For purposes of § 21.704 (relating to matters related to allegations of sexual impropriety or violation), any conduct prohibited with a patient is also prohibited with an immediate family member or spouse of a patient.

*Professional relationship*—The relationship through which a licensed dietitian-nutritionist provides professional food and nutrition services to a patient. The relationship continues, for purposes of § 21.704, for 30 days after termination of professional services by either the licensed dietitian-nutritionist or the patient.

*RD*—*Registered Dietitian*—The title given to an individual who meets the requirements set forth by the CDR.

*Registration Examination for Registered Dietitians*—A written academic examination developed, prepared, administered and scored by the CDR.

*Sexual impropriety*—The term includes the following offenses:

- (i) Making sexually demeaning or sexually suggestive comments about or to a patient, including comments about a patient's body or undergarments.
- (ii) Exposing a patient's body or watching a patient dress or undress, unless the patient specifically requests assistance.
- (iii) Examining or touching the body of a patient except in the appropriate performance of the LDN's practice.
- (iv) Discussing or commenting on a patient's sexual history, preference or performance during consultation, except when the consultation is pertinent to the issue of sexual function or dysfunction or reproductive healthcare.
- (v) Soliciting or accepting a date from a patient.
- (vi) Discussing information about one's sexual problems, preferences or fantasies.

*Sexual intercourse*—The term as defined in 18 Pa.C.S. § 3101.

*Sexual violation*—The term includes the following offenses:

- (i) Engaging in sexual intercourse, indecent contact or deviate sexual intercourse with a patient during the professional relationship.
- (ii) Encouraging the patient to masturbate in the presence of the dietitian-nutritionist or masturbating while a patient is present.
- (iii) Providing or offering to provide drugs, herbs, nutritional supplements or treatment in exchange for indecent contact, sexual intercourse or deviate sexual intercourse.
- (iv) Using or causing the use of any herb, nutritional supplement or drug affecting consciousness for the purpose of engaging in conduct that would constitute a sexual impropriety or sexual violation.

**Authority**

The provisions of this § 21.701 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.701 amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial pages (378862) and (346621) to (346622).

**§ 21.702. Scope.**

In this subchapter the Board:

- (1) Provides for licensure of dietitian-nutritionists who meet the qualifications set forth in the act.
- (2) Administers the act by providing rules and regulations for the practice of dietetics-nutrition.
- (3) Provides rules and regulations for the conduct of licensees.
- (4) Regulates the practice of LDNs.

**§ 21.703. Applicability of general rules.**

The provisions of 1 Pa. Code Part II (relating to the General Rules of Administrative Practice and Procedure) apply to the activities of and proceedings before the Board.

**§ 21.704. Matters related to allegations of sexual impropriety or violation.**

- (a) A licensee may not engage in conduct constituting a sexual violation or sexual impropriety.
- (b) Engaging in conduct constituting a sexual violation or sexual impropriety is unprofessional conduct and will subject the licensee to disciplinary action under section 14 of the act (63 P.S. § 224).
- (c) The consent of the patient to any sexual impropriety or sexual violation is not a defense to any disciplinary charge for violation of the act or this subchapter.

(d) Evidence of specific instances with individuals other than the licensee, opinion evidence or reputation evidence of a patient's past sexual conduct is not admissible in proceedings brought under § 21.711 (relating to professional conduct). The Board may consider sexual relationships between the dietitian-nutritionist and the patient occurring prior to the professional relationship.

(e) A dietitian-nutritionist who attempts to raise as a defense an argument that conduct prohibited as a sexual violation or sexual impropriety was necessary or appropriate to the treatment of a patient shall be required to demonstrate competency in practice which relates directly to the treatment of sexual function or dysfunction. This competence may be demonstrated through educational training and supervised clinical experience.

#### Cross References

This section cited in 49 Pa. Code § 21.701 (relating to definitions).

### § 21.705. Fees.

(a) The following application fees are charged by the Board for services to licensees and applicants:

Application for licensure .....	\$95
Reactivation of inactive or lapsed license (after 5 years or longer) .....	\$50
Verification of licensure .....	\$45
Verification of licensure with history .....	\$50
Restoration after suspension or revocation .....	\$60
Approval of each hour of LDN continuing education activity by sources not listed in § 21.724(b) (relating to continuing education) .....	\$115
Renewal of approval of LDN continuing education activity by sources not listed in § 21.724(b) .....	\$35

(b) The following renewal fees are charged by the Board to support its operations:

Biennial renewal of license .....	\$71
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(c) In addition to the application fee prescribed in subsection (a), which is payable directly to the Board, a candidate shall also pay an additional examination fee to the Commission on Dietetic Registration or to the Board for Certification of Nutrition Specialists for the examinations set forth in § 21.722(b) (relating to education, examination and re-examination of applicants).

#### Authority

The provisions of this § 21.705 amended under section 11.2 of The Professional Nursing Law (63 P.S. § 221.2); amended under section 11.2(a) and (b) of The Professional Nursing Law (63 P.S. § 221.2(a) and (b)), section 17.5(a) and (b) of the Practical Nurse Law (63 P.S. § 667.5(a) and (b)) and section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P.S. § 279.1(a)(3) and (7)).

#### Source

The provisions of this § 21.705 amended August 20, 2010, effective August 21, 2010, 40 Pa.B. 4755; amended July 26, 2019, effective July 27, 2019, 49 Pa.B. 3895. Immediately preceding text appears at serial page (385252).

#### Cross References

This section cited in 49 Pa. Code § 21.721 (relating to qualifications for licensure); and 49 Pa. Code § 21.723 (relating to license renewal).

**RESPONSIBILITIES OF THE LICENSED DIETITIAN-NUTRITIONIST****§ 21.711. Professional conduct.**

- (a) Licensed dietitian-nutritionists shall:
- (1) Conduct themselves with honesty, integrity and fairness.
  - (2) Practice dietetics based on scientific principles and current information.
  - (3) Present substantiated information and interpret controversial information without personal bias, recognizing that legitimate differences of opinion exist.
  - (4) Provide information which will enable patients to make their own informed decisions regarding nutrition and dietetic therapy, including:
    - (i) The purpose and nature of any evaluation, treatment, educational or training procedure.
    - (ii) The estimated cost of each stage of a procedure or of the entire treatment.
    - (iii) The reasonable expectations of the professional relationship.
    - (iv) The right to withdraw from treatment at any time.
  - (5) Safeguard the patient's dignity, the right to privacy and the confidentiality of patient information and make full disclosure about any limitations on the LDN's abilities to guarantee full confidentiality. This standard does not prohibit or affect reporting responsibilities under 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law), the Older Adults Protective Services Act (35 P.S. §§ 10211—10224) and other statutes which may mandate reporting of this information.
  - (6) Provide professional services with objectivity and with respect for the unique needs and values of individuals.
  - (7) Be alert to situations that might cause a conflict of interest or have the appearance of a conflict. The LDN shall provide full disclosure when a real or potential conflict of interest arises.
  - (8) Permit the use of their names for the purpose of certifying that dietetic services have been rendered only if they provided or supervised the provision of those services.
  - (9) Accurately present professional qualifications and credentials.
    - (i) Dietitian-nutritionists may use the title "Licensed Dietitian-Nutritionist" or abbreviation LDN only when they hold a current license issued by the Board.
    - (ii) LDNs are subject to disciplinary action for aiding another person in violating any Board requirement or aiding another person in representing himself as an LDN when that person is not currently licensed.
  - (10) Document and maintain accurate records in accordance with the acceptable and prevailing standard of recordkeeping. Discussion of a patient's sexual practices, preferences and performance shall be fully documented in the patient's chart, when applicable.
- (b) The licensed dietitian-nutritionist may not:
- (1) Knowingly aid, abet or assist another person to violate or circumvent a law or Board regulation.



- (2) Discriminate, while providing dietitian-nutritionist services, on the basis of age, marital status, gender, sexual preferences, race, ethnicity, religion, diagnosis, socioeconomic status or disability.
- (3) Knowingly permit another individual to use his license for any purpose.
- (4) Misappropriate equipment, materials, property, drugs or money from an employer or patient.
- (5) Solicit, borrow or misappropriate money, materials or property from a patient.
- (6) Leave an assignment prior to the proper reporting and notification to the appropriate department head or personnel.
- (7) Falsify or knowingly make incorrect entries into the patient's record or other related documents.
- (8) Engage in conduct defined as a sexual violation or sexual impropriety in the course of a professional relationship.
- (9) Advertise in a false or misleading manner. Statements which qualify as false or misleading include the following:
  - (i) Statements containing a misrepresentation of facts.
  - (ii) Statements likely to mislead or deceive because in context the statements make only a partial disclosure of the relevant facts.
  - (iii) Statements intended to, or likely to, create false or unjustified expectations of favorable results.
  - (iv) Statements relating to fees without reasonable disclosure of all relevant variables so that the statements would be misunderstood by or would be deceptive to a layperson.
  - (v) Statements conveying the impression that the LDN could influence improperly any public body, official, corporation or person on behalf of the patient.
  - (vi) Statements containing a representation or implication that is likely to cause a reasonable person to misunderstand or to be deceived, or fail to contain reasonable warnings or disclaimers necessary to make a representation or implication not deceptive.
  - (vii) Statements containing representations that the LDN is willing to perform any procedure that is illegal under the laws or regulations of the Commonwealth or the United States.
- (10) Practice when:
  - (i) The LDN has engaged in any substance abuse that could affect the LDN's practice.
  - (ii) The LDN has been adjudged by a court to be mentally incompetent.
  - (iii) The LDN has an emotional or mental disability that affects his practice in a manner that could harm the patient.
- (11) Accept a client or patient for treatment or continue treatment unnecessarily, if benefit cannot reasonably be expected to accrue.
- (12) Accept or receive, or both, remuneration for making or accepting referrals.

**Cross References**

This section cited in 49 Pa. Code § 21.704 (relating to matters related to allegations of impropriety or violation).

**LICENSURE REQUIREMENTS****§ 21.721. Qualifications for licensure.**

(a) An individual may apply for licensure as a dietitian-nutritionist by submitting a written application on forms provided by the Board and remitting the application fee set forth in § 21.705 (relating to fees).

(b) To obtain licensure, an applicant must meet the qualifications set forth in section 6(b)(1)—(4) of the act (63 P.S. § 216(b)(1)—(4)), which include:

(1) Evidencing good moral character.

(2) Receipt of a baccalaureate or higher degree from a Board-approved program or equivalent program as set forth in section 5(b) and (c) of the act (63 P.S. § 215(b) and (c)).

(3) Completion of a planned continuous preprofessional experience of at least 900 hours under appropriate supervision.

(4) Successful completion of one of the examinations specified in § 21.722 (relating to education and examination of applicants).

(c) To obtain licensure, an applicant shall complete at least 3 hours of training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

**Authority**

The provisions of this § 21.721 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.721 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (396909).

**§ 21.722. Education, examination and re-examination of applicants.**

(a) *Education.* The Board approves educational programs that meet the requirements of section 6(b)(2) of the act (63 P.S. § 216(b)(2)) that are approved by ACEND or the ACN.

(b) *Examination.*

(1) The Board approves the Registration Examination for Registered Dietitians and Examination of the Certification Board for Nutrition Specialists as the examinations which an applicant may complete to satisfy section 6(b)(4) of the act.

(2) A candidate shall take the examination for the first time within 1 year of completing the dietetics-nutrition education program unless prevented by emergency, illness, military service or other good cause shown, or the candidate holds a license to practice as a dietitian-nutritionist in another state or country.

(c) *Re-examination.*

(1) A candidate may take the licensing examination as many times as necessary to pass the licensure examination.

(2) Candidates who apply for re-examination 2 years or more after initial examination shall satisfy the administrative and education requirements prevailing at the time of reapplication.

**Authority**

The provisions of this § 21.722 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.722 amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822. Immediately preceding text appears at serial page (378866).

**Cross References**

This section cited in 49 Pa. Code § 21.705 (relating to fees); 49 Pa. Code § 21.721 (relating to qualifications for licensure); and 49 Pa. Code § 21.724 (relating to continuing education).

**§ 21.723. License renewal.**

(a) A license issued under section 5(e) of the act (63 P.S. § 215(e)) or under this subchapter will be valid from the date of issuance through September 30, 2006, following the issuance of the license. Each subsequent license renewal will be valid for 2 years from October 1 through September 30.

(b) When applying for renewal of licensure, an LDN shall:

(1) Complete the renewal application, including disclosing a license to practice dietetics-nutrition in any other state, territory, possession or country.

(2) Pay the required fee as set forth in § 21.705 (relating to fees).

(3) Submit, or cause to be submitted, proof to the Board that the LDN has satisfactorily completed a minimum of 30 hours of CPE approved by the Board in accordance with § 21.724 (relating to continuing education) during the 2 calendar years immediately preceding the application for renewal. At least 2 of the required 30 hours shall be completed in approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(4) Disclose any discipline imposed by a state licensing board in the previous biennial period or any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition program during the previous biennial period unless prior notification has been made under § 21.723a (relating to reporting of crimes and disciplinary action).

**Authority**

The provisions of this § 21.723 amended under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.723 amended October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (396910).

**Cross References**

This section cited in 49 Pa. Code § 21.723a (relating to reporting of crimes and disciplinary action).

**§ 21.723a. Reporting of crimes and disciplinary action.**

(a) An LDN shall notify the Board of pending criminal charges within 30 days of the filing of the criminal charges or on the biennial renewal application under § 21.723 (relating to license renewal), whichever is sooner.

(b) An LDN shall notify the Board of a criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition program within 30 days of the disposition or on the biennial renewal application under § 21.723, whichever is sooner.

(c) An LDN shall notify the Board of disciplinary action in the nature of a final order taken against the LDN's license by the licensing authority of another state, territory or country within 90 days of receiving notice of the disciplinary action or on the biennial renewal application under § 21.723, whichever is sooner.

**Authority**

The provisions of this § 21.723a issued under sections 2.1(k) and 12.1(a) of The Professional Nursing Law (63 P.S. §§ 212.1(k) and 222(a)).

**Source**

The provisions of this § 21.723a adopted October 16, 2015, effective October 17, 2015, 45 Pa.B. 6196.

**Cross References**

This section cited in 49 Pa. Code § 21.723 (relating to license renewal).

**§ 21.723b. Reporting of address changes.**

An LDN shall notify the Board within 14 days of a change of address.

**Authority**

The provisions of this § 21.723b issued under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)).

**Source**

The provisions of this § 21.723b adopted December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822.

**§ 21.724. Continuing education.**

(a) *Prior to renewal.* One hour of CPE credit will be given for each 50-minute clock hour of CPE activity. Each LDN shall complete 30 CPE credits during the 2 calendar years immediately preceding the application for license renewal. At least 2 of the 30 hours shall be completed in approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement). If any activity overlaps two renewal periods, the date of completion of the activity determines the date in which the activity can be reported.

(b) *Board-approved continuing professional education.* The Board will accept for completion of the CPE requirement substantive learning experiences, subject to the limitations in paragraph (2) relating to the field of nutrition and dietetics

which are not designed for the public and which are sponsored by the AND, the ACN, by individual state dietetic associations, if the association is a member of the AND or ACN, by approved college or dietetic programs under § 21.722 (relating to education, examination and re-examination of applicants) when a certificate of attendance is issued, and courses related to the practice of dietetics-nutrition offered by the Accreditation Council for Continuing Medical Education, the Accreditation Council on Pharmaceutical Education, the American Osteopathic Association and the American Medical Association.

(1) In addition to lecture-based CPE courses, LDNs may apply to the Board for approval of CPE credit and the Board may, upon review by the LDN Committee, grant credit for the following:

- (i) Case presentations, such as grand rounds or patient case studies.
- (ii) Academic coursework and research studies approved by an institutional review board.
- (iii) Interactive workshops.
- (iv) Lecturers and seminars.
- (v) Residency and Fellowship programs which are at the post baccalaureate level, and are sponsored by a United States regionally accredited college or university, or an institution accredited/approved by the Joint Committee on Accreditation of Healthcare Organizations or the National Committee for Quality Assurance.

(2) The Board will not accept for completion of the CPE requirement the following:

- (i) Academic coursework or programs on office management skills, or entrepreneurship, strategic business planning, computer skills, except courses directly related to the practice of dietetics-nutrition such as accessing nutrient analysis databases.
- (ii) Attendance at exhibits manned by detail personnel.
- (iii) Journal clubs.
- (iv) Professional leadership, such as holding an elective office in a dietetics or dietetics-related organization.
- (v) Professional reading for which there is no evaluative test submitted and no certificate of completion or CPE unit awarded.

(c) *Documentation.* The licensee shall retain documentation of completion of Board-approved continuing education (as set forth in subsection (b)) for at least 5 years and shall submit this documentation upon request of the Board.

(d) *Waiver.* An LDN who can demonstrate to the Board a verified hardship may request a waiver of CPE requirements for a single biennial period. It shall be the duty of each licensee seeking waiver to notify the Board in writing and request the waiver, at least 60 days prior to the end of the biennial renewal period, which will be granted, denied, or granted in part.

#### Authority

The provisions of this § 21.724 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 212.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.724 amended December 16, 2016, effective December 17, 2016, 46 Pa.B. 7822; amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385257) to (385258).

**Cross References**

This section cited in 49 Pa. Code § 21.705 (relating to fees); and 49 Pa. Code § 21.723 (relating to license renewal).

**§ 21.725. Inactive status.**

An LDN may request that his license be placed on inactive status. The licensee will not be required to remit the biennial renewal fee during the period when the license is on inactive status. In order to return to active status, the licensee shall submit proof of completion of a minimum of 30 hours of approved CPE in the biennial period preceding the request for reactivation and pay applicable fees. A person who requests an active status license who has been on inactive status for 5 consecutive years shall satisfy the requirements of section 6(b)(4) of the act (63 P.S. § 216(b)(4)), unless the person demonstrates that he has an active license to practice in another state or has had an RD registration or a CNS certification for at least 2 out of the last 5 years.

**Subchapter H. CLINICAL NURSE SPECIALISTS****GENERAL PROVISIONS**

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**PENALTIES FOR VIOLATION**

21.831. Penalties for violations.

**Authority**

The provisions of this Subchapter H issued under The Professional Nursing Law (63 P.S. §§ 211—225.5), unless otherwise noted.

**Source**

The provisions of this Subchapter H adopted July 16, 2010, effective July 17, 2010, 40 Pa.B. 3944, unless otherwise noted.

**GENERAL PROVISIONS****§ 21.801. Definitions.**

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

*Act*—The Professional Nursing Law (63 P.S. §§ 211—225.5), which provides for the certification of CNSs.

*Approved*—Approved by the Board.

*Approved program*—Those educational programs accredited by the NLNAC or CCNE for preparing a professional nurse to practice as a CNS.

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

*Board-designated specialty*—One of six patient populations, including neonatal, pediatrics, family/across the lifespan, adult/gerontology, women's health/gender-related and psychiatric/mental health.

*Board-recognized*—The Board has determined that an entity meets the Board's quality standards to conduct an activity and has named the entity on the Board's web site.

*Certification*—Certification as a CNS issued by the Board.

*CCNE—Commission on Collegiate Nursing Education*—The organization recognized by the United States Secretary of Education as a National accreditation agency that provides a nongovernmental peer review process in accordance with Nationally recognized standards established for the practice of accreditation in the United States.

*CNS—Clinical nurse specialist*—An individual licensed in this Commonwealth to practice professional nursing who meets the educational and examination or equivalency requirements of the act and who is certified by the Board as a clinical nurse specialist.

*NLNAC—National League for Nursing Accrediting Commission*—The organization that is recognized as the accrediting body for all types of nursing education programs by the United States Department of Education and that is responsible for the specialized accreditation of nursing education programs, both postsecondary and higher degrees.

*National certification*—The credential awarded by a Board-recognized organization evidencing that an individual has passed a National certification examination and has maintained current National certification in a specialty as specified by the organization.

*National certification organization*—An organization recognized by the Board and maintained on the approved list on the Board's website that has as one of its purposes the examination of individuals who will practice as CNSs.

### § 21.802. Scope.

In this subchapter, the Board:

- (1) Provides for certification of CNSs who meet the qualifications set forth in the act.
- (2) Administers the act by providing rules and regulations relating to the issuance and renewal of CNS certification.
- (3) Provides rules and regulations for the conduct of CNSs.
- (4) Regulates the practice of CNSs.

### § 21.803. Applicability of rules relating to professional nurses.

Sections 21.1—21.4a, 21.6 and 21.11—21.18a apply to nurses certified under this subchapter.

### § 21.804. Approved educational programs.

- (a) The Board will approve educational programs as set forth in section 6.2(c) of the act (63 P.S. § 216.2(c)).
- (b) The Board will maintain a list of approved educational programs on its web site as set forth in section 6.2(c)(2) of the act.
- (c) Educational programs that prepare nurses to practice as CNSs created after March 20, 2008, shall submit evidence that the program meets the criteria in section 6.2(c)(1) of the act to the Board for inclusion on the list of approved programs.

### § 21.805. Fees.

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

Certification as a CNS .....	\$115
Biennial renewal fee .....	\$56
Restoration of certificate after suspension or revocation .....	\$60
Reactivation of inactive or lapsed certificate (5 years or longer) .....	\$50
Verification of certification .....	\$45
Verification of certification with history .....	\$50
Approval of each hour of CNS continuing education activity by sources not listed in § 21.825(a) (relating to sources of continuing education) .....	\$115
Renewal of approval of CNS continuing education activity by sources not listed in § 21.825(a) .....	\$35
- (b) In addition to the application fee prescribed in subsection (a), which is payable directly to the Board, a candidate for National certification will also pay an additional fee to the certifying organization. A candidate may contact the certifying organization for more information regarding the National certification examination and examination fee.



**Authority**

The provisions of this § 21.805 amended under section 11.2(a) and (b) of The Professional Nursing Law (63 P.S. § 221.2(a) and (b)); section 17.5(a) and (b) of the Practical Nurse Law (63 P.S. § 667.5(a) and (b)); and section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P.S. § 279.1(a)(3) and (7)).

**Source**

The provisions of this § 21.805 amended July 26, 2019, effective July 27, 2019, 49 Pa.B. 3891. Immediately preceding text appears at serial pages (385261) to (385262).

**Cross References**

This section cited in 49 Pa. Code § 21.811 (relating to qualifications for initial certification); 49 Pa. Code § 21.813 (relating to application for certification); 49 Pa. Code § 21.822 (relating to biennial renewal of certification); 49 Pa. Code § 21.825 (relating to sources of continuing education); and 49 Pa. Code § 21.827 (relating to continuing education course approval).

**CERTIFICATION REQUIREMENTS****§ 21.811. Qualifications for initial certification.**

The Board may certify an applicant for initial certification who files an application on a form provided by the Board and pays the application fee in § 21.805 (relating to fees), in accordance with the following:

(1) *RN license.* The Board may certify an applicant who has a current, unrestricted license to practice professional nursing in this Commonwealth.

(2) *Education.* The Board may certify an applicant who has a master's degree, doctoral degree or post-master's degree or certificate in nursing from an educational program that meets the requirements of section 6.2(c)(1) of the act (63 P.S. § 216.2(c)(1)).

(3) *Alternative education.* An applicant for initial certification who completed an educational program in a related discipline previously recognized for National certification as a CNS may be granted certification from the Board in the area of the applicant's current National certification from the American Nurses Association or the American Nurses Credentialing Center.

(4) *National certification or equivalence.*

(i) The Board may grant initial certification in a Board-designated specialty or other pertinent specialty to an applicant who demonstrates current National certification by examination.

(ii) The Board may grant initial certification without specialty to applicants who demonstrate that their educational program does not make them eligible to take a National certification examination and who demonstrate equivalence. For purposes of this section, the Board will determine equivalence on a case-by-case basis after considering the information submitted by the applicant that may include an official transcript, course descriptions, current curriculum vitae, work history in the CNS role, professional recommendations and additional advanced nursing education and certification examinations.

(5) *Mandatory training in child abuse recognition and reporting.* An applicant for initial certification shall have completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

**Authority**

The provisions of this § 21.811 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.811 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (396914) and (385263).

**Cross References**

This section cited in 49 Pa. Code § 21.813 (relating to application for certification).

**§ 21.812. Qualifications for certification by endorsement; additional certification.**

(a) *Certification by endorsement.* An applicant for certification by the Board who holds an unrestricted license, certificate or authorization to practice as a CNS from another state, territory or possession of the United States or a foreign country, who met initial certification requirements equivalent to the Board's certification requirements and a current RN license in this Commonwealth may be granted certification by endorsement. An applicant for initial certification by endorsement shall have completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(b) *Additional certification.* A CNS who is already certified by the Board may apply for an additional certification. To be granted an additional certification, the CNS shall meet the educational and National certification requirements for the additional certification.

**Authority**

The provisions of this § 21.812 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

**Source**

The provisions of this § 21.812 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial page (385263).

**Cross References**

This section cited in 49 Pa. Code § 21.813 (relating to application for certification).

**§ 21.813. Application for certification.**

(a) An applicant for certification shall submit an application form provided by the Board to the Board for its review and approval.

(b) An applicant for initial certification shall include documentation satisfactory to the Board that the applicant meets the qualifications in § 21.811 (relating to qualifications for initial certification).

(c) In addition to the documentation in subsections (a) and (b), an applicant for certification by endorsement shall include documentation satisfactory to the Board that the applicant meets the educational qualifications in § 21.812(a) (relating to qualifications for certification by endorsement; additional certification) and the following:

- (1) Verification of unrestricted licensure, certification or authority to practice as a professional nurse and CNS issued by the proper licensing authority of another state, territory or possession of the United States or a foreign country.
- (2) A written statement from the out-of State licensing, credentialing or authorizing entity setting forth the licensure, certification or authorization to practice requirements at the time the applicant was first licensed, certified or authorized to practice by that entity.
- (d) An applicant who holds certification from the Board who is applying for an additional certification under § 21.812(b) shall submit, in addition to the documentation required under subsections (a) and (b), documentation of the following:
  - (1) Official transcript from the applicant's CNS program and any additional educational programs, including degree awarded, demonstrating a concentration in the specialty in which the applicant is seeking certification.
  - (2) Proof of current National certification as a CNS.
- (e) An applicant shall remit the certification fee in § 21.805 (relating to fees).
- (f) An applicant shall verify compliance with section 8.5(e) of the act (63 P.S. § 218.5(e)) on the application for certification.
- (g) An applicant shall submit additional information as identified on the application or as requested in writing by the Board. If supporting material is not provided within 12 months of the date of application, the applicant will be required to file a new application and remit the certification fee.

#### MAINTENANCE OF CERTIFICATION

##### § 21.821. CNS standards of conduct.

- (a) In addition to the standards of conduct for a professional nurse set forth in § 21.18 (relating to standards of nursing conduct), a CNS shall perform only those services that comprise the practice of professional nursing as defined in section 2(1) of the act (63 P.S. § 212(1)).
- (b) A CNS practicing in this Commonwealth shall maintain a level of professional liability coverage as set forth in section 8.5(e) of the act (63 P.S. § 218.5(e)).

##### § 21.822. Biennial renewal of certification.

- (a) The certification of a CNS will expire at the same time as the CNS's professional nursing license as provided in § 21.29 (relating to expiration and renewal of license).
- (b) Notice of application for renewal will be forwarded biennially to each active CNS at the CNS's address of record with the Board prior to the expiration date of the current biennial period.
- (c) As a condition of biennial renewal, a CNS shall hold a valid, unexpired and unrestricted professional nursing license.
- (d) As a condition of biennial renewal, a CNS shall complete a minimum of 30 hours of Board-approved continuing education, in the 2 years prior to renewal as required under section 8.5(c)(2) of the act (63 P.S. § 218.5(c)(2)), unless the requirement is waived by the Board under § 21.823(b) (relating to CNS-level continuing education; waiver; sanctions) or the CNS's certification is on inactive

status. At least 2 of the required 30 hours must be completed in approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(e) The applicant shall remit the required renewal fee in § 21.805 (relating to fees) with the applicant's renewal application forms. Upon approval of the renewal application, the CNS will receive a certification for the current renewal period.

#### Authority

The provisions of this § 21.822 amended under section 2.1(k) of The Professional Nursing Law (63 P.S. § 222.1(k)); section 17.6 of the Practical Nurse Law (63 P.S. § 667.6); and 23 Pa.C.S. § 6383(b)(2).

#### Source

The provisions of this § 21.822 amended March 25, 2022, effective March 26, 2022, 52 Pa.B. 1916. Immediately preceding text appears at serial pages (385264) and (396915).

### § 21.823. CNS-level continuing education; waiver; sanctions.

(a) In lieu of meeting the RN continuing education requirements of section 12.1(b) of the act (63 P.S. § 222(b)), a CNS may submit proof of completion of the CNS continuing education requirement set forth in section 8.5(c)(2) of the act (63 P.S. § 218.5(c)(2)).

(b) The Board may waive the requirements of continuing education in cases of illness or undue hardship. It is the duty of each licensee who seeks a waiver to notify the Board in writing and request the waiver at least 90 days prior to the end of the renewal period. The Board will grant, deny or grant in part the request for waiver.

(c) An individual failing to meet the continuing education requirements for a biennial period will be sanctioned in accordance with § 43b.18a (related to schedule of civil penalties for nurses).

#### Cross References

This section cited in 49 Pa. Code § 21.822 (relating to biennial renewal of certification).

### § 21.824. Inactive status and reactivation.

A CNS who places the CNS's certification on inactive status is not required to meet the continuing education requirements in section 8.5(c)(2) of the act (63 P.S. § 218.5(c)(2)) during the period the certification is on inactive status. Upon application for reactivation of certification, the CNS shall provide the documentation in § 21.828(b) (relating to CNS responsibilities) to demonstrate that the CNS has met the continuing education requirements for the biennial period immediately preceding the request for reactivation.

### § 21.825. Sources of continuing education.

(a) The following providers of continuing education and credentialing organizations have currently met the standards for course approval for continuing education and, provided that these providers and credentialing organizations comply with §§ 21.826 and 21.827 (relating to requirements for continuing education courses; and continuing education course approval), they are preapproved to offer creditable continuing education, subject to reevaluation as set forth in subsection (b):

- (1) Board-approved CNS educational programs and CNS educational programs approved by other state boards of nursing or that hold current accreditation issued by a National nursing accreditation organization.
- (2) National and international nursing organizations and their state and local affiliates.
- (3) National and international medical and osteopathic organizations and their state and local affiliates.
- (4) National pharmaceutical organizations and their state and local affiliates.
- (5) National nursing specialty organizations and programs accredited by National nursing accrediting associations.
- (6) Continuing education programs approved by other state boards of nursing for advanced practice nurses or CNSs.
- (b) The approval given to the providers and credentialing organizations in subsection (a) is subject to reevaluation. A rescission of provider or credentialing organization approval will be made in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure) or by amendment of this section.
- (c) CNSs may obtain credit for continuing education offered by providers not indicated in subsection (a) if the provider obtains Board approval of the continuing education prior to its implementation, or the CNS obtains Board approval of the continuing education prior to attending the continuing education. A continuing education provider or CNS may obtain Board approval of continuing education by submitting an application for approval, the fee in § 21.805 (relating to fees) and the supporting documentation in § 21.827(b) at least 90 days prior to the course.
- (d) CNSs may obtain credit for correspondence courses, taped study courses, and other independent or online study courses if the course is approved under subsection (c).
- (e) Up to 4 hours may be approved under subsection (c) for service as a teacher in a nursing education program, preceptor providing direct clinical supervision in a specialty area, lecturer or speaker and for publication in a refereed journal or other scholarly publication relating to the CNS's area of practice.
- (f) An hour for the purposes of CNS continuing education is 50 minutes.
- (g) The Board will apply § 21.132(b) (relating to continuing education hours) to determine the number of hours awarded for academic coursework.

#### Cross References

This section cited in 49 Pa. Code § 21.805 (relating to fees); 49 Pa. Code § 21.827 (relating to continuing education course approval); and 49 Pa. Code § 21.828 (relating to CNS responsibilities).

### § 21.826. Requirements for continuing education courses.

Each course must have:

- (1) An established mechanism to measure its quality, established criteria for selecting and evaluating faculty, and established criteria for the evaluation of each participant who completes the course.
- (2) An adequate physical facility and appropriate instructional materials to carry out the continuing education course.
- (3) An instructor whose area of expertise is in the subject matter being taught.

**Cross References**

This section cited in 49 Pa. Code § 21.825 (relating to sources of continuing education).

**§ 21.827. Continuing education course approval.**

(a) As a condition of approval, providers and credentialing organizations are required to provide CNSs who complete continuing education courses with a certificate of completion which contains the information in § 21.828(a) (relating to CNS responsibilities).

(b) Providers or CNSs requesting Board approval for continuing education as set forth in § 21.825(c) (relating to sources of continuing education) shall pay the fee in § 21.805 (relating to fees) and submit the following information to the Board:

- (1) The full name and address of the provider.
  - (2) The title of the program.
  - (3) The dates and location of the program.
  - (4) The faculty names, titles, affiliations, degrees and areas of expertise.
  - (5) The schedule of the program—title of subject, lecturer and time allocated.
  - (6) The total number of hours requested.
  - (7) The method of certifying and assuring attendance, and draft of certificate of attendance to be provided to course participants.
  - (8) The course objectives.
  - (9) The target audience.
  - (10) The core subjects.
  - (11) The instruction and evaluation methods.
- (c) Providers shall submit other information requested by the Board.
- (d) The provider shall provide CNSs who successfully complete a course with a certificate of attendance.
- (e) A separate application shall be submitted whenever a change is made to any information submitted under subsection (b), except for information related to a change in date or location, or both.

**Cross References**

This section cited in 49 Pa. Code § 21.825 (relating to sources of continuing education).

**§ 21.828. CNS responsibilities.**

(a) A CNS is required to maintain documentation of completion of continuing education, including:

- (1) CNS's name.
- (2) Dates attended.
- (3) Continuing education hours.
- (4) Title of course.
- (5) Course provider.
- (6) Location of course.

(b) Primary responsibility for documenting completion of the continuing education requirements rests with the CNS. A CNS seeking to renew certification shall verify compliance with continuing education requirements. Certificates of attendance and other documentation of completion of continuing education requirements must be maintained for 5 years. The Board approval letter sent to

the applicant will be considered acceptable documentation of hours obtained through § 21.825(c) or (e) (relating to sources of continuing education).

(c) Falsification of information required under this section or failure to complete the continuing education requirements by those who continue to practice as CNSs may result in the institution of formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 221(a)(3)) and § 21.831(3) (relating to penalties for violations).

**Cross References**

This section cited in 49 Pa.B. § 21.824 (relating to inactive status and reactivation); and 49 Pa.B. § 21.827 (relating to continuing education course approval).

**PENALTIES FOR VIOLATION**

**§ 21.831. Penalties for violations.**

Certification as a CNS may be suspended, revoked or otherwise restricted, and the Board may order remedial measures when, after notice and opportunity to be heard, the Board finds that:

- (1) The CNS has engaged in medical diagnosis or the prescription of medical therapeutic or corrective measures prohibited under section 8.6(a) of the act (63 P.S. § 218.6(a)).
- (2) The CNS has performed a service beyond the scope of practice of professional nursing as defined in section 2(1) of the act (63 P.S. § 212(1)).
- (3) The CNS has violated the act or this subchapter, or engaged in any conduct prohibited for professional nurses.

**Cross References**

This section cited in 49 Pa.B. § 21.828 (relating to CNS responsibilities).

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