STATE BOARD OF NURSING
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Application for a Certified Registered Nurse Practitioner Education Program

<u>Notice: Application fee was increased on July 27, 2019.</u>

GENERAL INSTRUCTIONS

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

FEES

- The $2195.00 **non-refundable** application fee must be submitted for each degree type within each population specialty. The fee must accompany the application.
- Applications that are incomplete one year from receipt in the Board office must be resubmitted with a new application fee.

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

1-30-18; Revised 7/2019

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

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

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

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

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Application for a Certified Registered Nurse Practitioner Education Program

Provider Information

Provider's Name: _____

Provider's Mailing Address: _____

Provider's Physical Address: _____

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

Web Link to the Provider's Catalogue: _____

Provider's Accreditor:

_____ Regional Accrediting Agency

_____ Other (Explain) _____

CRNP Program Information

CRNP Specialty Sought (Select One):
_____ Adult-Gerontology Acute Care   _____ Adult-Gerontology Primary Care
_____ Family/Individual Across the Lifespan _____ Neonatal
_____ Pediatric Acute Care   _____ Pediatric Primary Care
_____ Psychiatric-Mental Health   _____ Women's Health/Gender-Related

Other _____

CRNP Program's Name: _____

CRNP Program's Mailing Address: _____

CRNP Program's Physical Address: _____

Degree to be awarded for the planned specialty (Select one degree):
_____ Master's Degree   _____ Doctorate
_____ Full-time   _____ Full-time
_____ Part-time   _____ Part-time

Other _____

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

CRNP Program's Intended Admission Date of Students: _____

Anticipated Accreditor:

_____ ACEN   _____ CCNE   _____ CNEA

Other _____

Anticipated Nurse Practitioner Examination Eligibility: (Select all that apply)

_____ American Academy of Nurse Practitioners (AANP)
_____ American Association of Critical Care Nurses (AACN)
_____ American Nurses Credentialing Center (ANCC)
_____ National Certification Corporation (NCC)
_____ Oncology Nursing Certification Corporation (ONCC)
_____ Pediatric Nursing Certification Board (PNCB)

Other _____

Anticipated Nurse Practitioner Examination Specialty: (Select all that apply)
_____ Adult-Gerontology Acute Care
_____ Adult-Gerontology Primary Care
_____ Family/Individual Across the Lifespan
_____ Neonatal
_____ Pediatric Acute Care
_____ Pediatric Primary Care
_____ Psychiatric-Mental Health
_____ Women's Health/Gender-Related

Other _____

Policies

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

_____ Yes _____ No (Explain) _____

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

Web Link to the Graduate Student Handbook: _____

Contact Person Information

Contact Person Name: _____

Contact Person Physical Address: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

Education Information

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

_____

_____

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

- Research _____

- Health Care Policy and Organization _____

- Ethics _____

- Professional Role Development _____

- Theoretical Foundations of Nursing Practice _____

- Human Diversity and Social Issues _____

- Health Promotion and Disease Prevention _____

- Advanced Health/Physical Assessment _____

- Advanced Physiology and Pathophysiology _____

- Advanced Pharmacology _____

- Specialty Content _____

  _____

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

Simulation Program Plan

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

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

Faculty Information

PROGRAM DIRECTOR

Have you Identified a Program Director for this program?

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

Identified Program Director

Program Director's PA RN License Number:

Program Director's PA CRNP Certification Number:

Program Director's Name:

Program Director's PA CRNP Specialty:

Program Director's PA CRNP Certification Expiration Date:

Program Director's Telephone Number:

Program Director's Academic Credentials

Program Name: _____

City/State: _____

Degree and Year Awarded:

_____PhD _____EdD _____DNSc_____DNP/DrNP

_____Other _____

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

_____American Academy of Nurse Practitioners (AANP)

_____American Association of Critical Care Nurses (AACN)

_____American Nurses Credentialing Center (ANCC)

_____National Certification Corporation (NCC)

_____Oncology Nursing Certification Corporation (ONCC)

_____Pediatric Nursing Certification Board (PNCB)

_____Other _____

Program Director's Nurse Practitioner National Certification with Specialty_____

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

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

Program Director's Appointment Status:_____Interim_____Permanent

Program Director is also teaching

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

Program Director's Date of Appointment _____

Minimum Qualifications for the Program Director

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

Detail the minimum qualifications for the Program Director for this Program

_____

_____

FACULTY MEMBERS

Do you have identified faculty for this program?

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

Identified Faculty

Faculty Member's PA RN License Number:_____

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

Faculty Member's Name: _____

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

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

_____Clinical　　　_____Theory

Faculty Member's Academic Credentials

Program Name: _____

City/State:_____

Highest Degree and Year Awarded Related to the Subject Matter:

_____PhD　　_____EdD　　_____DNSc　　_____DNP

_____MSN_____MS　_____Master's in Nursing Education

_____Post-Master's in Nursing_____Master's in Other Field

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

_____American Academy of Nurse Practitioners (AANP)

_____American Association of Critical Care Nurses (AACN)

_____American Nurses Credentialing Center (ANCC)

_____National Certification Corporation (NCC)

_____Oncology Nursing Certification Corporation (ONCC)

_____Pediatric Nursing Certification Board (PNCB)

_____Other _____

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

_____

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

_____

Faculty Member's Employment Status:

_____Part-time   _____Full-time   _____Adjunct

Faculty Member's Date of Appointment _____

Faculty Member's Title/Position _____

Courses being taught by Faculty Member _____

Add a separate attachment for additional Faculty.

Minimum Qualifications for the Faculty

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

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

_____

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

_____

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

_____

PRECEPTORS

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

Preceptor's Name: _____

Preceptor's License/CRNP Certification Number: _____

Preceptor's License Status: _____

Preceptor's CRNP Specialty: _____

Preceptor's State of Licensure (Only provide the licensure for the state where the precepting is taking

place.):_____

Add a separate attachment for additional preceptors

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

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

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

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

Signature of Program Application Contact Person_____Date _____

Provider Name_____

Template A
CURRICULUM PLAN BY SEMESTER

Semester I:

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

Semester II:

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

Semester III:

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

Semester IV:

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

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

Provider Name_____

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

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