

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

**F I N A L M I N U T E S**

MEETING OF:

**STATE BOARD OF NURSING**

TIME: 9:04 A.M.

Held at

**PENNSYLVANIA DEPARTMENT OF STATE**

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

**VIA MICROSOFT TEAMS**

June 05, 2025

State Board of Nursing  
June 05, 2025

BOARD MEMBERS:

Colby P. Hunsberger, DNP, RN, CNEcl, Chair - Absent  
Arion R. Claggett, Acting Commissioner, Bureau of  
Professional and Occupational Affairs  
Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice  
Chair  
Kathryn L. Capiotis, MSN, BSN, RN - Absent  
Charlene W. Compheer, PhD, RD, LDN, FASPEN - Absent  
Susan Hellier, PhD, DNP, FNP-BC  
Brandy Hershberger, DNP, MSN, RN, CEN  
Sue E. Hertzler, LPN  
Linda A. Kerns, Esquire, Public Member  
David Scher, MPH, MSN, RN, CEN  
Tina D. Siegel, LPN

COMMONWEALTH ATTORNEYS AND LEGAL OFFICE STAFF:

Judith Pachter Schulder, Esquire, Board Counsel  
Megan E. Castor, Esquire, Board Counsel  
Ashley Keefer, Esquire, Board Counsel  
Cathy A. Tully, Esquire, Board Counsel  
Tata Czekner, Intern, Counsel Division  
Codi Tucker, Esquire, Board Prosecution Co-Liaison  
T'rese Evancho, Esquire, Board Prosecution Co-Liaison  
Kathryn Bellfy, Esquire, Board Prosecutor  
Garrett Rine, Esquire, Board Prosecutor  
Matthew Sniscak, Esquire, Board Prosecutor  
Carlton Smith, Esquire, Deputy Chief Counsel,  
Prosecution Division  
Trista M. Boyd, Esquire, Board Prosecutor  
Adrianne E. Doll, Esquire, Board Prosecutor  
Matthew Fogal, Esquire, Board Prosecutor  
Alex Capitello, Legal Analyst, Office of Prosecution  
Shemeika Chandler, Legal Assistant, Office of  
Prosecution

DEPARTMENT OF STATE AND BOARD STAFF:

Wendy Miller, MSN, RN, Executive Secretary  
Cynthia K. Miller, Board Administrator  
Kelly Hoffman, MSN, RN, Nursing Education Advisor  
Sue Petula, PhD, MSN, RN, NEA-BC, FRE, Nursing  
Education Advisor

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DEPARTMENT OF STATE AND BOARD STAFF: (Cont.)

Tracy Scheirer, PhD, MSN, RN, CMSRN, CNE, Nursing  
Education Advisor  
Susan Bolig, MSN, RN, Nursing Practice Advisor  
Dulcey Frantz, DNP, RN, RAC-C, Nursing Practice  
Advisor  
Kevin Knipe, MSW, LSW, CCDP Diplomate, Program  
Co-Manager, Professional Health Monitoring Program  
Andrew LaFratte, Deputy Policy Director, Department  
of State  
Willow Marsh, Legislative Aide, Department of State

ALSO PRESENT:

Melanie Holt, MSN, RN, Director, Practical Nursing  
Program, Clearfield County Career and Technology  
Center  
Kathleen Rundquist, MSN, RN, Director, Practical  
Nursing Program, Franklin County Career and  
Technology Center  
Michelle Davis, LPN, MSN, Director of Nursing,  
Lincoln Technical Institute  
Lauren Bowen, PhD, Provost, Juniata College  
Dominick Peruso, Juniata College, Associate Provost  
Aaron Shenck, Executive Director, Mid-Atlantic  
Association of Career Schools  
Stacy Delaney, MSN, RN, Director, Practical Nursing  
Program, Delaware County Technical Schools  
Denise Vanacore, PhD, ANP-BC, FNP-BC, PMHNP-BC, Vice  
Dean and Professor, Holy Family University School  
of Nursing & Health Sciences  
Corey Glavin-Dennis, MSN, BA, RN, CNE, Director,  
Practical Nursing Program, Pennsylvania Institute  
of Technology  
Elizabeth Menschner, DNP, MAS, MSN, RN, NEA-BC,  
Executive Director, Pennsylvania Organization of  
Nurse Leaders  
Lisa Urban, MSN, RN, Director, Practical Nursing  
Program, Greater Altoona Career and Technology  
Center  
Misha Patel, Esquire, Government Relations  
Specialist, Pennsylvania Medical Society  
Marissa Fouse, Executive Assistant, Juniata College  
Ginger Peterson, Wilson College

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ALSO PRESENT: (Cont.)

Bailey Shafer, LPN, RN, BSN, MSN, Erie County  
Community College  
Andrea Potteiger, MSN, NE-BC, Nurse Expert for the  
Prosecution  
Heather Haines, MSN, BS, RN, Director, Practical  
Nursing Program, Mifflin County Academy of Science  
and Technology  
Anna Gale, DNP, CRNP, FNP-BC, Coordinator of the FNP  
Track, Professor of Nursing, Messiah University  
Sandra Cohen, CRNP WHNP-BC, RN, Senior Associate  
Dean, St. Luke's School of Nursing  
Amina Harris, MBA, MSN, RN, Messiah University CRNP  
Program  
Patricia Delucia, Corporate Director of Nursing,  
Lincoln Technical Institute  
Cynthia Rish, Rish Law Firm  
Wesley Rish, Esquire, Rish Law Firm  
Nicole Campbell, Division Chief, Division of Law  
Enforcement Education and Trade Schools,  
Pennsylvania Department of Education  
P. Daniel Altland, Esquire, Pennsylvania Association  
of Nurse Anesthetists  
Marcia Landman, MSN-FNP, BSN, RN, Director, Practical  
Nursing, United Career Institute  
Katie Gruber, MSW, CADC, Case Manager, Physicians'  
Health Program, PA Medical Society  
Jenifer Stilgenbauer, MEd, BSN, Bethlehem Area  
Vocational-Technical School  
Kari Orchard, Democratic Executive Director, House  
Professional Licensure Committee  
Tracy Campbell, Children's Hospital of Philadelphia  
Angela Simmons, DNP, MSN-NCEL, RN, Director,  
Practical Nurse Program, Carlow University  
Stephanie Weaver, BSN, RN, Practical Nursing  
Instructor, Greater Altoona Career & Technology  
Center  
Jordan Fuhrman, Government Relations Specialist,  
Pennsylvania State Nurses Association  
Michelle Borland, DNP, APRN, FNP-C, CN, Vice  
President, Director of Nursing, Laurel College of  
Technology  
Chad T. Callen, Chief Executive Officer, West  
Virginia Junior College & United Career Institute  
Jennifer McCabe, Student, Wilmington University  
Amanda Sleeper, NP Student, Wilmington University

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ALSO PRESENT: (Cont.)

Susan Lynch, Campus President, Fortis Institute-Scranton Campus

Rachel Mann, Esquire, Imagine Different Coalition Steering Committee/Consultant

Scott E. Van Vooren, EdD, Vice President, PITC Institute

Erin Johnson, MPH, MSN, RN, Program Coordinator and Public Health Nurse, Technology Assisted Children's Home Program

Ryan Scott, Ascend Learning

Ben Krol, Ascend Learning

Kristin Doorley, Northeast Sales Director, Ascend Learning

Patricia A. Hubbs, RN, BSN, MBA, Administrative Director, Nursing and Clinical Care Services, Children's Hospital of Philadelphia

Kelly A. Kuhns, PhD, RN, CNE, Professor, Millersville University

Katrina Maurer, DNP, Dean, Practical Nursing Program, Fortis Institute-Scranton Campus

George Mikluscak, EdD, Vice President, West Virginia Re-Authorization Review Committee

Joanna Hughes Horne, BSN, RN, OCN, Pennsylvania Institute of Technology

Kathleen Prendergast, LPN, Assistant Director of Nursing Clinical and Lab Experiences, Pennsylvania Institute of Technology

Sarah Hajkowski, Adjunct Faculty, Pennsylvania Institute of Technology

Joseph A. Paletta, Esquire, Paletta Law

Gail Holby, MSN, Director, Wilkes-Barre Area Career & Technical Center Practical Nursing

Kaitlin Cobourne, PhD, RN, CNE, CNEcl, Dean, South College School of Nursing

Peggy Brinton, RRT, BSRT, MS, Respiratory Therapy Director, South College

Marianne Schwalbe, BSN, RN, MS, Nursing Faculty, Pennsylvania Institute of Technology

Larissa Smollar, MSN, RN, CHSE, Pennsylvania Institute of Technology

Laurie Madera, Human Services Analyst, Pennsylvania Office of Mental Health and Substance Abuse

Brenda Elliott, PhD, RN, CNE, ANEF, Graduate Program in Nursing Director, Assistant Professor of Nursing

Jeff Mann, Campus Director, Prism Career Institute

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ALSO PRESENT: (Cont.)

Kristen Slabaugh, DNP, CRNP, FNP-C, CNE, Chief  
Nursing Administrator, Assistant Dean of Nursing,  
Professor of Nursing, Messiah University  
Rebekah Ostby, Director of Operations & Finance,  
Messiah University  
Stephen Gaus, President, TruMerit  
Nadesha Mercer, Manager of Credentials Evaluation  
Services and Credentials Verification Service for  
NY State, TruMerit  
Courtney Pham, Program Learning Specialist, TruMerit  
Josef Silny, President, Josef Silny & Associates Inc.  
Lynda Belmehdi, International Credentials Evaluator,  
TurMerit  
Carla Le'coin, RN, Jefferson Einstein Philadelphia  
Campus & PASNAP Executive Board  
Mary Hartley, President, The Arc of Greater  
Pittsburgh, Senior Vice-President of Achieva  
Aboubakr Deramchi, Credential Specialist, TurMerit  
Hadley Munro, Escalation Specialist-Credential  
Evaluation, TurMerit  
Jennifer DellAntonio, DEd, MSN, RN, CNE, Director of  
Nursing, Juniata College  
Muneeza Iqbal, MPH, Deputy Secretary for Health  
Resources and Services, Pennsylvania Department of  
Health  
Shya M. Erdman, Director, International Student &  
Scholar Services, Juniata College  
James A. Troha, President, Juniata College  
Tanny Wallish, Contractor, Pennsylvania Department of  
Health  
Reagan Hansen, Regulation Specialist, Nightingale  
College  
Francis Giglio, Vice President, Compliance &  
Regulatory Services, Lincoln Technical Institute  
Jeantel Romain, Pennsylvania Institute of Technology  
Jacquelyn Condell, Pennsylvania Department of Health  
Anthony Norwood, Pennsylvania Department of Health  
Lauren Knepp, Pennsylvania Department of Community &  
Economic Development  
Edie Brous, Esquire, Law Offices of Edith Brous  
Nikolaos S. Moraros, EdD, MSN, MSHSA, RN, PHN, Executive  
Regional Dean of Nursing Education, Prism Career Institute  
Beth Ann White, DNP, CRNP, ANP-C, CNE, Associate Teaching  
Professor, Pennsylvania State College of Nursing  
Janyce Collier, MSN, RN, CNE, JLM Consulting

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ALSO PRESENT: (Cont.)

Lauren Scheetz, RN, MSN, Director Practical Nursing,  
Pennsylvania College of Technology  
Susan Leight, EdD, Research Professor and Director of CON  
Research Initiative; DNP-NP Options Director, Ross and  
Carol Nese College of Nursing, Penn State University  
Mary O'Connor, PhD, MSN, RN, Pennsylvania Association of  
Nurse Leaders, Penn West School of Nursing  
Erika Sutton  
Laurie Badzek, LLM, JD, MS, RN, FNAP, FAAN,  
Pennsylvania State University College of Nursing  
717-575-6888  
215-791-2728  
484-995-1680  
610-892-1500  
Allison Walker, Sargent's Court Reporting Service,  
Inc.

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State Board of Nursing

June 05, 2025

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The regularly scheduled meeting of the State Board of Nursing was held on Thursday, June 5, 2025. Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice Chair, called the meeting to order at 9:04 a.m.

\*\*\*

Introduction of Board Members

[Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice Chair, requested an introduction of Board members. A quorum was present.]

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Introduction of Board Staff

[Wendy Miller, MSN, RN, Executive Secretary, provided an introduction of Board staff.]

\*\*\*

Introduction of Board Counsel

[Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice Chair, requested an introduction of Board Counsel.]

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Introduction of Board Prosecution

[Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice Chair, requested an introduction of Board



1 Prosecutors.]

2 \*\*\*

3 Introduction of In-Person Attendees

4 [Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice  
5 Chair, requested an introduction of in-person  
6 attendees.]

7 \*\*\*

8 Introduction of Virtual Attendees

9 [Cynthia K. Miller, Board Administrator, provided an  
10 introduction of virtual attendees.]

11 \*\*\*

12 Adoption of the Agenda

13 JUDITH PACHTER SCHULDER:

14 Item No. 52 is tabled. The other thing  
15 is that we are going to be going into  
16 Executive Session at 11:30, and our  
17 regulations meeting will follow the  
18 Executive Session. And we're doing  
19 that just because we have some Board  
20 members who are not in attendance  
21 today. And for us to be able to move  
22 on certain matters, we need to have  
23 everyone who's here, here. So we're  
24 going to make those two corrections.

25 VICE CHAIR BUCHER:

1                   So can I have a motion to approve the  
2                   Agenda as amended?

3 ACTING COMMISSIONER CLAGGETT:

4                   So moved.

5 MS. HERTZLER:

6                   Second.

7 VICE CHAIR BUCHER:

8                   Okay, all in favor? Any opposed or  
9                   abstentions?

10 [The motion carried unanimously.]

11                                   \*\*\*

12 Report of Prosecutorial Division

13 [Kathryn Bellfy, Esquire, Board Prosecutor, presented  
14 the Consent Agreements regarding the Operation  
15 Nightingale Investigation batch cases at Agenda items  
16 20, 21, and 24, as well as items 22 and 23.]

17                                   \*\*\*

18 [Trista Boyd, Esquire, Board Prosecutor, presented  
19 Agenda item 13, the Consent Agreement at Case No. 24-  
20 51-017074.]

21                                   \*\*\*

22 [Adrianne Doll, Esquire, Board Prosecutor, presented  
23 Consent Agreements at Agenda items 14 through 19.]

24                                   \*\*\*

25 [T'rese Evancho, Esquire, Board Prosecutor, presented

1 Agenda items 25, 26, and 27.]

2 \*\*\*

3 [Matthew Fogal, Esquire, Board Prosecutor, presented  
4 the Consent Agreements regarding Agenda items 28, 29,  
5 and 30.]

6 \*\*\*

7 [Garrett Rine, Esquire, Board Prosecutor, presented  
8 the Consent Agreements regarding Agenda items 31 and  
9 32.]

10 \*\*\*

11 [Matthew Sniscak, Esquire, Board Prosecutor,  
12 presented the Consent Agreement regarding Agenda item  
13 83.]

14 \*\*\*

15 Appointment - PA Kids Need Complex Care Now  
16 Presentation

17 [Rachel Mann, Esquire, Imagine Different Coalition  
18 Steering Committee/Consultant, introduced her  
19 colleague, Erin Johnson, MPH, MSN, RN, Program  
20 Coordinator and Registered Public Health Nurse,  
21 Technology Assisted Children's Home Program.

22 Ms. Johnson stated she had worked since August  
23 2019 as a non-clinical, Master's-prepared Public  
24 Health nurse and Program Coordinator supporting  
25 families with medically complex, technology-dependent

1 children across 31 counties in eastern Pennsylvania.  
2 She clarified that she was speaking as a private  
3 citizen and not in her professional role or as a  
4 member of the Imagine Different Coalition Nurses  
5 Nursing Work Group. She highlighted that many  
6 families she worked with had approved pediatric home  
7 nursing hours that were unfilled or only partially  
8 filled. She shared her personal experience from 2016  
9 when her 11-month-old daughter was diagnosed with a  
10 difficult-to-treat form of leukemia. Over three  
11 years, they spent more than 250 nights inpatient,  
12 during which time, as a single parent and nurse, she  
13 was solely responsible for her daughter's complex  
14 care without any authorized home nursing or aide  
15 support.

16 Ms. Johnson stated her responsibilities included  
17 administering medications, managing feeding tubes,  
18 central lines, and pumps, and handling severe side  
19 effects such as mucositis and high blood pressure.  
20 She emphasized that while she had the advantage of  
21 nursing training, most parents do not. She explained  
22 that many parents caring for children with complex  
23 needs, such as tracheostomies or ventilators, were  
24 not allowed to be paid for their skilled caregiving  
25 work despite being required to meet hospital-grade

1 training standards.

2 Ms. Johnson cited Monica Ruh, Director of Nursing  
3 at Abby Care, who emphasized the unique skill and  
4 compassion family caregivers bring and noted that  
5 many families teach professional nurses how to better  
6 care for their children. Ms. Johnson concluded by  
7 stressing that although the state already relies on  
8 parent caregivers, it refuses to pay them, and she  
9 redirected the floor to Ms. Mann to discuss  
10 legislative solutions to this issue.

11 Ms. Mann stated she served on the Steering  
12 Committee of the Imagine Different Coalition, a group  
13 of stakeholders focused on ensuring children grow up  
14 in families rather than institutions. She explained  
15 that the coalition was working on two bills: One to  
16 improve access to nurses, and another, House Bill  
17 1068, to create a licensing pathway for parents or  
18 relatives to be paid caregivers through home health  
19 agencies.

20 Ms. Mann emphasized that parents often had to  
21 choose between employment and institutionalizing  
22 their child due to the lack of paid caregiving  
23 options. HB 1068, sponsored by Representative  
24 Brandon Markosek and co-sponsored by 18 legislators,  
25 had support from over 20 organizations and no stated

1 opposition. The bill would allow a parent, relative,  
2 or cohabiting caregiver to obtain a license valid  
3 only for caring for their specific child while  
4 employed by a home health agency. The caregiver  
5 could work regular shifts up to 12 hours per day or  
6 fill in for absent nurses and would receive training  
7 in both federal home health aide standards and the  
8 child's specific medical procedures.

9 Licensing would be overseen by the Board, which  
10 would verify training, employment, and clearances.  
11 Licenses would become inactive when employment ended.  
12 Participation would be entirely voluntary, and  
13 agencies would retain discretion over hiring.  
14 Caregivers would be paid at rates equivalent to  
15 licensed practical nurses to prevent financial  
16 incentives to replace professional nurses. Ms. Mann  
17 noted that similar programs existed in Arizona,  
18 Florida, and partially in Colorado.

19 Ms. Pachter Schulder acknowledged the  
20 presentation and directed the speakers to continue  
21 discussions with the Legislative Director regarding  
22 the Department's stance on the bill.

23 Ms. Mann confirmed that they had already  
24 initiated contact with the Legislative Director and  
25 affirmed that they were preparing a packet of

1 information for submission.]

2 \*\*\*

3 Regulation Updates

4 [Judith Pachter Schulder, Esquire, Board Counsel,  
5 stated there were no new updates for regulation 16A-  
6 5139 concerning volunteer licensing as it is planned  
7 to be handled as one package within the Bureau;  
8 however, she confirmed that volunteer licenses are  
9 being issued.

10 On 16A-5141, the Nursing Education Programs  
11 regulation, the Board will be continuing its review  
12 of the post-publication comments later in the  
13 meeting. She added that public comment would be  
14 invited afterward and that discussion on faculty and  
15 administrator qualifications was deferred to the July  
16 meeting at Chair Hunsberger's request.

17 Ms. Pachter Schulder reported that regulation  
18 16A-5145, regarding Certified Registered Nurse  
19 Anesthetist (CRNA) Licensure, had been delivered to  
20 the House and Senate Licensure Committees, the  
21 Independent Regulatory Review Commission (IRRC), and  
22 the Legislative Reference Bureau. The regulation is  
23 set for publication on June 28, 2025, with a public  
24 comment period running through July 28, 2025. The  
25 Board will review the comments at its September

1 meeting. If feedback from the Independent Regulatory  
2 Review Commission (IRRC) was not available by the  
3 date the agenda is due, discussion will occur at a  
4 later meeting.

5 Ms. Pachter Schulder explained that regulation  
6 16A-5146, addressing Opioid Prescription and  
7 Education and Organ Donation Education, had been  
8 delayed at the Commissioner's request to align with  
9 the Medical and Osteopathic Boards' regulation.  
10 However, because the Nursing Board delivered the  
11 proposed regulation to the Legislative committees in  
12 September 2023, the final form regulation has to be  
13 delivered by September 2025 to avoid restarting the  
14 process. The plan is to publish in August/September  
15 2025 with an effective date of May 1, 2026. This  
16 timeline would allow integration into the upcoming  
17 licensure system and coordination with the other  
18 Boards. She reminded attendees that while the Opioid  
19 Education requirement already exists, licensees could  
20 begin the Organ Donation Education early and receive  
21 credit for it within the five-year compliance window.

22 Ms. Pachter Schulder noted that regulation 16A-  
23 5148 related to the Nurse Licensure Compact (NLC)  
24 temporary regulations had been published on May 24.  
25 An implementation date was pending but would be



1 communicated to all licensees through an email blast  
2 with at least two weeks' notice. Training materials,  
3 including videos and instructions, would be made  
4 available in advance. She emphasized that an FBI  
5 criminal background check, now required for all  
6 healthcare practitioners, including those not seeking  
7 a multistate license, would be obtained through  
8 IDEMIA, which will forward results to the  
9 Pennsylvania State Police for Board review. It is  
10 expected that licenses will not be issued on the go-  
11 live date as background checks would not be completed  
12 immediately. Staff, Counsel, and Prosecutors are  
13 scheduled for Compact-related training from June 16  
14 to 18, 2025, and new Frequently Asked Questions had  
15 been posted to the Board's website.

16 Ms. Pachter Schulder stated regulation 16A-5150  
17 regarding Certified Registered Nurse Practitioners  
18 (CRNPs) Prescribing and Dispensing is currently on  
19 the back burner due to prioritization of other  
20 regulatory packages.

21 Ms. Pachter Schulder shared that regulation 16A-  
22 5151 which concerns Licensed Practical Nurse (LPN)  
23 Pronouncement of Death had completed its pre-draft  
24 input phase with few comments received. These would  
25 be reviewed during the July meeting for further

1 discussion and possible adoption in proposed form.

2 Ms. Pachter Schulder also briefly referenced  
3 regulation 16A-5152 related to permanent Nurse  
4 Licensure Compact regulations, noting it was not  
5 currently listed on the agenda. She suggested  
6 waiting to determine whether further regulatory  
7 changes would be necessary based on issues arising  
8 from the multistate licensure process.]

9 \*\*\*

10 Pennsylvania Legislative Update

11 [Judith Pachter Schulder, Esquire, Board Counsel,  
12 stated the Pennsylvania Legislative update included  
13 two items. The first was the previously discussed  
14 bill, and the second was House Bill 1490, concerning  
15 the Certified Registered Nurse Practitioner (CRNP)  
16 pilot program originally drafted in 2019. She  
17 explained that significant amendments to the bill  
18 were expected, and a new bill might be introduced or  
19 House Bill 1490 amended. She noted the existence of  
20 two competing CRNP proposals. One was the  
21 independent practice bill, which would still require  
22 three years and 3600 hours of collaborative practice  
23 along with prescriptive authority. The other  
24 proposal involved pilot bills that also required the  
25 same experience and prescriptive authority but

1 limited practice to shortage areas and potentially to  
2 specific CRNP specialties. These pilot bills  
3 included a study component and are still under  
4 discussion regarding the subcommittee's authority and  
5 scope for the current year.]

6 \*\*\*

7 Report of Chairperson - No Report

8 \*\*\*

9 Report of Acting Commissioner

10 [Arion R. Claggett, Acting Commissioner, Bureau of  
11 Professional and Occupational Affairs, noted that the  
12 replacement for the PALS Licensure System, Evoke, is  
13 still on schedule for early 2026.]

14 \*\*\*

15 Report of Committees - Probable Cause

16 [Sue E. Hertzler, LPN, reported that the Probable  
17 Cause Committee moved on 8 Petitions for Appropriate  
18 Relief, 27 Petitions for Mental and Physical  
19 Examinations, and 2 Immediate Temporary Suspensions—  
20 one on April 22nd and the other on May 29th.]

21 \*\*\*

22 Report of Committees - Application Review

23 [Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice  
24 Chair, reported that virtual meetings occurred, and  
25 the Committee moved on applications submitted.]

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Report of Committees - Advanced Practice - No Report

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Report of Committees - RN/PN Practice, Education and Regulation - The regulations meeting will follow the Executive Session.

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Report of Committees - Dietitian-Nutritionist - No Report

\*\*\*

Report of Executive Secretary

[Wendy J. Miller, MSN, RN, Executive Secretary, reported that she had recently returned from the NCSBN Executive Officer Summit where one of the main topics was artificial intelligence (AI). She shared that Summit participants emphasized the importance of nursing being involved early in shaping the role of AI in the profession. She noted that while AI is highly advanced, the discussions at the Summit were that it functions as a mimic or autocomplete tool, not a thinker, and is only 85 to 90 percent accurate. Due to the increasing volume of AI-generated content on the internet, that accuracy is slightly declining.

Ms. Miller also mentioned pending legislation in Oregon that would prohibit any non-human or entity

1 from being referred to as a nurse. However, the  
2 Oregon Board of Nursing had concerns about the bill's  
3 current wording. Additionally, she stated NCSBN was  
4 preparing for its next strategic initiative cycle,  
5 with a focus on creating guardrails rather than  
6 barriers for nurses and nursing practice.]

7 \*\*\*

8 Old Business

9 [Judith Pachter Schulder, Esquire, Board Counsel,  
10 stated under the Nurse Licensure Compact (NLC), an  
11 Alternative to Discipline flag applies to licensees  
12 enrolled in programs such as the Voluntary Recovery  
13 Program (VRP), Professional Health Monitoring Program  
14 (PHMP), the Practice, Education, Remediation, and  
15 Collaboration Program (PERC), and the Disciplinary  
16 Monitoring Unit (DMU).

17 Although no current participants are in PERC,  
18 formal discipline like suspension or revocation, as  
19 well as participation in the other programs would  
20 prevent participants from obtaining a multistate  
21 license. She noted that this impacts the PHMP  
22 Program, and Prosecution and PHMP staff were  
23 collaborating on a letter to inform participants,  
24 especially those in VRP Agreements, that while their  
25 enrollment may be confidential, applying for a

1 multistate license requires disclosure. Applicants  
2 must declare they are not in an alternative  
3 discipline program, and confidentiality does not  
4 override that requirement. Letters advising  
5 individuals in PHMP of this policy were scheduled to  
6 be sent soon.

7       Additionally, future Consent Agreements for VRP  
8 and DMU participants would include language about the  
9 Compact and the implications of alternative  
10 discipline status on multistate licensure.]

11                               \*\*\*

12 New Business

13 VICE CHAIR BUCHER:

14                       So New Business on the Agenda 2025 NLC  
15                       and NCSBN Annual Meeting. And  
16                       normally, if possible, we'd like to  
17                       send some Board members to that. So I  
18                       think Dr. Hunsberger and myself would  
19                       like to go. Just wondering if we could  
20                       maybe do Board members and then Wendy  
21                       Miller and then Dr. Kmetz who's on the  
22                       Leadership Succession Committee. That  
23                       is part of her responsibility.

24                       Okay. So, can I have a motion for  
25                       that?

1 ACTING COMMISSIONER CLAGGETT:

2 So moved.

3 MR. SCHER:

4 Second.

5 VICE CHAIR BUCHER:

6 All in favor? Opposed? Abstentions?

7 [The motion carried unanimously.]

8 \*\*\*

9 Appointment - South College Practical Nursing  
10 Program's Request to Change the Day Program to  
11 Evening/Weekend Option

12 [Kaitlin Cobourne, PhD, RN, CNE, CNEcl, Dean,  
13 presented on behalf of South College Nursing  
14 Program's proposal.]

15 Dr. Cobourne stated South College submitted a  
16 proposal requesting approval to transition its LPN  
17 program to an evening and weekend format to align  
18 with institutional practices and meet community  
19 needs. She confirmed that the proposal included  
20 documentation demonstrating adequate staffing,  
21 facilities, and institutional resources. She  
22 reported that four students had graduated from the  
23 current program with a 100 percent pass rate. The  
24 original cohort had six students; one student  
25 remained in the program and was set to graduate with

1 the summer cohort while another withdrew.

2 Dr. Cobourne explained that the change from day  
3 to evening instruction was driven by institutional  
4 consistency, as all South College campuses across ten  
5 states offer evening programs, and by increased  
6 student interest in evening options. Regarding  
7 clinical placement compliance, she noted that the  
8 Pennsylvania LPN program spans six quarters due to  
9 hour requirements, allowing the program to stay  
10 within regulatory timeframes.

11 Dr. Cobourne confirmed that South College would  
12 stop enrolling new students into the day program  
13 after the summer cohort and would begin the evening  
14 and weekend program in the fall. All existing day  
15 cohorts would be taught out without disruption. She  
16 clarified that no enrollment increases were planned;  
17 the change only involved shifting instructional  
18 hours. Starting in the fall, three remaining day  
19 cohorts would be taught out through spring by which  
20 point the transition would be complete.]

21 \*\*\*

22 Appointment - Department of Health's (DOH) Licensure  
23 Survey for Healthcare Providers  
24 [Muneeza Iqbal, MPH, Deputy Secretary for Health  
25 Resources and Services, Pennsylvania Department of



1 Health, presented an overview of the Pennsylvania  
2 Primary Care Office (PPCO). She explained that the  
3 PPCO aimed to improve primary medical, mental health,  
4 and dental care across the Commonwealth by enhancing  
5 workforce distribution to medically underserved  
6 populations. She described key PPCO programs  
7 including the loan repayment program, visa waiver  
8 program, community-based healthcare grant program,  
9 shortage designations, and workforce dashboards.

10 Ms. Iqbal elaborated on shortage designations,  
11 which include Health Professional Shortage Areas  
12 (HPSAs) and Medically Underserved Areas or  
13 Populations (MUAs/MUPs). These federal designations  
14 are tied to access to resources and can be lost if  
15 local data indicates improved socioeconomic  
16 conditions. The PPCO advocated to retain these  
17 designations when possible. To maintain accurate  
18 data, the office conducted biennial workforce surveys  
19 in collaboration with the Department of State during  
20 license renewal for professionals such as RNs, LPNs,  
21 MDs, and dentists. Although participation was  
22 voluntary due to the lack of legislative mandate, the  
23 data was vital for program eligibility and resource  
24 allocation.

25 Ms. Iqbal highlighted the importance of accurate

1 and current survey responses, which included provider  
2 location, hours, specialty, practice setting, and  
3 patient demographics. These responses directly  
4 influenced program eligibility, especially for  
5 underserved rural areas. She noted that data  
6 supported policy decisions, including budget  
7 allocations such as \$10 million proposed for the  
8 Behavioral Health Global Payment Program and \$5  
9 million for rural health initiatives.

10 She reported several accomplishments, including  
11 support for 300 healthcare providers annually, 70  
12 funded organizations through the community-based  
13 healthcare grant program, 400 designated shortage  
14 areas, and 135 MUA/MUP designations across  
15 Pennsylvania. Data sources also included Medicaid  
16 claims and direct outreach to facilities, with  
17 feedback used to update dashboards. Ms. Iqbal urged  
18 continued survey participation and data accuracy and  
19 encouraged providers to update their information via  
20 CMS and respond to outreach efforts.

21 Mr. Scher asked whether the PPCO received funding  
22 from HRSA. Ms. Iqbal confirmed that the office  
23 received approximately \$1 million in HRSA funding for  
24 loan repayment and other initiatives and also  
25 received state funding. She acknowledged that some

1 funding remained uncertain but affirmed that PPCO  
2 operations were stable and ongoing.

3 Ms. Iqbal urged the Board to reach out to her  
4 should anyone have questions.]

5 \*\*\*

6 For the Board's Information - Sunshine Act and  
7 Recusal Presentation

8 [Judith Pachter Schulder, Esquire, Board Counsel,  
9 presented the biannual Sunshine Act and Recusal  
10 Guidelines Presentation. She summarized that the  
11 Sunshine Act ensures transparency in government by  
12 requiring open meetings for all official actions and  
13 deliberations involving agency matters. Any time a  
14 quorum of Board members meets to discuss Board  
15 business, the meeting must be publicly advertised.  
16 Deliberations are defined as discussions intended to  
17 lead to decisions, and official actions include votes  
18 or policy decisions.

19 Public notice of meetings must be issued at the  
20 beginning of the calendar year and at least three  
21 days in advance, with any changes requiring 24-hour  
22 notice. Emergency meetings are exempt but must be  
23 justified. All meetings and Agendas are posted  
24 publicly, including in the *Pennsylvania Bulletin* and  
25 on the Board's website.

1 Ms. Pachter Schulder noted that amendments to the  
2 Sunshine Act in 2021 require that if the agenda  
3 changes within 24 hours of the meeting, an amended  
4 agenda must be published afterward. Meeting  
5 locations and agendas must be made available in  
6 advance, and discussions outside the posted agenda  
7 are only allowed if there is a natural connection.  
8 All votes must be publicly cast, so virtual  
9 participant members must have cameras on. Meeting  
10 minutes must include the time, place, attendance, and  
11 substance of discussions, though not verbatim.  
12 Executive Sessions may be held for limited purposes,  
13 such as discussing litigation strategy, deliberation  
14 matters, or personnel issues, though personnel issues  
15 typically fall outside Board purview. Executive  
16 Sessions must be announced with reasons and remain  
17 confidential even after the meeting.

18 She warned that violations of the Sunshine Act  
19 can invalidate meeting actions and lead to litigation  
20 or attorney fees. Criminal penalties are rare and  
21 require District Attorney action. She clarified that  
22 actions of Board committees like the Application  
23 Committee or Probable Cause Committee are not  
24 considered to be a meeting if there is no quorum and  
25 if actions are preliminary or administrative.

1       Regarding recusals, Ms. Pachter Schulder outlined  
2 the types of recusals and the impact of those  
3 recusals. Mandatory recusals include involvement in  
4 prosecution, being a complainant, or having a direct  
5 financial interest. Strongly recommended recusals  
6 include personal connections or outside knowledge of  
7 a case. Discretionary recusals apply when  
8 impartiality is uncertain. She advised Board members  
9 to consult Counsel in advance when unsure.  
10 Abstentions from voting are allowed for lack of  
11 preparation or uncertainty but prevent a member from  
12 requesting reconsideration later. Members may still  
13 attend for quorum purposes, but recusals count  
14 against quorum.

15       She also detailed conflict-of-interest rules.  
16 Professional members may not serve as officers or  
17 agents of statewide professional associations, and  
18 public members may not be part of the regulated  
19 profession or have immediate family members who are.  
20 Public members must not hold any other appointed  
21 office in the Commonwealth. She noted the difficulty  
22 in recruiting public members due to the potential  
23 closeness to the profession, which remains a  
24 consistent need across Pennsylvania's 29 boards.]

25                   \*\*\*

1 Appointment - Messiah University's Proposal for a  
2 Certified Registered Nurse Practitioner (CRNP)  
3 Education Program  
4 [Kristen Slabaugh, DNP, CRNP, FNP-C, CNE, Chief  
5 Nursing Administrator, Assistant Dean of Nursing,  
6 Professor of Nursing, presented on behalf of Messiah  
7 University.]

8 Dr. Slabaugh stated the institution sought  
9 approval to add two new tracks to its existing Board-  
10 approved programs: A Master of Science in Nursing  
11 (MSN) and a certificate track within the Family Nurse  
12 Practitioner (FNP) specialty. These additions would  
13 supplement the current traditional BSN and post-BSN  
14 to DNP programs. She explained that many students  
15 expressed interest in an MSN option, either as an  
16 initial goal or as a pathway after deciding the DNP  
17 track did not suit their interests. The program  
18 expansion responded to this market demand and the  
19 lack of national consensus on requiring a DNP for  
20 nurse practitioner practice. The new tracks would  
21 use existing courses and clinical sites, with the  
22 only new course being a theory, roles, and issues  
23 class. Messiah's FNP program had a 100 percent board  
24 certification pass rate, and the school planned to  
25 admit five students per year into these new tracks.

1 Dr. Slabaugh confirmed that Messiah had  
2 sufficient placements to accommodate the expansion  
3 but would acquire additional ones if needed.  
4 Community partners supported the initiative, and all  
5 clinical placements would be managed by the Clinical  
6 Placement Coordinator, including for out-of-state  
7 online students. It was confirmed the program would  
8 remain fully online.

9 Vice Chair Bucher questioned the rationale for  
10 offering an MSN track, viewing it as a step backward  
11 in nurse practitioner education. Dr. Slabaugh  
12 responded that although the program initially focused  
13 on a BSN to DNP pathway, lack of industry movement  
14 toward mandatory DNP requirements and student  
15 attrition from DNP coursework justified the addition.  
16 She emphasized that some students who struggled in  
17 the DNP portion were still strong clinicians, and the  
18 demand for nurse practitioners remained high.  
19 Despite the move, she acknowledged the importance of  
20 translational research in practice and clarified that  
21 the MSN curriculum included evidence-based practice,  
22 quality improvement, and evidence appraisal, though  
23 not the full data collection component of DNP-level  
24 research.]

25 \*\*\*

1 Appointment - Credential Evaluation for Foreign  
2 Education

3 [Stephen Gaus, Director of Business Development,  
4 TruMerit; Hadley Munro, Escalation Specialist-  
5 Credential Evaluation, TruMerit; Courtney Pham,  
6 Program Learning Specialist, TruMerit; and Nadesha  
7 Mercer, Manager of Credentials Evaluation Services  
8 and Credentials Verification Service for NY State,  
9 presented on behalf of TruMerit.]

10 Wendy Miller, MSN, RN, Executive Secretary,  
11 stated an increasing number of internationally  
12 educated applicants were applying, raising questions  
13 about the equivalency of their nursing education,  
14 particularly when programs in some countries begin  
15 before completion of high school, such as starting in  
16 what would be the 10th grade in the U.S. She noted  
17 that Pennsylvania regulations require high school  
18 graduation prior to enrollment in RN and PN programs,  
19 and while most international applicants are RNs,  
20 questions had arisen about how to assess programs  
21 that did not meet this prerequisite. Ms. Pachter  
22 Schulder also asked how such credentials were  
23 reviewed.

24 Ms. Mercer explained that evaluations were based  
25 on the country's definition of high school



1 completion. For example, in Nepal, students may  
2 complete either a 10th or 12th grade track.  
3 Completion of only 10th grade with subsequent nursing  
4 education would not be considered comparable, while  
5 12th grade plus nursing training would be.

6 Ms. Munro provided formal introductions to her  
7 colleagues and clarified that while the organization  
8 was formerly known as CGFNS, it had since been  
9 rebranded.

10 Ms. Munro confirmed that to qualify for  
11 VisaScreen certification, applicants must meet a U.S.  
12 high school equivalency, typically 12 years of  
13 education. For countries like Nepal or Ethiopia,  
14 where some pathways only include 10 years of  
15 secondary education, applicants would need to  
16 supplement with either a U.S. GED or further post-  
17 secondary education such as a BSN to meet  
18 requirements.

19 Ms. Pham provided details regarding nursing  
20 credentials in Nepal and Ethiopia.

21 Ms. Pham noted, in Nepal, a Grade 10 certificate  
22 represents completion of ten years of education and  
23 allows entry into the Proficiency Certificate Level  
24 (PCL) nursing program. Students typically begin this  
25 program at age 15 to 16 and complete it by age 18 to

1 19. The first year is seen as a vocational program  
2 due to its Grade 10 entry point, but the curriculum  
3 aligns with a first-level general nursing program,  
4 totaling thirteen years of formal education.  
5 Graduates can pursue a two- to three-year post-basic  
6 Bachelor of Nursing, a shortened degree for  
7 experienced nurses.

8 Ms. Pachter Schulder asked whether the Grade 10  
9 credential is considered comparable, noting apparent  
10 contradictions in the material.

11 Ms. Pham clarified that while the content aligns  
12 with a first-level nursing program, the issue is the  
13 Grade 10 access requirement.

14 Ms. Pachter Schulder reiterated her confusion,  
15 suggesting that she believed Grade 10 entry was not  
16 comparable, while Grade 12 was. It was confirmed by  
17 Ms. Mercer that the PCL program is vocational if  
18 entered after Grade 10.

19 Ms. Pachter Schulder summarized TruMerit's  
20 conclusion that such a program may be acceptable for  
21 LPN licensure but not for RN licensure. A potential  
22 contradiction was noted regarding content alignment.

23 Ms. Mercer explained that although the program  
24 itself does not begin in high school, the Grade 10  
25 entry makes it vocational; however, the curriculum

1 still matches RN-level training.

2 Ms. Pachter Schulder asked for confirmation on  
3 whether Grade 10 entry automatically makes a program  
4 non-comparable or only suitable for LPN equivalence.  
5 It was clarified that comparability depends partly on  
6 the entry qualification. A GED obtained after the  
7 nursing program can make the education comparable to  
8 RN level by fulfilling the high school graduation  
9 requirement.

10 Vice Chair Bucher noted that obtaining a GED  
11 changes only the regulatory aspect by fulfilling high  
12 school completion not the nursing curriculum.

13 Ms. Miller expressed confusion in regard to how a  
14 GED could elevate the comparability and questioned  
15 what was missing in the original training.

16 Vice Chair Bucher clarified that the GED only  
17 ensures the high school credential, not that it  
18 alters the nursing education itself.

19 Ms. Munro added that all scenarios in the  
20 presentation ultimately lead to a BSN-equivalent  
21 outcome.

22 Ms. Pham described four scenarios: entry with  
23 Grade 10 plus the three-year PCL program (comparable  
24 to vocational); entry with Grade 12 followed by PCL  
25 (comparable to a first-level RN); obtaining Grade 12

1 after PCL (still comparable); and obtaining a GED  
2 after PCL (also comparable).

3 Ms. Munro clarified that the first scenario  
4 should reflect lower secondary Grade 10.

5 Ms. Munro summarized and agreed that the nursing  
6 education aligns with RN-level training, but the  
7 missing high school graduation requirement is the  
8 issue.

9 Ms. Pham discussed the requirements in Ethiopia.  
10 She noted that Grade 10 marks the completion of ten  
11 years of education; thus, admission could be granted  
12 into the Technical and Vocational Education and  
13 Training (TVET) nursing program. This program is  
14 lateralized across three years: nursing aide,  
15 assistant clinical nurse, and clinical nurse. This  
16 path is not directly comparable to U.S. RN programs  
17 but can lead to comparability if followed by a post-  
18 basic BSN. In contrast, the PCL program is general  
19 and not lateralized. With a Grade 10 certificate  
20 plus TVET and a post-basic BSN, the education is  
21 comparable to a general RN diploma in the U.S.

22 Ms. Pham confirmed that the TVET program is  
23 acceptable with a Grade 12 certificate. Students can  
24 enter TVET or directly pursue a four-year BSN  
25 program. She explained that a Grade 12 certificate

1 leads to comparability at the LPN level after 15  
2 years of education. Ms. Pham also confirmed that  
3 completion of Grade 12 would permit direct BSN entry.

4 Ms. Hertzler asked if students who begin with a  
5 Grade 10 certificate and complete TVET finish at a  
6 practical nursing level and need a post-basic program  
7 to reach RN comparability.

8 Ms. Pham confirmed and added that such students  
9 meet the minimum age requirement of 18 upon  
10 completion.

11 Mr. Scher proposed attaching redacted reports to  
12 a policy statement and noted that determining  
13 educational tracks early is not uncommon globally.  
14 It was suggested that a visual algorithm or crosswalk  
15 might simplify the understanding of pathways and  
16 their U.S. equivalencies. Mr. Gaus offered to  
17 provide updated information for further  
18 clarification.]

19 \*\*\*

20 Appointment - Juniata College's Proposal for a  
21 Prelicensure Generic BSN Nursing Education Program  
22 [Lauren Bowen, Provost; Dominic Peruso, Associate  
23 Provost; and Jennifer DellAntonio, DEd, MSN, RN, CNE,  
24 BSN, Director, presented on behalf of Juniata  
25 College's tabled proposal for a prelicensure Generic

1 BSN Program.]

2 Dr. DellAntonio referenced feedback received in  
3 April and provided a copy of the curriculum plan,  
4 also available on page 90 of the proposal and page 4  
5 of the May addendum. She explained that their  
6 curriculum follows the AACN BSN Essentials and the  
7 NCLEX blueprint to ensure graduates achieve the  
8 competencies required for safe practice. She  
9 outlined key revisions, including moving Fundamentals  
10 from semester four to three, adding an Introduction  
11 to Professional Nursing course in semester three,  
12 moving Mental Health Nursing from semester three to  
13 five, and expanding Adult Health content from one to  
14 three courses. As a result, Adult Health credits  
15 increased from 6 to 15, didactic hours from 42 to  
16 112.5, and clinical hours were doubled.

17 She explained that the first year consists of  
18 pre-nursing courses such as Anatomy and Physiology I  
19 and II, Biology, and math, with students needing a  
20 GPA of 3.0 or higher to progress. The first semester  
21 of nursing begins in the third semester. In year  
22 two, students take Introduction to Professional  
23 Nursing, covering legal and collaborative aspects,  
24 communication, the nursing process, and scope of  
25 practice. They also complete Health Assessment and

1 Fundamentals, which include didactic and skills  
2 training. Before beginning clinicals, faculty assess  
3 students' clinical readiness.

4 In semester four, students begin Adult Health I  
5 in a skilled nursing facility setting where they  
6 apply knowledge of common health alterations. They  
7 progress to Adult Health II which focuses on acute  
8 and chronic conditions and develops clinical judgment  
9 and critical thinking. The final Adult Health course  
10 addresses complex, multi-system conditions across the  
11 lifespan.

12 The last semester includes a Nursing Leadership  
13 Immersion with 135 clinical hours where students work  
14 alongside RNs, primarily in Med/Surg units. She  
15 concluded that the curriculum sequencing, readiness,  
16 and expanded Med/Surg content ensure students are  
17 clinically prepared and practice ready.

18 Ms. Pachter Schulder asked whether pharmacology  
19 was scheduled after a Med/Surg course and whether  
20 medications were addressed earlier in the program.  
21 Dr. DellAntonio confirmed pharmacology is integrated  
22 into all courses, including mental health and family  
23 health. She noted the dedicated pharmacology course  
24 focuses on deeper physiological understanding beyond  
25 memorization.

1 Vice Chair Bucher commented that the curriculum  
2 changes reassured him about the program's structure  
3 and student progression.

4 Ms. Hertzler questioned whether students  
5 administer medications before taking the dedicated  
6 pharmacology course. Dr. DellAntonio clarified that  
7 medication basics are taught in Skills during the  
8 first semester. In Adult Health I, students must  
9 understand and safely administer medications. Adult  
10 Health II provides a more immersive pharmacology  
11 experience.

12 Dr. Hellier noted that in nurse practitioner  
13 education, pharmacology precedes clinical practice,  
14 and she did not understand the placement. Ms.  
15 Hertzler stated she was not an educator but felt  
16 strongly that understanding pharmacology is critical  
17 to patient safety and should precede medication  
18 administration. Dr. DellAntonio explained that the  
19 pharmacology course placement was deliberate to move  
20 beyond memorization toward application, in line with  
21 their competency-based education model. She  
22 expressed openness to feedback.

23 Mr. Scher recalled that in his experience, taking  
24 pharmacology concurrently with clinical courses  
25 helped make connections between medications and



1 patient conditions. He emphasized the importance of  
2 understanding drug interactions in clinical context.

3 Ms. Wendy Miller clarified that regulations do  
4 not require pharmacology to be a standalone course.  
5 Many programs integrate pharmacology within disease-  
6 specific instruction, with pathophysiology  
7 connections made through prior anatomy and physiology  
8 coursework. She added that medication safety and  
9 calculations can be taught separately and need not  
10 wait until the end of the program.

11 Vice Chair Bucher stated he appreciated the  
12 integrated pharmacology model, suggesting that  
13 linking pharmacology directly to clinical experiences  
14 such as mental health enhances understanding. He  
15 supported the idea that seeing medications in context  
16 before a formal pharmacology course reinforces deeper  
17 learning.

18 Dr. DellAntonio explained that competencies were  
19 embedded throughout the curriculum, and summative  
20 content appears in specific courses. She  
21 acknowledged that course titles may not fully reflect  
22 embedded material but emphasized the progression from  
23 simple to complex learning. Mr. Scher agreed and  
24 stressed the importance of connecting pharmacological  
25 learning to direct clinical practice and the

1 continuum of care.]

2 \*\*\*

3 Appointment (Cont.) - Credential Evaluation for  
4 Foreign Education

5 [Upon resolution of technical difficulties, Mr.  
6 Joseph Silny joined the meeting and returned to the  
7 matter of educational equivalence.

8 Josef Silny, President, Josef Silny & Associates,  
9 Inc., provided personal background information and  
10 noted his agency conducts evaluations in line with  
11 the National Council of State Boards of Nursing  
12 (NCSBN) requirements, including verifying that  
13 graduates of LPN and RN programs have the equivalent  
14 of a U.S. high school diploma.

15 He emphasized that both the Board and NCSBN  
16 require this equivalency as a baseline for post-  
17 secondary education, and this is a fundamental  
18 principle of comparative education. Without this  
19 equivalency, the nursing education itself cannot be  
20 deemed equivalent because the student lacks  
21 foundational coursework such as four years of  
22 science, math, and language. He illustrated this  
23 with the analogy that studying Macbeth in middle  
24 school is not equivalent to studying it at the  
25 university or doctoral level.

1        Ms. Pachter Schulder asked if evaluations from  
2 his agency would show "not equivalent" when the  
3 highest credential was Grade 10. Mr. Silny confirmed  
4 this, stating that if the admission requirement was  
5 completion of Grade 10, then the nursing education  
6 would not be equivalent to a registered nursing  
7 program in the U.S. He added that the same  
8 evaluation standard applied to LPNs, referencing a  
9 past case involving Lebanon. Mr. Silny reiterated  
10 that U.S. admission to RN or LPN programs requires a  
11 high school diploma or its equivalent. Earning a GED  
12 later does not change the initial lack of  
13 qualification, and passing a GED does not  
14 retroactively fulfill high school entry requirements.

15        Ms. Pachter Schulder asked whether, based on his  
16 evaluations, those individuals would need to repeat  
17 their education. Ms. Miller suggested they might  
18 need to earn a BSN instead. Mr. Silny agreed that  
19 further education was necessary. He gave the example  
20 of Nepal, where students may continue on to earn a  
21 bachelor's degree and then meet higher education  
22 requirements. He cited Pakistan's requirements,  
23 where students also enter nursing programs after  
24 Grade 10. Even if they become registered nurses, the  
25 initial entry point means the education is not

1 equivalent. However, in Pakistan, students can earn  
2 advanced standing and complete a two-year program to  
3 receive a bachelor's degree. His agency would  
4 evaluate that as equivalent to an associate's degree,  
5 which in many states would qualify someone as a  
6 registered nurse.

7       Mr. Silny advised that several countries,  
8 including Pakistan, Germany, Nepal, and Myanmar,  
9 still admit students into nursing programs without  
10 high school completion, though many European  
11 countries have transitioned to bachelor's-level  
12 entry. He cited requirements in Russia, Czech  
13 Republic, and Slovakia as examples where older  
14 diplomas may show nursing admission after Grade 9.  
15 In those cases, his evaluations would consistently  
16 state the education is not equivalent. He reiterated  
17 that the fundamental principle of comparative  
18 education is that eligibility for university or  
19 nursing education in the U.S. requires the equivalent  
20 of a high school diploma. If the entry point does  
21 not meet this standard, the nursing education cannot  
22 be equivalent regardless of course titles or  
23 content.]

24                               \*\*\*

25 [Pursuant to Section 708(a)(5) of the Sunshine Act,

1 at 11:39 a.m., the Board entered into Executive  
2 Session for the purpose of conducting quasi-judicial  
3 deliberations on the matters on the Agenda under the  
4 Report of Board Counsel, the Report of the  
5 Prosecutorial Division, and Appointments. The Board  
6 returned to Open Session at 12:27 p.m.]

7 \*\*\*

8 MOTIONS

9 [Acting Commissioner Claggett assumed the Chair due  
10 to Vice Chair Bucher's recusal.]

11 MS. PACHTER SCHULDER:

12 We'll start with the matters in which  
13 your current Chair is recused. So, on  
14 Item No. 26, for which the Commissioner  
15 will serve as Chair, is there a motion  
16 to adopt the Consent Agreement at Case  
17 Nos. 24-51-003479 and 24-51-016534, for  
18 which members Hertzler, Kerns, and  
19 Bucher are recused?

20 DR. HERSHBERGER:

21 So moved.

22 MR. SCHER:

23 Second.

24 ACTING COMMISSIONER CLAGGETT:

25 All those in favor? Any opposed?

1 ACTING COMMISSIONER CLAGGETT:

2 Any abstentions?

3 DR. HELLIER:

4 I'm abstaining from voting.

5 [The motion carried. Vice Chair Bucher, Ms.

6 Hertzler, and Ms. Kerns were recused from

7 deliberations and voting on the motion. Dr. Hellier

8 abstained from the vote. The Respondent's name is

9 Beth Ann Wetzel, RN.]

10 \*\*\*

11 MS. PACHTER SCHULDER:

12 Is there a motion to adopt the Hearing  
13 Examiner's Proposal for Eileen M. Diaz,  
14 RN, Case Nos. 24-51-000443 and 24-51-  
15 001758, for which members Hertzler,  
16 Kerns, and Bucher are recused?

17 Dr. HERSHBERGER:

18 So moved.

19 Mr. SCHER:

20 Second.

21 ACTING COMMISSIONER CLAGGETT:

22 All those in favor? Any opposed? Any  
23 abstentions?

24 [The motion carried. Ms. Hertzler, Ms. Kerns, and

25 Vice Chair Bucher were recused from deliberations and

1 voting on the motion. Dr. Hellier abstained.]

2 \*\*\*

3 MS. PACHTER SCHULDER:

4 Is there a motion to adopt, and also  
5 the Chair is still with the Acting  
6 Commissioner, is there a motion to  
7 adopt the Draft Adjudication and Order  
8 in the matter of Robert Charles Long  
9 III, RN, Case No. 23-51-014885, for  
10 which members Hertzler, Kerns, and  
11 Bucher are recused?

12 DR. HERSHBERGER:

13 So moved.

14 MR. SCHER:

15 Second.

16 ACTING COMMISSIONER CLAGGETT:

17 All those in favor? Any opposed? Any  
18 abstentions?

19 [The motion carried. Ms. Hertzler, Ms. Kerns, and  
20 Vice Chair Bucher were recused from deliberations and  
21 voting on the motion. Dr. Hellier abstained from the  
22 vote.]

23 \*\*\*

24 [Dr. Bucher resumed the Chair.]

25 MS. PACHTER SCHULDER:

1                   The Chair now swings back to the Vice  
2                   Chair. Is there a motion to adopt the  
3                   VRP Consent Agreements items 2 through  
4                   12?

5 DR. HERSHBERGER

6                   So moved.

7 MR. SCHER:

8                   Second.

9 VICE CHAIR BUCHER:

10                   All those in favor? Opposed?

11                   Abstentions?

12 [The motion carried unanimously. Dr. Hellier  
13 abstained from the vote.]

14   \*\*\*

15 MS. PACHTER SCHULDER:

16                   Is there a motion to deny the following  
17                   Consent Agreements on the grounds that  
18                   they are too lenient, and that's 24-51-  
19                   017074, 24-51-012269, 24-51-010654, and  
20                   24-51-016549?

21 MS. HERTZLER:

22                   So moved.

23 MS. SIEGEL:

24                   Second.

25 VICE CHAIR BUCHER:



1 All those in favor? Any opposed?

2 Abstentions?

3 [The motion carried. Dr. Hellier abstained from the  
4 vote.]

5 \*\*\*

6 MS. PACHTER SCHULDER:

7 Is there a motion to adopt the  
8 following Consent Agreements. for which  
9 there are no recusals: 23-51-008337,  
10 23-51-011848, 24-51-000086, 25-51-  
11 001858, 21-51-016925, 23-51-006824, 24-  
12 51-002136, 22-51-001152, 25-51-003095,  
13 and 25-51-005345?

14 MS. SIEGEL:

15 So moved.

16 MS. HERTZLER:

17 Second.

18 VICE CHAIR BUCHER:

19 All those in favor? Opposed?

20 Abstentions?

21 [voting motion. At Case No. 23-51-008337, the  
22 Respondent's name is Souleymane Wane, LPN. Case No.  
23 23-51-011848 is Camille Ava Loanzon Canlas, CRNP, RN.  
24 Case No. 24-51-000086 is Shawn Michael Spithaler, RN,  
25 LPN. Case No. 25-51-001858 is Amy Marie Kitsko, RN.

1 Case No. 21-51-016925 is Menda A. Stewart, RN, LPN.  
2 Case No. 23-51-006824 is Jolette Pasteur, LPN. Case  
3 No. 24-51-002136 is Teri Kay Brady, RN, LPN. Case  
4 No. 22-51-001152 is Beatrice Leste, LPN. Case No.  
5 25-51-003095 is Margaret Anne Seltzer, RN. Case No.  
6 25-51-005345 is Aderemi Osinubi, RN, LPN.]

7 \*\*\*

8 MS. PACHTER SCHULDER:

9 Is there a motion to adopt the  
10 following Consent Agreement for which  
11 members Hertzler and Kerns are recused,  
12 and that's 21-51-014621?

13 DR. HERSHBERGER:

14 So moved.

15 MR. SCHER:

16 Second.

17 VICE CHAIR BUCHER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Ms. Hertzler and Ms. Kerns were  
21 recused from deliberations and voting on the motion.

22 Dr. Hellier abstained from the vote. The  
23 Respondent's name is Janelle Blount, LPN.]

24 \*\*\*

25 MS. PACHTER SCHULDER:

1                   Is there a motion to adopt the  
2                   following Consent Agreements for which  
3                   members Hertzler, Kerns, and Scher are  
4                   recused: 24-51-016829, 25-51-003496,  
5                   and 24-51-014238?

6 DR. HERSHBERGER:

7                   So moved.

8 MS. SIEGEL:

9                   Second.

10 VICE CHAIR BUCHER:

11                   All those in favor? Opposed?

12                   Abstentions?

13 [The motion carried. Ms. Hertzler, Ms. Kerns, and  
14 Mr. Scher were recused from deliberations and voting  
15 on the motion. Dr. Hellier abstained from the vote.  
16 The Respondent's name at Case No. 24-51-016829 is  
17 Tracey Deegan, LPN. Case No. 25-51-003496 is Leslie  
18 Marie Callahan, LPN. Case No. 24-51-014238 is Kaylee  
19 M. Donas, LDN.]

20   \*\*\*

21 MS. PACHTER SCHULDER:

22                   Is there a motion to adopt the Consent  
23                   Agreement in 24-51-000034 and 24-51-  
24                   003411 for which members Hertzler and  
25                   Scher are recused?

1 MS. SIEGEL:

2 So moved.

3 DR. HERSHBERGER:

4 Second.

5 VICE CHAIR BUCHER:

6 All in favor? Any opposed? Any  
7 abstentions?

8 [The motion carried. Ms. Hertzler and Mr. Scher were  
9 recused from deliberations and voting on the motion.  
10 Dr. Hellier abstained from the vote. The  
11 Respondent's name at Case No. 24-51-000034 is Dana A.  
12 Reed, LPN. Case No. 24-51-003411 is Ricardo F.  
13 Espinoza, RN.]

14 \*\*\*

15 MS. PACHTER SCHULDER:

16 Is there a motion to authorize Counsel  
17 to prepare an Adjudication and Order in  
18 the matter of Nataly Babas, LPN, Case  
19 No. 24-51-007086?

20 MS. HERTZLER:

21 So moved.

22 MS. SIEGEL:

23 Second.

24 VICE CHAIR BUCHER:

25 All those in favor? Any opposed?

1 Abstentions?

2 [The motion carried. Dr. Hellier abstained from the  
3 vote.]

4 \*\*\*

5 MS. PACHTER SCHULDER:

6 Is there a motion to grant  
7 reconsideration and rescind the  
8 adoption of the Consent Agreement in  
9 the matter of Ruth Marie Crosdale, RN,  
10 LPN, Case No. 21-51-015867?

11 DR. HERSHBERGER:

12 So moved.

13 MR. SCHER:

14 Second.

15 VICE CHAIR BUCHER:

16 All those in favor? Any opposed?

17 Abstentions?

18 [The motion carried. Dr. Hellier abstained from the  
19 vote.]

20 \*\*\*

21 [Judith Pachter Schulder, Esquire, Board Counsel,  
22 noted that Agenda items 50 and 59 were deliberated on  
23 and no motion was required as Counsel had previously  
24 been authorized to prepare an Adjudication and Order  
25 on the matters discussed.]

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MS. PACHTER SCHULDER:

Is there a motion in Item No. 51, and that's Christy  
Reyes, to deny the Waiver of Verification?

MR. SCHER:

So moved.

DR. HERSHBERGER:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed?

Abstentions?

[The motion carried. Dr. Hellier abstained from the  
vote.]

\*\*\*

MS. PACHTER SCHULDER:

Is there a motion in Item No. 53, which  
is a VRP Consent Agreement, 21-51-  
013271, to consolidate the motion for  
early release with the formal hearings  
scheduled on the PAR?

MR. SCHER:

So moved.

MS. SIEGEL:

Second.

VICE CHAIR BUCHER:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried. Dr. Hellier abstained from the  
4 vote.]

5 \*\*\*

6 MS. PACHTER SCHULDER:

7 Is there a motion to authorize Counsel  
8 to prepare an Adjudication and Order  
9 and deny the motion for immediate stay  
10 in the matter of David Christopher  
11 Racemus, Jr, LPN, 24-51-018582 and 24-  
12 51-018278, for which members Hertzler,  
13 Kerns, and Scher are recused?

14 MS. SIEGEL: So moved.

15 DR. HERSHBERGER:

16 Second.

17 VICE CHAIR BUCHER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Ms. Hertzler, Ms. Kerns, and  
21 Mr. Scher were recused from deliberations and voting  
22 on the motion. Dr. Hellier abstained from the vote.]

23 \*\*\*

24 MS. PACHTER SCHULDER:

25 Is there a motion to deem the facts

1 admitted, to authorize Counsel to  
2 prepare Adjudications and Orders and to  
3 enter defaults in the matters of Misty  
4 Renee Basham, LPN, 21-51-017044;  
5 Crystal R. Hicks, LPN, 24-51-000280;  
6 and Kevin William Thomer, RN, 24-51-  
7 006229?

8 DR. HERSHBERGER:

9 So moved.

10 MS. SIEGEL:

11 Second.

12 VICE CHAIR BUCHER:

13 All those in favor? Opposed?

14 Abstentions?

15 [The motion carried. Dr. Hellier abstained from the  
16 vote.]

17 \*\*\*

18 MS. PACHTER SCHULDER:

19 Is there a motion to authorize Counsel  
20 to prepare an Adjudication and Order in  
21 the matter of Nydesha Tyshea Brown,  
22 LPN, 19-51-012887?

23 DR. HERSHBERGER:

24 So moved.

25 MS. HERTZLER:



1 Second.

2 VICE CHAIR BUCHER:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried. Dr. Hellier abstained from the  
6 vote.]

7 \*\*\*

8 MS. PACHTER SCHULDER:

9 Is there a motion to authorize Counsel  
10 to prepare an Adjudication and Order in  
11 the matter of Lauren Kusy, RN, 24-51-  
12 015717, for which members Hertzler,  
13 Kerns, and Scher, are recused?

14 MS. SIEGEL: So moved.

15 DR. HERSHBERGER:

16 Second.

17 VICE CHAIR BUCHER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Ms. Hertzler, Ms. Kerns, and  
21 Mr. Scher were recused from deliberations and voting  
22 on the motion. Dr. Hellier abstained from the vote.]

23 \*\*\*

24 MS. PACHTER SCHULDER:

25 Is there a motion to adopt the Proposed

1                   Adjudication and substitute an Order in  
2                   the matter of Richard Dale Goetz, LPN,  
3                   23-51-000545, for which there are no  
4                   recusals?

5 MS. HERTZLER:

6                   So moved.

7 MS. SIEGEL:

8                   Second.

9 VICE CHAIR BUCHER:

10                   All those in favor?   Opposed?

11                   Abstentions?

12 [The motion carried.   Dr. Hellier abstained from the  
13 vote.]

14   \*\*\*

15 MS. PACHTER SCHULDER:

16                   Is there a motion to adopt the Proposed  
17                   Adjudication and substitute an Order in  
18                   the matter of Anthony J. Patterson,  
19                   LPN, 24-51-006654, for which members  
20                   Hertzler and Kerns are recused?

21 MR. SCHER:

22                   So moved.

23 MS. SIEGEL:

24                   Second.

25 VICE CHAIR BUCHER:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried. Ms. Hertzler and Ms. Kerns were  
4 recused from deliberations and voting on the motion.  
5 Dr. Hellier abstained from the vote.]

6 \*\*\*

7 MS. PACHTER SCHULDER:

8 Is there a motion to adopt the Hearing  
9 Examiner's proposal in the matter of  
10 Megan Lynn Small, RN, 24-51-007937, for  
11 which members Hertzler and Kerns are  
12 recused?

13 DR. HERSHBERGER:

14 So moved.

15 MS. SIEGEL:

16 Second.

17 VICE CHAIR BUCHER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Ms. Hertzler and Ms. Kerns were  
21 recused from deliberations and voting on the motion.  
22 Dr. Hellier abstained from the vote.]

23 \*\*\*

24 MS. PACHTER SCHULDER:

25 Is there a motion to adopt the Draft

1                   Adjudications and Orders for which  
2                   there are no recusals for Gary  
3                   Dormevil, RN, 21-51-020242; Cynthia  
4                   Dawn Johnson, RN, 24-51-012988; David  
5                   Kerzner, RN, 24-51-017321; Della Ann  
6                   Orsmond, RN, 23-51-013317; Brittany  
7                   Victoria Poplin, LPN, 22-51-013209; and  
8                   Robert Piazza, LPN, 22-51-015208?

9 MS. SIEGEL:

10                   So moved.

11 MS. HERTZLER:

12                   Second.

13 VICE CHAIR BUCHER:

14                   All those in favor?   Opposed?

15                   Abstentions?

16 [The motion carried.   Dr. Hellier abstained from the  
17 vote.]

18   \*\*\*

19 MS. PACHTER SCHULDER:

20                   Is there a motion to adopt the Draft  
21                   Adjudication and Orders for which  
22                   members Hertzler and Kerns are recused  
23                   in the matters of Brittney Hughes  
24                   Dearmitt, LPN, 24-51-003026, and  
25                   Alexander Robert Lamay, RN, 21-51-

1 017774?

2 DR. HERSHBERGER:

3 So moved.

4 MS. SIEGEL:

5 Second.

6 VICE CHAIR BUCHER:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried. Ms. Hertzler and Ms. Kerns were  
10 recused from deliberations and voting on the motion.  
11 Dr. Hellier abstained from the vote.]

12 \*\*\*

13 MS. PACHTER SCHULDER:

14 Is there a motion to adopt the Draft  
15 Adjudication and Order in the matter of  
16 Lindsay Nicole Yingling, LPN, 23-51-  
17 012135, for which members Hertzler,  
18 Kerns, and Scher are recused?

19 MS. SIEGEL:

20 So moved.

21 DR. HERSHBERGER:

22 Second.

23 VICE CHAIR BUCHER:

24 All those in favor? Opposed?

25 Abstentions?

1 [The motion carried. Ms. Hertzler, Ms. Kerns, and  
2 Mr. Scher were recused from deliberations and voting  
3 on the motion. Dr. Hellier abstained from the vote.]

4 \*\*\*

5 MS. PACHTER SCHULDER:

6 Is there a motion to approve South  
7 College Practical Nursing Program's  
8 request for a change from a day program  
9 to an evening/weekend option and also  
10 to approve Juniata College's Proposal  
11 for a Prelicensure BSN Education  
12 Program? Both of which, member  
13 Hershberger is recused.

14 MS. SIEGEL:

15 So moved.

16 MR. SCHER:

17 Second.

18 VICE CHAIR BUCHER:

19 All those in favor? Opposed?

20 Abstentions?

21 [The motion carried. Dr. Hershberger was recused  
22 from deliberations and voting on the motion. Dr.  
23 Hellier abstained from the vote.]

24 \*\*\*

25 MS. PACHTER SCHULDER:

1                   Is there a motion to approve Messiah  
2                   University's Proposal for a Family  
3                   Health Certified Registered Nurse  
4                   Practitioner Program, and there are no  
5                   recusals?

6 MS. SIEGEL:

7                   So moved.

8 MR. SCHER:

9                   Second.

10 VICE CHAIR BUCHER:

11                   All those in favor?   Opposed?

12                   Abstentions?

13 [The motion carried.   Dr. Hellier abstained from the  
14 vote.]

15   \*\*\*

16 Committee Meetings - RN/PN Practice, Education &  
17 Regulation/Advanced Practice

18 [Judith Pachter Schulder, Esquire, Board Counsel,  
19 outlined that discussions on 16A-5141 Nursing  
20 Education Programs comments received about  
21 provisional status and accreditation.   She clarified  
22 that public comments had been provided to the Board  
23 and have been reviewed, but that following the  
24 Board's discussion, the public could summarize or add  
25 new points without the need for repeating written

1 submissions.

2       She explained the current regulation under  
3 §21.33a(g), programs may be placed on provisional  
4 status for two years, and the proposed regulation at  
5 §21.912 enables the provisional status period to  
6 match the program's length. This change aimed to  
7 support longer programs such as bachelor's degrees,  
8 while shorter programs would not have their timelines  
9 reduced. Commenters, including the Independent  
10 Regulatory Review Council (IRRC), questioned whether  
11 the minimum two-year standard was being removed; she  
12 confirmed it would be retained, with extensions for  
13 longer programs. Vice Chair Bucher supported a  
14 minimum of two years with longer periods allowed for  
15 extended programs.

16       Ms. Pachter Schulder then discussed §21.915  
17 regarding how programs enter provisional status,  
18 affirming that failure to meet the 80 percent minimum  
19 pass rate on the NCLEX® or certification specialty  
20 examination would trigger automatic provisional  
21 status without a hearing. Additional standards  
22 proposed by the Board would require an Order to Show  
23 Cause and a hearing. These standards included having  
24 a systematic evaluation plan, ensuring faculty  
25 expertise, maintaining accreditation, and securing



1 sufficient clinical experiences. Other criteria  
2 added included monitoring pass rates, timely  
3 reporting, and a limit of two administrators per year  
4 without pre-approval, unless emergencies exist.

5 Dr. Hellier asked how these additional standards  
6 would be monitored.

7 Ms. Pachter Schulder explained that monitoring  
8 would occur through Annual Reports and complaints,  
9 with clinical site data and faculty numbers disclosed  
10 by the programs. Orders to Show Cause could be filed  
11 based on this data, and disciplinary action would  
12 only follow adjudication. She reiterated that  
13 multiple standards were necessary to account for  
14 various program deficiencies, which a single minimum  
15 pass-rate criterion could not fully address.

16 Some members of the Board discussed confusion  
17 regarding identifying first-time test takers. To  
18 this, it was confirmed that the 80 percent pass rate  
19 applies to first-time examinees only, as defined in  
20 both current and proposed regulations. Programs  
21 often attempted to remove repeaters from  
22 calculations, but the Board relies on specific data  
23 from NCLEX®.

24 Dr. Hellier expressed concern about the lack of a  
25 publicly acknowledged pass rate for CRNP (nurse

1 practitioner) programs. Ms. Pachter Schulder  
2 explained that as proposed, CRNP programs would also  
3 be subject to the 80 percent minimum pass rate, and  
4 while no central body like the National Council  
5 tracks these, the Board can request annual pass rates  
6 from certification bodies. Though schools self-  
7 report, the Board can require documentation and  
8 impose penalties for inaccurate reporting; the Board  
9 can also decide to make CRNP pass rates public,  
10 similar to RN and PN programs.

11 Dr. Hellier advocated for publishing NP program  
12 pass rates to ensure accountability, citing concerns  
13 about the proliferation of low-quality NP programs.

14 Ms. Pachter Schulder noted that publishing the  
15 annual pass rates would not require a change to the  
16 proposed regulations, and Ms. Wendy Miller added that  
17 schools already provide relevant data in their Annual  
18 Reports. They clarified that while detailed pass  
19 rate documentation is not currently required, it  
20 could be incorporated into future reports under the  
21 new regulations.

22 Vice Chair Bucher returned to the discussion on  
23 provisional status, supporting multiple criteria  
24 beyond just exam pass rates to better protect the  
25 public and students. He emphasized that issues like

1 inconsistent faculty or weak clinical experiences  
2 warranted intervention.

3 Ms. Pachter Schulder noted that these concerns  
4 often surface before poor pass rates emerge,  
5 validating the need for a broader regulatory  
6 approach.

7 Dr. Hershberger, referring to proposed  
8 21.915(b)(2), raised concerns about the two-  
9 administrator limit, citing situations such as family  
10 emergencies. Ms. Pachter Schulder clarified, that as  
11 drafted, emergency exceptions are permitted, and  
12 programs must still seek Board approval for each  
13 administrator, maintaining oversight without shutting  
14 programs down. She acknowledged some comments against  
15 limiting administrators but expressed the Board's  
16 intent to promote continuity and quality in  
17 leadership. Mr. Scher agreed, noting that leadership  
18 stability is critical for program consistency.]

19 \*\*\*

20 [Ms. Pachter Schulder directed the topic to  
21 programmatic accreditation in proposed 21.916. She  
22 stated while current regulations require  
23 institutional accreditation for nursing programs, the  
24 proposed regulations add a requirement for  
25 programmatic accreditation. She noted seven

1 justifications listed in the Preamble, including  
2 improved program quality, peer review, alignment with  
3 Model Rules, and increased eligibility for Title IV  
4 funding. According to the 2022 NCSBN Board Member  
5 Profile, 35% of nurse boards required programmatic  
6 accreditation, and the LPN White Paper emphasized  
7 programmatic accreditation's role in ensuring  
8 standards and enhancing NCLEX® pass rates.

9       In Pennsylvania, 100 percent of RN programs and  
10 46 percent of LPN programs have programmatic  
11 accreditation. Commenters raised opposition to the  
12 requirement, citing cost, lack of proven outcomes  
13 from a 2015 US DOE study, and the belief that it  
14 should remain an institutional decision.

15       Ms. Wendy Miller highlighted two main advantages  
16 of programmatic accreditation: eligibility for  
17 licensure in other states and acceptance of  
18 coursework by other academic institutions. She added  
19 that accreditation visits involved in-depth  
20 evaluations such as verifying classroom capacity,  
21 which ensured higher scrutiny.

22       Vice Chair Bucher acknowledged the financial  
23 burden of accreditation but emphasized benefits such  
24 as standardization, data-driven improvement, and  
25 program accountability. He supported it as a

1 worthwhile investment given continued nursing  
2 enrollment growth.

3 Dr. Hellier shared that accreditation fostered  
4 faculty collaboration and curriculum understanding  
5 and helped ensure consistent educational quality  
6 across institutions. She supported the initiative as  
7 a means to uphold standards and outcomes like NCLEX  
8 pass rates.

9 Mr. Scher described accreditation as a safeguard  
10 to ensure top-quality education, especially important  
11 in a field with high job security and responsibility.  
12 He also acknowledged concerns about educational costs  
13 but supported accreditation as necessary.

14 Ms. Wendy Miller added that in the wake of  
15 Operation Nightingale, states were increasing  
16 scrutiny of out-of-state applicants. Programmatic  
17 accreditation helped establish legitimacy and  
18 facilitated licensure by endorsement, even in states  
19 where it was not legally required.

20 Education Advisor Dr. Linda Kmetz confirmed that  
21 accreditation could simplify equivalency  
22 determinations across states.

23 Dr. Hershberger pointed out that accredited  
24 programs would likely already meet the proposed  
25 additional provisional standards, making compliance

1 easier and more seamless.

2 Ms. Pachter Schulder clarified that the new  
3 accreditation requirement would apply five years  
4 after publication of the final regulation, giving  
5 existing and new programs time to comply.

6 Dr. Hellier added that accreditation also  
7 benefited faculty by connecting them to broader  
8 higher education structures and justifying  
9 investments in program quality, especially at private  
10 institutions with tight budgets.

11 Ms. Pachter Schulder mentioned that nursing was  
12 not unique in requiring national programmatic  
13 accreditation, and other professions within the  
14 Bureau already had similar standards. The discussion  
15 reflected unanimous support for the accreditation  
16 requirement.

17 Ms. Pachter Schulder directed the Board to  
18 proposed section §21.918 required nursing programs to  
19 meet both program-specific requirements and those of  
20 their controlling institution. She noted that some  
21 commentators opposed this, arguing that it reduced  
22 program flexibility and hindered innovation by  
23 requiring alignment with broader institutional  
24 policies.

25 Dr. Hellier responded that she could not envision

1 a nursing program operating with fewer requirements  
2 than its parent university, emphasizing that the  
3 university, as the degree-granting entity, inherently  
4 set the foundational standards. The Board concurred.

5 Next, the Board discussed proposed §21.917 which  
6 addresses which institutions could offer RN  
7 education. Current regulations under §21.51 required  
8 RN programs to be "developed under the authority of a  
9 regionally accredited college or university." The  
10 proposed regulations maintain that standard. The  
11 Board emphasized that RN programs must offer academic  
12 credit.

13 Private licensed schools submitted comments  
14 arguing that prohibiting them from being controlling  
15 institutions violated legal provisions allowing them  
16 to confer associate degrees in specialized technology  
17 (AST).

18 Ms. Pachter Schulder explained that AST degrees  
19 are not equivalent to academic associate degrees in  
20 nursing, such as ADN, ASN, or AAS, due to differences  
21 in the type of credits awarded and the  
22 transferability of those credits. Academic credits  
23 are universally accepted, while credits from AST  
24 programs were transferable at the discretion of the  
25 receiving institution. She noted that 70-80 percent

1 of AST education is in specialized instruction,  
2 whereas academic programs limited specialized content  
3 to 66.6 percent.

4 Board Counsel Ashley Keefer confirmed these  
5 distinctions, stating that academic associate degrees  
6 required general education courses, while AST  
7 programs did not. She emphasized that AST programs  
8 were shorter and structured differently than academic  
9 programs, and, therefore, did not align with  
10 requirements for RN education. She added that  
11 private licensed schools in Pennsylvania were limited  
12 to offering specialized degrees, unlike those in West  
13 Virginia, where private schools could offer a broader  
14 range of degrees.

15 Dr. Hellier asked about the structure of diploma  
16 schools, to which Ms. Pachter Schulder responded that  
17 diploma schools operated under separate provisions,  
18 specifically under hospital authority and Joint  
19 Commission accreditation.

20 Ms. Keefer elaborated that academic programs were  
21 required to allocate credits between nursing and  
22 general education in accordance with institutional  
23 policies—something AST programs did not do.

24 Vice Chair Bucher remarked that students likely  
25 do not understand the distinctions between AST and



1 academic degrees.

2 Ms. Keefer agreed and noted that AST program  
3 websites marketed their programs effectively by  
4 promoting shorter timeframes to completion rather  
5 than explaining regulatory or academic differences.

6 Ms. Pachter Schulder reiterated that AST programs  
7 were composed of 70-80 percent specialized  
8 instruction, while academic programs were capped at  
9 66.6 percent.

10 Education Advisor Kelly Hoffman added that clock  
11 hour-to-credit-hour conversions in AST programs were  
12 lower than in academic programs, impacting their  
13 comparability and alignment with accreditation and  
14 other quality indicators supported by NCSBN research.  
15 She also noted that occupational credit programs had  
16 different academic structures, which tied into  
17 broader regulatory issues including accreditation.

18 Mr. Scher stated the debate about appropriate RN  
19 educational pathways had persisted for decades. He  
20 explained that hospitals in urban areas like  
21 Philadelphia often required BSNs due to the abundance  
22 of local nursing colleges, while rural areas had  
23 fewer options and might rely on alternative pathways.  
24 He emphasized the importance of standardization to  
25 ensure consistency in educational quality.

1 Dr. Hershberger expressed uncertainty,  
2 acknowledging the need for RNs from all educational  
3 backgrounds due to workforce demands. She noted that  
4 while BSN programs demonstrated better outcomes,  
5 employers now often supported nurses in pursuing  
6 further education, balancing workforce needs with  
7 quality care.

8 Ms. Wendy Miller contributed that quality varied  
9 at each step of the educational pathway. She  
10 explained that in AST programs, general education  
11 courses such as English composition were often highly  
12 profession-specific (e.g., English for nurses),  
13 rather than general academic courses. This contrasted  
14 with academic programs where general education  
15 courses were standardized and taken alongside  
16 students from other majors.

17 Ms. Keefer added that in academic associate  
18 degree programs, students in general education  
19 courses such as English composition could be from  
20 various disciplines, reinforcing the  
21 multidisciplinary academic environment. Dr. Hellier  
22 agreed, noting that general education courses were  
23 not profession-specific and were sometimes taken  
24 online.

25 Ms. Miller pointed out that the regulations

1 referenced the importance of multidisciplinary or  
2 shared courses in the context of academic education,  
3 underscoring the difference from AST program models.

4 Ms. Pachter Schulder summarized that the  
5 discussion so far supported continuing the  
6 requirement that RN programs be offered by  
7 institutions granting academic associate degrees or  
8 higher. The Board also supported maintaining the  
9 requirement that nursing program admissions standards  
10 match those of the controlling institution and  
11 restoring the two-year limit on provisional program  
12 status. She noted these points would be reflected in  
13 the next meeting's materials.

14 Dr. Hershberger asked a clarifying question  
15 regarding earlier discussions on §21.918,  
16 specifically relating to LPN program qualifications  
17 and related provisions, indicating ongoing interest  
18 in aligning RN and LPN educational standards.

19 \*\*\*

20 [David Scher, MPH, MSN, RN, CEN, exited the meeting  
21 at 1:53 p.m.]

22 \*\*\*

23 Ms. Pachter Schulder directed the discussion to  
24 proposed §21.918(a)(1) which includes admission  
25 requirements for RN programs. The admission

1 requirements for RNs include successful completion of  
2 two math courses, one of which must be algebra, and a  
3 physical science course with a lab or its equivalent.  
4 Dr. Hershberger asked whether updates to the LPN  
5 program were still on track. Ms. Pachter Schulder  
6 confirmed that the revisions requested at the April  
7 meeting, removing this pre-admission requirement for  
8 LPNs and inserting the content in the curriculum are  
9 part of the revisions being made to the package. She  
10 directed the Board to those revisions.

11 Dr. Hershberger questioned the distinction  
12 between student institutional requirements and  
13 program-specific requirements. Ms. Pachter Schulder  
14 explained that the regulations would require  
15 graduates to fulfill the institutional requirements,  
16 as the institution confers the degree/diploma, and  
17 the nursing school-specific requirements. When asked  
18 whether those requirements would be retained, she  
19 confirmed that they would be based upon the Board's  
20 discussions, but the entire Annex will be voted on by  
21 the Board in final form at a future meeting.

22 Ms. Pachter Schulder further explained that  
23 amendments discussed, including those related to  
24 §21.912(e) concerning the length of provisional  
25 status, would be included in the revisions for the

1 final regulation package. The goal was to have all  
2 changes compiled and presented for adoption, possibly  
3 at the September meeting, as comments regarding  
4 qualification-related matters will be discussed at  
5 the July meeting.

6 \*\*\*

7 Public Comments

8 [Chad T. Callen, Chief Executive Officer, West  
9 Virginia Junior College, noted that his institution's  
10 RN programs have averaged NCLEX first-time pass rates  
11 in the 90s over the past three years. He also served  
12 on the West Virginia RN Board since 2021, currently  
13 as Secretary, and on the Discipline Review Committee,  
14 although he clarified he was not speaking in that  
15 capacity. He urged the Board to modernize its  
16 regulations under §21.917, specifically removing  
17 barriers that prevent private licensed schools (PLS)  
18 from offering RN programs due to degree  
19 classification.

20 Mr. Callen argued that while the proposed  
21 revisions allow any U.S. Department of Education-  
22 approved accreditor, they still exclude Associate in  
23 Specialized Technology (AST) degrees, which he  
24 claimed unjustly limits access.

25 He disagreed with the Board's rationale that AST

1 degrees are terminal and hinder transfer, explaining  
2 that graduates from his AST-based RN programs  
3 regularly transfer to institutions such as West  
4 Virginia University, Marshall University, Ohio  
5 University of Charleston, Capella, and Chamberlain.  
6 These institutions assess credit transfers based on  
7 accreditation and course equivalency rather than the  
8 classification of the associate degree. He  
9 emphasized that RN licensure, a universally  
10 recognized credential, often facilitates block  
11 transfer credit, and students frequently pursue  
12 further education outside Pennsylvania. Mr. Callen  
13 highlighted that restricting access to RN education  
14 based on speculative concerns about transferability  
15 could worsen Pennsylvania's already critical nursing  
16 shortage, referencing a 2024 HAP workforce study  
17 predicting the worst shortage in the country by 2026.  
18 He urged the Board to focus on expanding access to  
19 high-quality, outcomes-driven RN education rather  
20 than maintaining rigid degree classifications.

21 Mr. Callen also responded to points raised during  
22 the meeting. He clarified that West Virginia has  
23 only one specialized associate degree classification,  
24 and his AST programs in both nursing and non-nursing  
25 fields include general education courses that are not

1 occupation specific. He stated he was unaware of any  
2 clock-to-credit hour conversion deviations for  
3 associate degrees, noting Title IV funding  
4 requirements ensure standardization. He found the  
5 discussion comparing diploma, associate, and  
6 bachelor's programs interesting, especially given  
7 West Virginia's recent reintroduction of a diploma  
8 program after decades. He concluded that if  
9 programmatic accreditation is considered the gold  
10 standard, then the classification of the associate  
11 degree should not matter, as programs either meet the  
12 standards for safe entry to practice or they do not.]

13 \*\*\*

14 [Aaron Shenck, Executive Director, Mid-Atlantic  
15 Association of Career Schools, respectfully requested  
16 that the Board reconsider its position in §21.917.  
17 He echoed Mr. Callen's point that Associate in  
18 Specialized Technology degrees are not terminal and  
19 stated institutions both in Pennsylvania and  
20 neighboring states have various articulation  
21 agreements and credit transfer policies. He noted  
22 that most border states allow private licensed  
23 schools to offer RN programs, making Pennsylvania an  
24 outlier in this regard.

25 Mr. Shenck emphasized that excluding private

1 licensed schools from offering RN programs not only  
2 fails to alleviate Pennsylvania's nursing shortage  
3 but could worsen it by prompting Pennsylvania  
4 residents to attend out-of-state institutions and  
5 potentially remain in those states. He also pointed  
6 out a regulatory inconsistency, noting that under the  
7 current proposal, diploma programs—which confer a  
8 lesser academic credential—would be permitted to  
9 offer RN programs, while some associate degree  
10 programs, which offer a higher credential, would  
11 not.]

12 \*\*\*

13 Adjournment

14 VICE CHAIR BUCHER:

15 Okay any other business? We're good.

16 Okay. Motion to adjourn?

17 MS. HERTZLER:

18 So moved.

19 DR. HERSHBERGER:

20 Second.

21 VICE CHAIR BUCHER:

22 All in favor? Opposed? Any

23 abstentions?

24 \*\*\*

25 [There being no further business, the State Board of



1 Nursing Meeting adjourned at 2:05 p.m.]

2 \*\*\*

3  
4 CERTIFICATE

5  
6 I hereby certify that the foregoing summary  
7 minutes of the State Board of Nursing meeting, was  
8 reduced to writing by me or under my supervision, and  
9 that the minutes accurately summarize the substance  
10 of the State Board of Nursing meeting.

11  
12  
13 

14 Allison Walker,

15 Minute Clerk

16 Sargent's Court Reporting  
17 Service, Inc.

STATE BOARD OF NURSING  
REFERENCE INDEX

June 05, 2025

TIME	AGENDA
9:00	Public Session
9:04	Official Call to Order
9:04	Introduction of Board Members
9:06	Introduction of Attendees
9:08	Adoption of Agenda
9:09	Report of Prosecutorial Division
9:20	Appointment - PA Kids Need Complex Care Now Presentation
9:31	Regulation Update
9:38	Pennsylvania Legislative Update
9:40	Report of Committees
9:43	Report of Executive Secretary
9:45	Old Business
9:48	New Business
9:50	Appointment - South College Practical Nursing Program's Request to Change the Day Program to Evening/Weekend Option
10:07	Appointment - Department of Health's Licensure Survey for Healthcare Providers
10:19	For the Board's Information
10:37	Messiah University's Proposal for a Certified Registered Nurse Practitioner (CRNP) Education Program

STATE BOARD OF NURSING  
REFERENCE INDEX  
(Cont.)  
June 05, 2025

TIME	AGENDA
10:44	Appointment - Credential Evaluation for Foreign Education
11:16	Appointment - Juniata College's Proposal for a Prelicensure Generic BSN Nursing Education Program
11:29	Appointment - Credential Evaluation for Foreign Education (Cont.)
11:39	Executive Session
12:27	Return to Open Session
12:27	Motions
12:51	Committee Meetings - RN/PN Practice, Education & Regulation/Advanced Practice
1:55	Public Comments
2:05	Adjournment