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. Compher, 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, CNEn, 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

Board of Nursing
June 05, 2025

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, Trumerit
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, Trumerit
Hadley Munro, Escalation Specialist-Credential Evaluation, Trumerit
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
Janyce Collier, MSN, RN, CNE, JLM Consulting

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ALSO PRESENT: (Cont.)

Beth Ann White, DNP, CRNP, ANP-C, CNE, Associate Teaching Professor, Pennsylvania State College of Nursing
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 Organization of Nurse Leaders (PONL) Legislative Committee; Professor Emeritus (Retired), PennWest University
Erika Sutton
Laurie Badzek, LLM, JD, MS, RN, FNAP, FAAN, Pennsylvania State University College of Nursing
717-575-6888
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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.

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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.]

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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

Prosecutors.]

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Introduction of In-Person Attendees

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

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Introduction of Virtual Attendees

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

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Adoption of the Agenda

JUDITH PACHTER SCHULDER:

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

VICE CHAIR BUCHER:

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

ACTING COMMISSIONER CLAGGETT:

So moved.

MS. HERTZLER:

Second.

VICE CHAIR BUCHER:

Okay, all in favor? Any opposed or abstentions?

[The motion carried unanimously.]

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Report of Prosecutorial Division

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

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

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

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

Agenda items 25, 26, and 27.]

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

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

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

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Appointment – PA Kids Need Complex Care Now Presentation

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

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

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

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

training standards.

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

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

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

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

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

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

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

information for submission.]

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Regulation Updates

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

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

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

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

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

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

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

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

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

discussion and possible adoption in proposed form.

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

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Pennsylvania Legislative Update

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

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

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Report of Chairperson - No Report

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Report of Acting Commissioner

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

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Report of Committees - Probable Cause

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

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Report of Committees - Application Review

[Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice Chair, reported that virtual meetings occurred, and 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

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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

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

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Old Business

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

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

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

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

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New Business

VICE CHAIR BUCHER:

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

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

ACTING COMMISSIONER CLAGGETT:

So moved.

MR. SCHER:

Second.

VICE CHAIR BUCHER:

All in favor? Opposed? Abstentions?

[The motion carried unanimously.]

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Appointment – South College Practical Nursing Program's Request to Change the Day Program to Evening/Weekend Option

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

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

the summer cohort while another withdrew.

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

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

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Appointment – Department of Health's (DOH) Licensure Survey for Healthcare Providers

[Muneeza Iqbal, MPH, Deputy Secretary for Health Resources and Services, Pennsylvania Department of

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

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

Ms. Iqbal highlighted the importance of accurate

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

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

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

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

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

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For the Board's Information – Sunshine Act and Recusal Presentation

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

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

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

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

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

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

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Appointment – Messiah University's Proposal for a Certified Registered Nurse Practitioner (CRNP) Education Program

[Kristen Slabaugh, DNP, CRNP, FNP-C, CNE, Chief Nursing Administrator, Assistant Dean of Nursing, Professor of Nursing, presented on behalf of Messiah University.]

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

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

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

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Appointment – Credential Evaluation for Foreign Education

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

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

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

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

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

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

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

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

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

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

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

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

Ms. Pachter Schulder summarized Trumerit’s conclusion that such a program may be acceptable for LPN licensure but not for RN licensure. A potential contradiction was noted regarding content alignment.

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

still matches RN-level training.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Appointment – Juniata College's Proposal for a Prelicensure Generic BSN Nursing Education Program

[Lauren Bowen, Provost; Dominic Peruso, Associate Provost; and Jennifer DellAntonio, DEd, MSN, RN, CNE, BSN, Director, presented on behalf of Juniata College's tabled proposal for a prelicensure Generic

BSN Program.]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

continuum of care.]

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Appointment (Cont.) - Credential Evaluation for Foreign Education

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

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

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

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

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

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

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

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

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

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MOTIONS

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

MS. PACHTER SCHULDER:

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

DR. HERSHBERGER:

So moved.

MR. SCHER:

Second.

ACTING COMMISSIONER CLAGGETT:

All those in favor? Any opposed?

ACTING COMMISSIONER CLAGGETT:

Any abstentions?

DR. HELLIER:

I'm abstaining from voting.

[The motion carried. Vice Chair Bucher, Ms. Hertzler, and Ms. Kerns were recused from deliberations and voting on the motion. Dr. Hellier abstained from the vote. The Respondent's name is Beth Ann Wetzel, RN.]

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MS. PACHTER SCHULDER:

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

Dr. HERSHBERGER:

So moved.

Mr. SCHER:

Second.

ACTING COMMISSIONER CLAGGETT:

All those in favor? Any opposed? Any abstentions?

[The motion carried. Ms. Hertzler, Ms. Kerns, and Vice Chair Bucher were recused from deliberations and

voting on the motion. Dr. Hellier abstained.]

***

MS. PACHTER SCHULDER:

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

DR. HERSHBERGER:

So moved.

MR. SCHER:

Second.

ACTING COMMISSIONER CLAGGETT:

All those in favor? Any opposed? Any abstentions?

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

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[Dr. Bucher resumed the Chair.]

MS. PACHTER SCHULDER:

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

DR. HERSHBERGER

So moved.

MR. SCHER:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed? Abstentions?

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

***

MS. PACHTER SCHULDER:

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

MS. HERTZLER:

So moved.

MS. SIEGEL:

Second.

VICE CHAIR BUCHER:

All those in favor? Any opposed?
Abstentions?
[The motion carried. Dr. Hellier abstained from the vote.]

***

MS. PACHTER SCHULDER:
Is there a motion to adopt the following Consent Agreements. for which there are no recusals: 23-51-008337, 23-51-011848, 24-51-000086, 25-51-001858, 21-51-016925, 23-51-006824, 24-51-002136, 22-51-001152, 25-51-003095, and 25-51-005345?

MS. SIEGEL:
So moved.

MS. HERTZLER:
Second.

VICE CHAIR BUCHER:
All those in favor? Opposed?
Abstentions?
[voting motion. At Case No. 23-51-008337, the Respondent’s name is Souleymane Wane, LPN. Case No. 23-51-011848 is Camille Ava Loanzon Canlas, CRNP, RN. Case No. 24-51-000086 is Shawn Michael Spithaler, RN, LPN. Case No. 25-51-001858 is Amy Marie Kitsko, RN.

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

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MS. PACHTER SCHULDER:

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

DR. HERSHBERGER:

So moved.

MR. SCHER:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed? Abstentions?

[The motion carried. Ms. Hertzler and Ms. Kerns were recused from deliberations and voting on the motion. Dr. Hellier abstained from the vote. The Respondent's name is Janelle Blount, LPN.]

***

MS. PACHTER SCHULDER:

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

DR. HERSHBERGER:

So moved.

MS. SIEGEL:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed? Abstentions?

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

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MS. PACHTER SCHULDER:

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

MS. SIEGEL:

So moved.

DR. HERSHBERGER:

Second.

VICE CHAIR BUCHER:

All in favor? Any opposed? Any abstentions?

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

***

MS. PACHTER SCHULDER:

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

MS. HERTZLER:

So moved.

MS. SIEGEL:

Second.

VICE CHAIR BUCHER:

All those in favor? Any opposed?

Abstentions?

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

***

MS. PACHTER SCHULDER:

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

DR. HERSHBERGER:

So moved.

MR. SCHER:

Second.

VICE CHAIR BUCHER:

All those in favor? Any opposed?

Abstentions?

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

***

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

***

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:

All those in favor? Opposed?
Abstentions?
[The motion carried. Dr. Hellier abstained from the vote.]

***

MS. PACHTER SCHULDER:
Is there a motion to authorize Counsel to prepare an Adjudication and Order and deny the motion for immediate stay in the matter of David Christopher Racemus, Jr, LPN, 24-51-018582 and 24-51-018278, for which members Hertzler, Kerns, and Scher are recused?

MS. SIEGEL: So moved.

DR. HERSHBERGER:
Second.

VICE CHAIR BUCHER:
All those in favor? Opposed?
Abstentions?
[The motion carried. Ms. Hertzler, Ms. Kerns, and Mr. Scher were recused from deliberations and voting on the motion. Dr. Hellier abstained from the vote.]

***

MS. PACHTER SCHULDER:
Is there a motion to deem the facts

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

DR. HERSHBERGER:

So moved.

MS. SIEGEL:

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 to authorize Counsel to prepare an Adjudication and Order in the matter of Nydesha Tyshea Brown, LPN, 19-51-012887?

DR. HERSHBERGER:

So moved.

MS. HERTZLER:

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 to authorize Counsel to prepare an Adjudication and Order in the matter of Lauren Kusy, RN, 24-51-015717, for which members Hertzler, Kerns, and Scher, are recused?

MS. SIEGEL: So moved.

DR. HERSHBERGER:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed?

Abstentions?

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

***

MS. PACHTER SCHULDER:

Is there a motion to adopt the Proposed

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

MS. HERTZLER:

So moved.

MS. SIEGEL:

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 to adopt the Proposed Adjudication and substitute an Order in the matter of Anthony J. Patterson, LPN, 24-51-006654, for which members Hertzler and Kerns are recused?

MR. SCHER:

So moved.

MS. SIEGEL:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed?
Abstentions?
[The motion carried. Ms. Hertzler and Ms. Kerns were recused from deliberations and voting on the motion. Dr. Hellier abstained from the vote.]

***

MS. PACHTER SCHULDER:
Is there a motion to adopt the Hearing Examiner's proposal in the matter of Megan Lynn Small, RN, 24-51-007937, for which members Hertzler and Kerns are recused?

DR. HERSHBERGER:
So moved.

MS. SIEGEL:
Second.

VICE CHAIR BUCHER:
All those in favor? Opposed?
Abstentions?
[The motion carried. Ms. Hertzler and Ms. Kerns were recused from deliberations and voting on the motion. Dr. Hellier abstained from the vote.]

***

MS. PACHTER SCHULDER:
Is there a motion to adopt the Draft

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

MS. SIEGEL:

So moved.

MS. HERTZLER:

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 to adopt the Draft Adjudication and Orders for which members Hertzler and Kerns are recused in the matters of Brittney Hughes Dearmitt, LPN, 24-51-003026, and Alexander Robert Lamay, RN, 21-51-

017774?

DR. HERSHBERGER:

So moved.

MS. SIEGEL:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed?

Abstentions?

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

***

MS. PACHTER SCHULDER:

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

MS. SIEGEL:

So moved.

DR. HERSHBERGER:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed?

Abstentions?

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

***

MS. PACHTER SCHULDER:

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

MS. SIEGEL:

So moved.

MR. SCHER:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed? Abstentions?

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

***

MS. PACHTER SCHULDER:

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

MS. SIEGEL:

So moved.

MR. SCHER:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed? Abstentions?

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

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Committee Meetings – RN/PN Practice, Education & Regulation/Advanced Practice

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

submissions.

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

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

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

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

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

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

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

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

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

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

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

inconsistent faculty or weak clinical experiences warranted intervention.

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

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

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

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

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

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

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

worthwhile investment given continued nursing enrollment growth.

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

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

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

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

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

easier and more seamless.

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

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

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

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

Dr. Hellier responded that she could not envision

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

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

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

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

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

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

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

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

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

academic degrees.

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

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

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

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

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

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

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

Ms. Miller pointed out that the regulations

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

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

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

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

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

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

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

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

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

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Public Comments

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

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

He disagreed with the Board’s rationale that AST

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

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

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

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

Mr. Shenck emphasized that excluding private

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

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Adjournment

VICE CHAIR BUCHER:

Okay any other business? We're good.

Okay. Motion to adjourn?

MS. HERTZLER:

So moved.

DR. HERSHBERGER:

Second.

VICE CHAIR BUCHER:

All in favor? Opposed? Any abstentions?

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[There being no further business, the State Board of

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

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CERTIFICATE

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

Allison Walker,
Minute Clerk
Sargent's Court Reporting
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