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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: 9:00 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

March 2, 2026

State Board of Nursing
March 2, 2026

BOARD MEMBERS:

Colby P. Hunsberger, DNP, RN, CNEcl, Chair
Arion R. Claggett, Acting Commissioner, Bureau of
Professional and Occupational Affairs - Absent
Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice
Chair
Kathryn L. Capiotis, MSN, BSN, RN
Laura Frank, PhD, RD, LDN
Brandy Hershberger, DNP, MSN, RN, CEN
Sue E. Hertzler, LPN
David Scher, MPH, MSN, RN, CEN
Tina D. Siegel, LPN

COMMONWEALTH ATTORNEYS AND LEGAL OFFICE STAFF:

Kathleen Mullen, Esquire, Executive Deputy Chief
Counsel, Office of Chief Counsel
Jason C. Giurintano, Esquire, Deputy Chief Counsel,
Counsel Division
Judith Pachter Schulder, Esquire, Board Counsel
Megan E. Castor, Esquire, Board Counsel
Ashley Keefer Jones, Esquire, Board Counsel
Tiffanie Camarota, Esquire, Board Counsel
Lindsay Szymanski, Esquire, Board Counsel
Shana M. Walter, Esquire, Deputy Chief Counsel,
Prosecution Division
Codi Tucker, Esquire, Senior Board Prosecutor and
Prosecution Co-Liaison
T'rese Evancho, Esquire, Board Prosecutor and Board
Prosecution Co-Liaison
David Schertz, Esquire, Board Prosecutor
Kathryn Bellfy, Esquire, Board Prosecutor
Garrett Rine, Esquire, Board Prosecutor
Caitlin B. Everetts, Esquire, Board Prosecutor
Matthew Sniscak, Esquire, Board Prosecutor
Christopher Jones, Esquire, Board Prosecutor
Alex Capitello, Legal Analyst, 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

State Board of Nursing
March 2, 2026

ALSO PRESENT: (Cont.)

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7 Elizabeth Menschner, DNP, MAS, MSN, RN, NEA-BC,
8 Executive Director, Pennsylvania Organization of
9 Nurse Leaders
10 Will Anderson, Western Governors University
11 Lisa Urban, MSN, RN, Practical Nursing Program
12 Director, Greater Altoona Career and Technology
13 Center
14 Larissa McDonnell, DNP, RN, CCRN, CCNS, NEA-BC, MSN,
15 Director of Nursing Professional Development,
16 Children's Hospital of Philadelphia
17 Talonda Rogers, MSN, RN, Practical Nursing Program
18 Director, Chester County Intermediate Unit
19 Todd Taylor, Vice President of Post-Secondary
20 Education, Central Pennsylvania Institute of
21 Science and Technology
22 Debbie Couturiaux, MSN, RN, Practical Nursing
23 Coordinator, Central Pennsylvania Institute of
24 Science and Technology
25 Alexandria Laslo, BSN, RN, Faculty, Central
26 Pennsylvania Institute of Science and Technology
27 Helen Rogers-Koon, MSN, RN, Faculty, Central
28 Pennsylvania Institute of Science and Technology
29 Bailey Shafer, MSN, RN, Practical Nursing Program
30 Director, Erie County Community College
31 Jennifer Kline, MEd, Associate Dean of Academics,
32 Erie County Community College
33 Stuart Blacklaw, PhD, Dean of Academics, Erie County
34 Community College
35 Guy Goodman, Executive Vice President, Erie County
36 Community College
37 Keri Bowman, EdD, Vice President of Student Services,
38 Erie County Community College
39 Raymond Romanski, Accounting Manager, Erie County
40 Community College
41 Matt Cettin, MS, PMP, Director of Planning, Research
42 and Development, Erie County Community College
43 Cynthia Cappel, DNP, MBA, RN-BC, Vice President of
44 Education, LVHN
45 Jennifer Jones-Lapp, DNP, MSN, MS-Hed, RN, NEA-BC,
46 Director of Strategic Development, Joseph F.
47 McCloskey School of Nursing
48 Riley P. Bauer, Children's Hospital of Philadelphia
49 Arlin Schmidt, Chief Executive Officer, Prism Career
50 Institute

State Board of Nursing
March 2, 2026

ALSO PRESENT: (Cont.)

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7 Jeff Mann, Executive Regional Campus Director, Prism
8 Career Institute
9 Cindy Casciano, Dean of Academic Affairs, Prism Career
10 Institute
11 Nikolaos S. Moraros, EdD, MSHSA, MSN, RN, PHN, Dean
12 of Nursing Education, Prism Career Institute
13 Michelle Davis, MSN, RN, Director of Nursing, Lincoln
14 Technical Institute
15 Denise Vanacore, PhD, ANP-BC, FNP-BC, PMHNP-BC, Vice
16 Dean and Professor, Holy Family University School
17 of Nursing & Health Sciences
18 Amy Ricords, MEd, BSN, RN-BC, Director of Nursing
19 Professional Advancement, Pennsylvania Nursing
20 Workforce Coalition
21 Wesley Rish, Esquire, Rish Law Firm
22 Carol A. Heald Amann, PhD, RN-BC, CDP, FNGNA,
23 Associate Professor, Villa Maria School of Nursing,
24 Gannon University
25 Stephanie Ali, St. Luke's University Health Network
26 Mindy Guinard, EdD, Director of Nursing and Health
27 Sciences, Wilson College
28 Carla Le'coin Jordan, RN, Jefferson Einstein
29 Philadelphia Campus, Pennsylvania Association of
30 Staff Nurses and Allied Professionals Executive
31 Board
32 Elizabeth Munkenbeck, Executive Director,
33 Pennsylvania Coalition of Nurse Practitioners
34 Melissa Snyder, DEd, FNP, CNE, Dean, School of
35 Nursing and Allied Health, Saint Joseph's
36 University
37 Mary Marshall, Senior Director, Workforce and
38 Professional Development, The Hospital and
39 Healthsystem Association of Pennsylvania
40 Anna Fry, MPH, RN, PA Workforce Coalition, National
41 Nurse-Led Care Consortium
42 Judith Neubauer, DNP, MSN, BSN, Associate Dean,
43 Director of Graduate Nursing Programs, Neumann
44 University
45 Jenifer Stilgenbauer, MEd, BSN, Bethlehem Area
46 Vocational-Technical School
47 Mary O'Connor, PhD, MSN, RN, Pennsylvania
48 Organization of Nurse Leaders Legislative
49 Committee, Professor Emeritus (Retired), PennWest
50 University

State Board of Nursing
March 2, 2026

ALSO PRESENT: (Cont.)

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7 Marcia Landman, MSN-FNP, BSN, RN, Practical Nursing
8 Program Director, United Career Institute
9 Lisa Leitch, RN, Nursing Manager, Temple University
10 Alissa Smethers, PhD, RD, LDN, Consumer Protection
11 Coordinator, Pennsylvania Academy of Nutrition and
12 Dietetics
13 Michelle Wallace, EdD, MSN, RN, Sales Nurse Educator,
14 ATI Nursing Education
15 Adam Morrison, Strategic Account Manager, ATI Nursing
16 Education
17 Maggie Thompson, Complete Account Manager, ATI
18 Nursing Education
19 Samuel Morris, Legislative and Policy Analyst, Saxton
20 & Stump
21 Ann Coughlin, DNP, Thomas Jefferson University
22 Hospitals
23 Kristin Malady, BSN, RN
24 Tiffany Jubilee, Applicant
25 Angie Jacobs
26 Robin Addis
27 Natasha Khela, Student, Cedar Crest College
28 Nina Camila-Castro, Student, Cedar Crest College
29 Shaquana Cox, Former Student, PITC Institute
30 Taylor Dawson, Student, PITC Institute
31 Dawn McCray, Student, PITC Institute
32 Latora Cue, Student, PITC Institute
33 A. Thomas, Student, PITC Institute
34 Zakiyyah Brown, Student, PITC Institute
35 Joel Miller
36 Jessica Brayboy
37 Lashay Hill
38 Natasha Rankine
39 Natasha Davis
40 Ashely Hughes
41 Anjalaya Simms
42 Gianna Tapia
43 Antoinette Smalls
44 Tiffany
45 Kerry
46 Erica
47 Shatiera
48 Naya
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State Board of Nursing
March 2, 2026

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ALSO PRESENT: (Cont.)

610-745-0705
443-477-5185
717-201-0480
267-582-5177
267-592-2868
215-200-8660
267-904-7309
267-738-1972
215-300-9610
Erin Badstuebner, Sargent's Court Reporting Service,
Inc.

1 ***

2 State Board of Nursing

3 March 2, 2026

4 ***

5 The regularly scheduled meeting of the State
6 Board of Nursing was held on Tuesday, March 2, 2026.
7 Colby P. Hunsberger, DNP, RN, CNEcl, Chair called the
8 meeting to order at 9:00 a.m.

9 ***

10 Introduction of Board Members

11 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
12 requested an introduction of Board Members. A quorum
13 was present. David Scher, MPH, MSN, RN, and Laura
14 Frank, PhD, RD, LDN, were not present at the
15 commencement of the meeting.]

16 ***

17 Introduction of Board Staff

18 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
19 requested an introduction of Board staff.]

20 ***

21 Introduction of Board Counsel

22 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
23 requested an introduction of Board Counsel.]

24 ***

25 Introduction of Board Prosecution

1 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
2 requested an introduction of Board Prosecutors.]

3 ***

4 Introduction of Attendees

5 [Cynthia K. Miller, Board Administrator, provided an
6 introduction of virtual attendees. In-person
7 attendees introduced themselves.]

8 ***

9 [Judith Pachter Schulder, noted the meeting was being
10 recorded, and those who continued to participate were
11 giving their consent to be recorded.]

12 Ms. Schulder noted there were a number of
13 students in attendance. She provided an explanation
14 of the presentation of the Prosecution cases.]

15 ***

16 Adoption of Agenda

17 CHAIR HUNSBERGER:

18 Today's Agenda is before you. Are
19 there any additions or corrections?

20 MS. PACHTER SCHULDER:

21 You have an additional recusal on Item
22 No. 33, and that is Hertzler and
23 Hunsberger. Also No. 40 is withdrawn.

24 CHAIR HUNSBERGER:

25 Do I have a motion to approve the

1 Agenda with those corrections?

2 DR. BUCHER:

3 So moved, Bucher.

4 MS. HERTZLER:

5 Second, Hertzler

6 CHAIR HUNSBERGER:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried unanimously.]

10 ***

11 Adoption of Minutes

12 CHAIR HUNSBERGER:

13 The minutes for the December 4, 2025
14 meeting are before you. Are there any
15 additions or corrections?

16 Hearing none, can we have a motion
17 to approve the December 4, 2025
18 minutes?

19 MS. HERTZLER:

20 So moved, Hertzler.

21 DR. BUCHER:

22 Second, Bucher.

23 CHAIR HUNSBERGER:

24 All those in favor? Opposed?

25 Abstentions?

1 [The motion carried unanimously.]

2 ***

3 CHAIR HUNSBERGER:

4 The minutes for the January 13, 2026
5 meeting are before you. Are there any
6 additions or corrections?

7 Hearing none, can we have a motion
8 for approval?

9 MS. HERTZLER:

10 So moved, Hertzler.

11 DR. HERSHBERGER:

12 Second, Hershberger.

13 CHAIR HUNSBERGER:

14 All those in favor? Opposed?

15 Abstentions?

16 [The motion carried. Ms. Capiotis abstained from
17 voting on the matter.]

18 ***

19 [David Scher, MPH, MSN, RN, and Laura Frank, PhD, RD,
20 LDN, joined the meeting at 9:08 a.m.]

21

22 Report of Prosecutorial Division

23 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, noted
24 Agenda Items 2 through 5 were VRP Consent
25 Agreements.]

1 ***

2 [T'rese Evancho, Esquire, Board Prosecutor, presented
3 Agenda Items 6, 7, and 8.]

4 ***

5 [Caitlin Everetts, Esquire, Board Prosecutor,
6 presented Agenda Items 9, 59, and 62.]

7 ***

8 [Garrett Rine, Esquire, Board Prosecutor,
9 presented Agenda Items 10, 11, and 58.]

10 ***

11 [David Schertz, Esquire, Board Prosecutor, presented
12 Agenda Item 12.]

13 ***

14 Regulation Update

15 [Judith Pachter Schulder, Esquire, Board Counsel,
16 noted a written summary of the regulations provided
17 to the Board. There was nothing new to report on the
18 Volunteer License Regulation, 16A-5139.

19 She noted 16A-5141, Nursing Education Programs,
20 would be discussed later in the meeting with the
21 intention of reviewing questions related to the
22 drafting of the Preamble.

23 Ms. Pachter Schulder stated 16A-5145, CRNA
24 Licensure, was reviewed by Regulatory Counsel in
25 final form. She reviewed the next steps involved

1 with the approval by multiple offices.

2 16A-5150, CRNP Prescribing and Dispensing, will
3 be drafted after the Nursing Education Programs
4 regulation is completed.

5 Ms. Pachter Schulder reported 16A-5151, LPN
6 Pronouncement of Death, was approved in proposed form
7 by the Office of General Counsel and Office of
8 Budget. The regulation will proceed to the Attorney
9 General after approval by the Office of Policy.

10 Ms. Pachter Schulder reported the public comment
11 period ended for a federal regulation regarding
12 funding and loans. A component of the regulation
13 stated graduate funding would not be given to
14 programs that were not deemed as "professional
15 degrees." Included in the list of degrees not being
16 funded at the masters, doctorate, or post-masters
17 certificate levels were CRNPs, CNSs, CRNAs, physician
18 assistants, occupational therapists, and physical
19 therapists. She noted the Department of State
20 intended to issue a public comment on the regulation.
21 She added Robert Beecher, Deputy Policy Director,
22 Office of Policy, would be commenting during the
23 meeting on the regulation.

24 Dr. Frank commented dietitians were now required
25 to have a master's degree and should also be included

1 on the list of professions negatively affected.]

2

3 Pennsylvania Legislative Update

4 [Judith Pachter Schulder, Esquire, Board Counsel,

5 reported on three pieces of legislation that may be

6 of interest to the Board. The first is a CRNA full

7 scope of practice bill. The second is a bill

8 regarding hospital workplace and violence issues.

9 The third covers the creation of a study on

10 reimbursement rates for pediatric and adult shift

11 nursing. None of the three bills have been submitted

12 for introduction yet. In addition, she mentioned

13 House Bill 2164 was a reimbursement bill regarding

14 complex care.]

15

16 Report of Chairperson - No Report.

17

18 Report of Acting Commissioner - No Report.

19

20 Report of Committees - Probable Cause

21 [Sue E. Hertzler, LPN, reported the Probable Cause

22 Committee moved on 13 Petitions for Appropriate

23 Relief, 25 Petitions for Mental and Physical

24 Examinations, and one Petition for Immediate

25 Temporary Suspension on February 3, 2026.]

1 ***

2 Report of Committees - Application Review

3 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, reported
4 the Committee met via email and moved applications
5 forward.]

6 ***

7 Report of Committees - Advanced Practice - No Report.

8 ***

9 Report of Committees - Dietitian-Nutritionist - No
10 Report.

11 ***

12 Report of Board Members Who Attended a Meeting on
13 Behalf of the Board

14 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
15 represented Pennsylvania at an NCLEX® Item Review
16 Subcommittee meeting in Chicago, Illinois. Between
17 700 and 800 questions were moved on for the NCLEX®.]

18 ***

19 Report of Executive Secretary

20 [Wendy Miller, MSN, RN, Executive Secretary, stated
21 Dr. Kmetz continued to represent the Board on the
22 Leadership Succession Committee of NCSBN (National
23 Council of State Boards of Nursing). She added Dr.
24 Scheirer also attended an NCLEX® Item Review
25 Subcommittee meeting in the fall. She stated a

1 contingent of Board staff and Board Members would be
2 attending the upcoming NCSBN Midyear Meeting. She
3 would also be participating in the NLC (Nurse
4 Licensure Compact) meeting on March 16, 2026.

5 Ms. Miller noted NCSBN has an International
6 Center for Regulatory Scholarship (ICRS) educational
7 initiative that offers certificate programs. Dr.
8 Scheirer and Dr. Petula completed the six credits of
9 the certificate program and would be attending the
10 NCSBN ICRS Advanced Leadership Institute graduation
11 in April 2026. Chair Hunsberger mentioned the ICRS
12 was being phased out, so anyone currently enrolled
13 needed to finish by December 2026.

14 Ms. Miller stated the ICRS would be replaced and
15 noted Ms. Hoffman may have completed some work.]

16 ***

17 Regulation Update

18 [Robert Beecher, Deputy Policy Director, Office of
19 Policy, explained he joined DOS in March 2023 and has
20 been following the State Board of Nursing for a long
21 time. He stated the Shapiro Administration was
22 committed to upholding the dignity of the nursing
23 profession, to recognizing the need for
24 Pennsylvanians to access quality healthcare, and to
25 recognizing the role the licensees of the Board play

1 in providing quality healthcare. He noted DOS and
2 the Shapiro Administration were aware of the proposed
3 federal regulation and the devastating effect it will
4 have on nurses. He recognized the importance of
5 access to quality education based on talent and
6 dedication, not on economic means. He was grateful
7 to everyone who provided comments on the proposed
8 regulation and noted the Shapiro Administration may
9 also provide comments. He further added, if a comment
10 is submitted by the Administration or DOS, the
11 comment will be made public.

12 Ms. Pachter Schulder mentioned Dr. Frank's
13 comment regarding licensed dietitian nutritionists
14 also being negatively impacted.

15 Mr. Beecher acknowledged that beyond the
16 technicalities of student loans, there is a dignity
17 aspect of the nursing profession which is injured
18 when someone says it is not a professional degree.]

19 ***

20 Old Business - None.

21 ***

22 New Business - None.

23 ***

24 [Brandy Hershberger, DNP, MSN, RN, CEN, exited the
25 meeting at 9:27 a.m. for recusal purposes.]

1
2 Appointment - Central Pennsylvania Institute of
3 Science and Technology Practical Nursing Program
4 - Discussion re Provisional Status

5 [Judith Pachter Schulder, Esquire, Board Counsel,
6 stated the Board was aware Central Pennsylvania
7 Institute of Science and Technology (CPI) is in its
8 first year of provisional status. The Board decided
9 to have programs come before the Board if there was a
10 history of having been on provisional status. She
11 added the Board wanted to make sure the program was
12 on the right track to avoid a second year on
13 provisional or having a third year on provisional.

14 She noted CPI's first quarter NCLEX® pass rate of
15 87.5 percent was very good, but the 2024-2025 year-
16 end pass rate was 64.71 percent. She stated the
17 Board read the Performance Improvement Plan (PIP)
18 submitted by CPI. She asked the CPI attendees to
19 take the Board through the PIP and explain their
20 goals to improve the program.

21 Debbie Couturiaux, MSN, RN, Practical Nursing
22 Coordinator, thanked the Board for the opportunity to
23 speak on behalf of CPI's Practical Nursing Program.
24 She stated that CPI understood an NCLEX® pass rate of
25 at least 80 percent is required under Section

1 21.162(b)(3) of the Board's regulations and
2 acknowledged the 64.71 percent pass rate for the
3 2024-2025 exam year. She stated CPI takes full
4 accountability for the pass rate and implemented a
5 structured PIP to ensure sustained and consistent
6 improvement. She noted historical data demonstrated
7 that the program was capable of strong outcomes with
8 a 97.37 percent pass rate in the 2023-2024 exam year.
9 She also noted the current year's pass rate of 87
10 percent with 39 testers to date exceeded the
11 standard. She added two additional graduates are
12 eligible to test, and the next cohort of 19 students
13 will be eligible to test following graduation on July
14 7, 2026.

15 Ms. Couturiaux explained a longitudinal review
16 identified a need to increase structure, earlier
17 intervention for at-risk students, enhanced faculty
18 development, a more formalized data utilization, and
19 to strengthen administrative oversight. She noted a
20 review of NCSBN regulatory guidelines and a review of
21 quality indicators published in the *Journal of*
22 *Nursing Regulators* showed there was no single
23 indicator that determines program quality. Common
24 weaknesses among programs requiring improvement
25 included delayed recognition of at-risk students and

1 insufficient faculty development. The weaknesses
2 aligned with areas CPI identified for strengthening.
3 Ms. Couturiaux reviewed how CPI had addressed
4 specific provisions within the regulations. Section
5 21.181 Administrative Authority, was addressed by
6 improving utilization of formalized data. A
7 structured tracking tool was implemented for Kaplan
8 Integrated Exam scores with mandatory remediation for
9 students below benchmarks. NCLEX® predictor scores are
10 also formally tracked, with faculty meeting
11 individually with students scoring below 65 percent
12 to develop individualized study plans. Mountain
13 Measurement reports are reviewed during quarterly
14 faculty work sessions to identify content gaps.
15 Findings and instructional adjustments are documented
16 in faculty meeting minutes.

17 Regarding Section 21.183 Budget, Ms. Couturiaux
18 reported the program maintains a budget that ensures
19 adequate resources for instruction, clinical
20 preparation, and NCLEX® readiness. She added clinical
21 documentation at long-term care sites is sufficient
22 for current learning but could be improved to enhance
23 efficiency and student experience. She noted that
24 additional iPads and laptops were purchased to
25 improve student access to technology during clinical

1 rotations, allowing students to document in real
2 time, improve accuracy, and engage in clinical
3 reasoning without disrupting faculty staff workflow.

4 Regarding Section 21.191 Faculty and Staff
5 Complement, CPI has strengthened faculty development
6 by enhancing onboarding for new faculty through a
7 course, "Introduction to Teaching Post Secondary
8 Students," which was designed by Dr. Nathan Lavery,
9 CPI's Registrar and Student Services Coordinator, and
10 is a professional development course designed to
11 provide training, post-secondary teaching strategies,
12 and effective classroom practices. Ms. Couturiaux
13 reported Dr. Daniel Perna from James Daniel and
14 Associates was meeting with all faculty on a monthly
15 basis to provide professional development focused on
16 theory and practice of teaching, instructional
17 leadership, assessment strategies, and evaluation of
18 student outcomes. She added faculty has access to
19 NurseTim and KeithRN, both of which provide
20 continuing education for nursing instructors. CPI
21 also reviewed and adjusted faculty compensation to
22 better align with current market conditions to
23 support faculty retention and stability.

24 Ms. Couturiaux stated for Sections 21.202 and
25 21.2023, Curriculum, faculty developed a structured

1 Kaplan focused quiz remediation form to standardize
2 required remediation. An experienced faculty member,
3 Dr. Karen Mellott, was designated to provide
4 additional remediation support across all cohorts.
5 Primary instructors remain responsible for course
6 level remediation while Dr. Mellott ensures
7 consistency, follow-up, and cross-cohort support.
8 Faculty have incorporated NCLEX® questions with
9 rationales throughout classroom instruction to
10 strengthen test-taking skills and clinical reasoning.

11 Ms. Couturiaux noted corrective measures were
12 implemented and actively monitored. She added the
13 current pass rate trends reflect improvement, and CPI
14 is confident the systems will ensure sustained
15 compliance moving forward.

16 Chair Hunsberger asked why CPI was using 65
17 percent for the predictor score and what the chances
18 were for students to pass NCLEX® with the 65.

19 Ms. Couturiaux replied the 65 was chosen based on
20 how students who passed NCLEX® had tested on the
21 predictor. She noted, of the 39 recent test takers,
22 none of them scored below a 61. She explained the
23 consideration taken encouraged earlier intervention.

24 Chair Hunsberger asked if CPI had reached out to
25 the two students who had not taken the NCLEX®.

1 Ms. Couturiaux shared that she has been working
2 with the students who did not pass. She added that
3 the students still have access to Kaplan for months
4 after graduation, so she attempts to intervene before
5 it is too late.

6 Ms. Hertzler asked if remediation was immediate
7 after failing a test or if remediation occurred after
8 the student's second test.

9 Ms. Couturiaux replied the program provides
10 remediation after every exam if the student scores
11 below 80 percent. She added 80 percent is needed to
12 move on to the next course. The remediation noted on
13 the PIP is to identify at-risk students early in
14 Kaplan. She added that CPI developed more
15 substantial remediation. In addition, Dr. Mellott is
16 now available to work with the instructors and
17 students to remediate on a closer level. She
18 explained Dr. Mellott was a part-time instructor for
19 years, but CPI felt the new role to be a better
20 utilization of her skills.

21 Ms. Pachter Schulder asked if CPI had cracked the
22 code between oscillating between high performance
23 years and lower performance years, which appeared to
24 be the history since 2020.

25 Ms. Couturiaux stated CPI was shocked by the

1 pattern as well. She noted the first year was
2 attributed to the significant changes during the
3 pandemic, but the curriculum was still examined. She
4 stated the past year had huge faculty turnover with
5 one class having three instructor changes for one
6 part of the curriculum and two instructor changes on
7 the second part of the curriculum. She noted one
8 instructor retired due to illness; however, the other
9 two instructors left due to financial compensation
10 which led CPI to look at compensation as a factor.

11 Todd Taylor, Vice President of Post-Secondary
12 Education, CPI, was very supportive of a strong
13 nursing program, and CPI stands behind the program.

14 Chair Hunsberger thanked CPI for the
15 comprehensive plan. He noted a solid plan that
16 addressed the Board's questions or suggestions.

17 Ms. Pachter Schulder suggested CPI keep a close
18 eye on the ups and downs in case it had another
19 bounce in pass rates.]

20

21 Appointment - Erie County Community College Proposal
22 for Establishment of a Full-Time (12 month)
23 Diploma/Certificate Practical Nursing Program
24 [Bailey Shafer, MSN, RN, Practical Nursing Program
25 Director, Erie County Community College, presented

1 the proposal from Erie County Community College (EC3)
2 for a practical nursing program with an anticipated
3 start date of fall 2026. She explained EC3 was
4 created to serve the workforce needs of their region,
5 and the PN program represents a deliberate response
6 to documented healthcare shortages in Erie County.
7 She described the foundation of the program and how
8 it was designed. She noted EC3 is committed to not
9 just launching a program but to sustaining a program
10 that meets the standards of the Board and serves the
11 citizens of Erie County with integrity. She outlined
12 the workforce need that supports the proposal, how
13 the program aligns with Pennsylvania regulations,
14 curriculum framework, how student outcomes will be
15 assessed, how data informs action plans, clinical and
16 community support, student support services, and
17 financial stability. She stated the goal was to
18 demonstrate the program was developed deliberately
19 with public protection and accountability at the
20 center.

21 Ms. Shafer explained there was a documented
22 workforce need in EC3's region. The program would
23 expand access to nursing education, strengthen the
24 healthcare workforce, and support economic mobility
25 for students. She noted licensed practical nursing

1 is on Pennsylvania's high priority occupation list
2 with state and national labor data demonstrating the
3 demand for LPNs.

4 The EC3 PN program was designed as a full-time
5 12-month certificate program with a conservative
6 implementation plan. Ms. Shafter stated
7 Accreditation Commission for Education in Nursing
8 (ACEN) accreditation following initial approval would
9 be pursued. She added enrollment projections were
10 intentionally modest to ensure faculty to student
11 ratios remain compliant, and quality implementation
12 is a priority. She explained the program aligns with
13 the Pennsylvania State Board of Nursing standards,
14 the NCLEX-PN® Test Plan, ACEN standards, Quality and
15 Safety Education for Nurses (QSEN) competencies,
16 National League for Nursing outcomes, and American
17 Nurses Association standards.

18 Ms. Shafer stated a concept-based curriculum
19 model was selected in which learning is structured
20 around nursing concepts such as safety, infection
21 control, perfusion, and clinical judgement. She
22 added the model promotes critical thinking, knowledge
23 transfer, clinical reasoning, and patient-centered
24 care. Student outcomes will be continuously assessed
25 weekly through course exams and assignments,

1 standardized ATI testing at the unit level,
2 structured clinical evaluations each rotation,
3 midterm and final course evaluations, and an end of
4 program comprehensive predictor. She emphasized
5 assessment is ongoing and not delayed until the end
6 of the program.

7 Ms. Shafer explained student outcomes would
8 directly inform action. She stated that when exam
9 results revealed patterns, faculty would conduct item
10 analysis to identify knowledge gaps. Remediation
11 plans would be implemented, and instructional
12 adjustments would be made if necessary. She stated
13 data would not just be collected but used to drive
14 action and improvement. She also noted students
15 would receive real-time feedback through simulation
16 debriefing, clinical evaluation tools, faculty
17 conferences, and ATI Focused Review documentation.
18 The mechanisms would allow students to immediately
19 apply feedback and correct deficiencies, thereby
20 strengthening clinical reasoning and patient safety.

21 Ms. Shafer stated the program has strong
22 community support, and EC3 secured affiliation
23 agreements with clinical partners. Clinical feedback
24 would be incorporated into EC3's systematic
25 evaluation plan to ensure training remains aligned

1 with employer expectations. She added the
2 partnerships reinforce both workforce alignment and
3 program sustainability.

4 Ms. Shafer noted retention and student support
5 are critical to program success with support for at-
6 risk students being proactive and structured.
7 Students will have access to academic tutoring,
8 success coaches, early alert systems, faculty
9 advising, career readiness workshops, disability and
10 academic counseling, and financial aid support.

11 Ms. Shafer holds a Master of Science in Nursing
12 Education and has an active Pennsylvania RN license.
13 She explained faculty qualifications meet or exceed
14 Board standards, and a nursing faculty organization
15 had been established with documented governance
16 procedures. A five-year budget plan was submitted to
17 the Board demonstrating program sustainability under
18 conservative enrollment modeling. EC3 also provided
19 oversight through its Board of Trustees and follows
20 public procurement regulations.

21 Ms. Pachter Schulder stated the Board generally
22 looks for 40 percent clinical experience and asked
23 Ms. Shafer to explain the program's clinical
24 experience.

25 Ms. Shafer stated the first semester would be

1 foundations with clinical experience in each semester
2 afterwards. She added that after each type of
3 nursing is taught, there is a follow-up clinical
4 rotation applicable to the previous topic. She
5 stated the program was roughly 40 percent clinical.
6 She explained the program as 416 hours of didactic,
7 512 hours of clinical, 320 hours of labs, and 262
8 hours of simulation.

9 Chair Hunsberger asked if the simulation would be
10 led by a sim-certified faculty member. Ms. Shafer
11 replied she would be the faculty member and was
12 currently pursuing her simulation certification.

13 Chair Hunsberger asked how many cohorts would be
14 started each year. He also asked how ATI course
15 exams would be incorporated as a grade in the
16 courses. Ms. Shafer stated only one cohort would be
17 started per year with conservative enrollment of 22
18 students per cohort. She explained the ATI exams
19 were not a high percentage in each course. Students
20 would need to score 90 percent on ATI course level
21 testing. If they do not score 90 percent, two hours
22 of remediation would be required with a sliding scale
23 of additional remediation hours based on their score.

24 Chair Hunsberger stated Page 124 of EC3's
25 Proposal brought up the NCLEX-PN® Comprehensive

1 Predictor exam and suggested an achievement of 93
2 percent to pass NCLEX-PN®. The page also stated
3 students who did not achieve 93 percent pass
4 predictability on the exam would be placed in
5 remediation utilizing ATI Assessment and Focused
6 Review and would be required to retake the ATI
7 Comprehensive exam prior to graduation. He asked if
8 the student would graduate if they still did not meet
9 the 93 percent.

10 Ms. Shafer stated the students would still
11 graduate if they passed the class. She also
12 confirmed that the predictor is part of the PN career
13 prep class and would not be a large part of the
14 grade. Most of the students' grades would come from
15 Virtual ATI participation and assignments. She noted
16 they would not be high stakes tested.

17 Chair Hunsberger commented the minimum grade for
18 each course in this program would be an 81 percent
19 and asked how the grade was chosen with most LPN
20 programs requiring a 75 percent. Ms. Shafer
21 confirmed 81 percent was a B with 80 percent being a
22 C at EC3. She stated the program cannot afford to
23 have a low pass rate at the start. She added it was
24 a fair grade to ask students to achieve.

25 Chair Hunsberger asked how Ms. Shafer thought

1 participation and attendance points would increase
2 the NCLEX® pass rates. He also noted research showed
3 students only retain 10 percent of what is lectured.
4 Ms. Shafer responded students who attend are the ones
5 who get the information. She stated participation
6 and attendance would improve NCLEX® success because
7 EC3 would be meeting students at different levels and
8 learning styles. Different modalities would help
9 students retain information.

10 Chair Hunsberger stated that as he looked at the
11 syllabus for each course, he saw Nurse 105 - Aging
12 and Mental Health could potentially be a very large
13 section of NCLEX®. He noted the description stated
14 presentations, papers, and participation would
15 account for 65 percent of the grade total. He asked
16 how the student would be prepared to sit and take an
17 85 to 150 question NCLEX® style test and be
18 successful.

19 Ms. Shafer replied the goal was to expose
20 students to all levels and types of education. She
21 added there would be testing throughout the program.

22 Chair Hunsberger stated he knew there would be
23 testing throughout, but the testing seemed weighted
24 low compared to other styles of grading when the end
25 goal will be an exam. Ms. Shafer reiterated the

1 program was trying to avoid high stakes testing and
2 trying to meet the students' levels. She noted a
3 plan to meet with students very early on as soon as
4 any issues are identified and use all available
5 resources to help with testing practice.

6 Chair Hunsberger noted the same issue with
7 Pharmacology which seemed to be a weak area across
8 all nursing programs. He noted Pharmacology accounts
9 for 10 to 16 percent of NCLEX-PN®; however, the
10 proposed program has exams at 50 percent and drug
11 cards at 20 percent. He asked, with drug cards being
12 made by multiple organizations, how having the
13 student write drug cards would lead to them being
14 successful with pharmacology.

15 Ms. Shafer stated technology would come into
16 play, and different modalities would be used for the
17 drug cards. Rather than have students copy and past
18 their drug cards, the program would be using concept
19 mapping.

20 Chair Hunsberger asked for an example of concept
21 mapping. Ms. Wendy Miller asked Ms. Shafer to
22 describe concept mapping. Ms. Shafer used COPD as an
23 example. She stated that instead of memorizing
24 symptoms, labs, and nursing interventions, students
25 would be looking at COPD from the topic of impaired

1 airway clearance and consider the disease process
2 through a nursing lens and less of a medical lens.
3 She added concept mapping is more visual, which she
4 stated helps students better retain information.

5 Chair Hunsberger asked how simulations would be
6 graded and if clinicals would receive a pass/fail or
7 a letter grade. Ms. Shafer replied simulations would
8 be graded using a standard rubric. Clinicals would
9 receive a pass/fail grade.

10 Chair Hunsberger commented that Med-Surg also
11 only showed exams as counting for 35 percent of the
12 overall grade. He was concerned students would not
13 be receiving enough NCLEX® questions to meet the end
14 goal of passing the NCLEX® because a lot of the
15 program grades appeared to be based off of everything
16 but exams. He noted that while the thought process
17 was correct, exams were the only way to maintain the
18 80 percent pass rate. He could not make any
19 recommendations but was only verbalizing his
20 concerns. He noted programs which come before the
21 Board with grades weighted in a similar manner tend
22 to have lower NCLEX® pass rates.

23 Chair Hunsberger asked if Ms. Shafer thought it
24 would be difficult to find faculty. Ms. Shafer
25 responded it would not be difficult. She noted

1 faculty had reached out to her requesting to know
2 when a nursing program would start. She stated EC3
3 would start choosing faculty if the program was
4 approved.

5 Chair Hunsberger noted Ms. Shafer would be the
6 administrator and the simulation coordinator. He
7 asked if she would also be teaching didactic classes.
8 When she replied she would not be teaching didactic
9 fulltime, he questioned her PN teaching experience.

10 Ms. Shafer replied she had been a nurse for 20
11 years. She provided a list of her experiences in
12 nursing. She began working for Great Lakes Institute
13 of Technology in 2017 and moved up from being an
14 instructor to becoming the director at the time of
15 the pandemic. She was able to move the entire school
16 online for the school to keep teaching. She left
17 Great Lakes in 2021 and returned to bedside nursing
18 after new management took over and she had a high-
19 needs baby. When asked, she stated the NCLEX® pass
20 rate at Great Lakes was 78 percent when she was a
21 director. She acknowledged the program had been on
22 provisional, and she had been before the Board for
23 that program.

24 Chair Hunsberger asked if Great Lakes used a
25 similar grade weighting compared to the EC3 proposed

1 program. Ms. Shafer stated she did not write the
2 Great Lakes program, which she stated teetered in the
3 high stakes testing range. She also noted Great
4 Lakes did easier entrance testing, which led to
5 students with issues in reading and writing.

6 Ms. Hertzler stated that on Page 41 of the
7 Proposal, under Nursing Faculty Development, it
8 appeared the policies were generic to work at EC3 and
9 not nursing specific. She stated the Board could
10 infer that Ms. Shafer was being certified to be the
11 sim coordinator. She asked, with the program using
12 many assessments, how the assessors would be prepared
13 to conduct the assessments. She also asked what the
14 requirements would be for teaching strategies,
15 clinical strategies, or testing. She noted test
16 banks are often compromised, so instructors usually
17 prepare some tests and questions.

18 Ms. Shafer stated EC3 would be getting a NurseTim
19 subscription for the entire faculty. NurseTim has
20 educational programs on concept mapping that will be
21 one of the first assignments for faculty. For
22 clinical, clinical forms would be used at each level
23 for evaluation. She also stated EC3 would be looking
24 for faculty with recent bedside experience instead of
25 people who had just been teaching for a long time.

1 Jennifer Kline, MEd, Associate Dean of Academics,
2 EC3, stated EC3 teaches industry experts how to be
3 teachers. She stated there are professional
4 development workshops held each month with a focus on
5 teaching and learning. She added EC3 is a data-
6 informed and data-literate college which spends a lot
7 of time on instructional strategies and
8 conceptualized, contextualized learning that is
9 scenario based. She noted, with regard to exam
10 percentages with grading, EC3 had similar concerns
11 with the Patient Care Technician program. They were
12 able to significantly improve pass rates in that
13 program by directing targeted professional
14 development with the faculty. She added Dr. Blacklaw
15 and herself work directly with faculty development
16 and are prepared to do the same with the PN program.

17 Ms. Pachter Schulder thanked EC3 for the
18 presentation. She noted the Board would deliberate
19 during Executive Session, and a decision would be
20 announced afterwards. A letter with the decision
21 would also be sent to EC3.]

22

23 [The Board recessed from 10:18 a.m. until 10:30 a.m.
24 Brandy Hershberger, DNP, MSN, RN, CEN, reentered the
25 meeting at 10:30 a.m.]

1
2 Appointment - Joseph F. McCloskey School for Nursing
3 Registered Nurse Diploma Program - Discussion re
4 Provisional Status

5 [Judith Pachter Schulder, Esquire, Board Counsel,
6 explained the Board's reasoning for having the
7 program present to the Board. She reviewed the pass
8 rates for the program, noting there were no first-
9 time test takers in the first quarter of the current
10 exam year. The 2024-2025 exam year had a 76.92
11 percent pass rate with the prior two years being at
12 95.65 percent and 81.62 percent. She noted the two
13 years prior to the good years were below 80 percent
14 at 60.87 and 65.52.

15 Cynthia Cappel, DNP, MBA, RN-BC, Vice President
16 of Education, LVHN, stated there had been many
17 changes and growth at the school. She stated the
18 prior period of non-compliance was related to a
19 traditional day program under previous leadership.
20 Dr. VanBuren was brought in to address deficits in
21 the program and had two years of good results. She
22 added that the prior school year's class had a 100
23 percent pass rate. She confirmed she was not
24 referring to the exam year.

25 Dr. Cappel stated the school noticed an issue

1 prior to the results coming in for the class of 2025.
2 The issue was a discrepancy in the grading scale that
3 was inconsistently applied by faculty. She stated
4 Dr. VanBuren noted the problem in the fall of 2024
5 and corrected the problem; however, some students had
6 already gone through the class. She stated that
7 despite having ATI Review, some students had a false
8 sense of security in that they knew the content but
9 were perhaps marginal at the time.

10 Dr. Cappel stated another issue was that the
11 school did not follow a policy instituted during the
12 remediation period that all students needed to
13 achieve certain ATI results and have their grades
14 reviewed. She added a new policy had been
15 established in which she meets with Dr. Jones-Lapp
16 and Dr. VanBuren to review every student before they
17 come out of the program to ensure success. She noted
18 the review may not have caught issues in the prior
19 year, but discussion showed red flags may have been
20 raised and students would not have been given the
21 Nursing Education Verification (NEV) to take their
22 state board.

23 Jennifer Jones-Lapp, DNP, MSN, MS-HEd, RN, NEA-
24 BC, Director of Strategic Development, Joseph F.
25 McCloskey School of Nursing, stated the grading

1 policy misalignment was due to the grading scale
2 being changed to meet the dual enrollment program
3 with Alvernia University. She noted the grading
4 policy was updated to correct the problem. She also
5 stated the outdated NEV had been updated, and all
6 students were aware of the requirements to graduate,
7 including ATI Capstone remediation, Live Review
8 attendance, and a documented "Green Light" before NEV
9 submission can occur.

10 Dr. Jones-Lapp stated additional student
11 resources were introduced to support high-risk
12 students. A student success specialist was added to
13 the faculty, and any student with a grade level below
14 a 76 is assigned to work with the specialist. A
15 study plan is created to ensure the student
16 understands everything, has one-on-one tutoring, and
17 ensures there are plans in place for the student to
18 be successful. A weekly form was also created to
19 allow faculty to communicate with the specialist
20 regarding concerns.

21 Dr. Jones-Lapp reported an Exam Committee was
22 created and conducts a full exam analysis. When
23 faculty turns in an exam, the committee reviews the
24 exam, analyzes the dates, ensures there is integrity
25 and reliability, assists with aligning with

1 assessments, monitors and reports, and identifies
2 trends for improvement. She added, in ATI, current
3 seniors graduating at the end of May are showing a 95
4 percent probability of passing NCLEX® based on mastery
5 and benchmarks. She also stated the Nursing 300
6 course on leadership was revamped to focus on content
7 gaps and to be more content focused.

8 Chair Hunsberger asked what program requirement
9 was missing in the previous NEV policy which allowed
10 a student to register for NCLEX® prior to completing
11 all requirements. Dr. Jones-Lapp replied the "Green
12 Light" requirement was not met. She noted the
13 students had fulfilled all course requirements, but
14 some ATI requirements had not been built into the
15 course requirements. The ATI requirements were now
16 built into the graduation requirements.

17 Chair Hunsberger asked what would happen if the
18 student did not reach the "Green Light." Dr. Jones-
19 Lapp stated the school would continue to work with
20 the students and support them until they got the
21 "Green Light." When asked, she stated the school
22 would purchase additional ATI tests as part of
23 supporting the students. She noted the goal was for
24 the students to get the "Green Light" within one
25 month of graduation.

1 Chair Hunsberger asked how the Comprehensive
2 Predictor was being used within the program to
3 evaluate the program. Dr. Jones-Lapp replied the
4 school was having ATI gather the last three years'
5 worth of data to determine the needs. The student
6 success specialist, faculty, and course coordinators
7 are working on content related to student mastery and
8 scores across the board for all classes. She added
9 data was being gathered, and changes in curriculum
10 would be made to support the gaps.

11 Ms. Pachter Schulder thanked Dr. Cappel and Dr.
12 Jones-Lapp for the presentation. She noted no
13 further Board action is required.]

14

15 Appointment - Prism Career Institute Practical

16 Nursing Program - Discussion re Provisional
17 Status

18 [Nikolaos S. Moraros, EdD, MSHSA, MSN, RN, PHN, Dean
19 of Nursing Education, Prism Career Institute (Prism),
20 stated Prism recognized the pass rate fell below
21 benchmark for the 2024-2025 exam year. He stated
22 Prism was taking the outcomes seriously and had
23 approached them with a comprehensive internal
24 evaluation. He explained that since his tenure began
25 in April 2025, Prism had implemented governance

1 controls including documented curriculum approval
2 pathways, completion of comprehensive coursework for
3 the NCLEX-PN® Test Plan, enhanced faculty development
4 and construction, secure examination protocols, and
5 clearly defined predictive benchmarks prior to
6 graduation eligibility.

7 Dr. Moraros read highlights from the Consolidated
8 Root Cause Analysis on Page 4 of Prism's PIP. He
9 stated the Director of Nursing at the time had
10 experienced professional fatigue while completing
11 doctoral studies following the successful 2023-2024
12 academic cycle. He added the leadership fatigue led
13 to reduced administrative oversight, delayed academic
14 decision-making, and weakened operational continuity
15 of the program. Related to Curriculum Instability,
16 he stated that in August 2024, micro-adjustments to
17 the fifth-term Pharmacology and Adult Med-Surg
18 courses removed approximately 18 percent of NCLEX®
19 classified content. The changes were implemented
20 without formal Curriculum Committee approval and
21 without documented cross-walking to the NCLEX-PN® Test
22 Plan.

23 Regarding Assessment and Academic Integrity, he
24 explained that multi-purpose classrooms did not have
25 full ATI Proctorio software at the time; however,

1 full Proctorio is now engaged in designated testing
2 environments. Dr. Moraros stated there were student
3 preparation gaps because the program lacked a
4 formalized wraparound student support infrastructure.
5 He added that prior to January 2025, there was no
6 dedicated remediation coordinator, and standardized
7 early alert performance thresholds had not been
8 implemented.

9 Dr. Moraros stated problems were rectified, and
10 he provided examples from Page 5 of Prism's PIP. He
11 stated Prism hired two coordinators of nursing
12 education and operations to support remediation and
13 continuity within the program. Curriculum was
14 changed, reviewed, and approved on July 31, 2025,
15 aligning with NCLEX® best practices. Summative course
16 grades are weighted at a minimum of 80 percent from
17 secure, proctored, nationally normed examinations.
18 Regarding facilities, Dr. Moraros stated the planned
19 24-seat secure testing laboratory was changed to have
20 50 seats. All formative assessments are
21 administrated exclusively in the testing environment.
22 There are also mandatory scans for smart devices
23 prior to testing. Any testing violations are
24 documented and reported to the Dean of Nursing
25 Education within 72 hours.

1 Ms. Pachter Schulder asked how Prism believed it
2 would raise the annual pass rate for 2024-2025, which
3 was 65.03 percent, if Prism did not implement any
4 remediations until January 2025. Dr. Moraros replied
5 that he started April 1, 2025, but his understanding
6 was there was a new alignment with the curriculum at
7 the time, along with leadership fatigue and multiple
8 other issues, including not following the remediation
9 plan in place at the time.

10 Ms. Pachter Schulder noted first quarter testers
11 for the current year had a 56.25 percent pass rate.
12 Dr. Moraros agreed and added internal tracking using
13 Mountain Measurements for Quarter 2 indicated a pass
14 rate for Quarter 2 of 71.88 percent.

15 Ms. Pachter Schulder stated the average of the
16 two quarters was in the 60 percent range, and there
17 would be two more quarters to add in. She asked how
18 the interventions put in place had translated into
19 the pass rate in the 60s for the first two quarters.
20 Dr. Moraros replied each cohort had to be taught
21 based on the expectations that they studied. He
22 stated the integration of the early interventions was
23 still ongoing, and some students will see outcomes
24 towards the end of their course or degree completion.
25 He added Prism is very confident. He noted that

1 after his arrival, Prism started to analyze student
2 learning outcomes for each course and alignment with
3 the NCSBN blueprint.

4 Ms. Pachter Schulder asked how Prism was assuring
5 that students who are at the end of their program
6 were making up for the deficiencies identified as
7 existing at the start of their program. Dr. Moraros
8 responded that Prism was using a remediation process.
9 The two coordinators help to facilitate the
10 deficiencies. One-to-one individualized plans for
11 all students were being created to help meet
12 expectations.

13 Ms. Pachter Schulder questioned the expected
14 graduation numbers, which Dr. Moraros estimated was
15 an institution average of approximately 130 students
16 in every test year. She asked how the two
17 coordinators were going to remediate for 130
18 students.

19 Dr. Moraros stated it was not just the
20 coordinators. He explained there was a comprehensive
21 approach between faculty at each level and the
22 coordinators. The program was also hiring faculty
23 with a minimum MSN, with more than 75 percent of the
24 faculty now meeting the MSN qualification.

25 Ms. Pachter Schulder again asked how the

1 graduating students would be remediated sufficiently
2 in light of all of the outlined factors in order to
3 both pass NCLEX® and prove they are capable of
4 practicing nursing.

5 Dr. Moraros explained how ATI was used for each
6 course, creating a more comprehensive approach based
7 on the identified deficiencies. Remediation is being
8 tailored based on the specific needs of the student
9 population. Moving forward, the minimum raw score of
10 69 percent will be used at Level 2 outcomes for each
11 ATI Content Mastery Series (CMS) exam.

12 Ms. Pachter Schulder clarified that the students
13 she was asking about would be past Level 2 and would
14 be beyond the coursework and exams Dr. Moraros had
15 explained. Dr. Moraros replied the students she was
16 referring to were being remediated on an individual
17 basis based on accumulated performance reports.

18 Ms. Wendy Miller explained how the CMS exams are
19 scored with both a raw score and a 0, 1, 2, or 3
20 rating on how well the student had mastered the
21 content. She stated it appeared Dr. Moraros was
22 saying Prism was looking at the rating level for each
23 CMS exam the students took to assure they achieved at
24 least a Level 2 mastery of the content.

25 Dr. Moraros stated the last capstone course in

1 term five also provides a comprehensive remediation
2 of all previous knowledge.

3 Chair Hunsberger asked if Prism was doing the
4 comprehensive remediation or if they were utilizing
5 ATI. Dr. Moraros advised that ATI has a capstone
6 with a dedicated nurse educator who works directly
7 with students. He added the course also has a
8 dedicated full-time faculty member.

9 Ms. Wendy Miller commented that the Comprehensive
10 Predictor would ultimately be representative of all
11 the content they may see on NCLEX®.

12 Ms. Pachter Schulder stated one of the factors
13 Dr. Moraros mentioned was curriculum drift,
14 particularly with Pharmacology, and current graduates
15 would have taken the course prior to the changes
16 being made to correct the course. Dr. Moraros stated
17 the capstone course in term five with CMS exams would
18 be where they ensure knowledge is there to produce
19 safe and competent nurses. Prism is reviewing all of
20 the CMS exams from the last academic term to ensure
21 validity and triangulating data through internal
22 dashboards. He clarified a student may take
23 Fundamentals in term two but is now in term five when
24 Prism is reviewing every CMS exam from their entire
25 time at Prism.

1 Ms. Pachter Schulder asked, with 18 percent of
2 content being removed, whether Prism had noticed
3 issues with how those students were scoring on the
4 predictors. Dr. Moraros stated the discrepancies
5 were a flag for him as a new leader coming in, which
6 is why every CMS exam is being retrospectively
7 analyzed to identify gaps of knowledge.

8 Chair Hunsberger noted that in section C under
9 Corrective Action in Prism's PIP, it states,
10 "Summative course grades are weighted at a minimum of
11 80 percent from secure, proctored, nationally normed
12 examinations." He requested clarification on what
13 Prism meant by the statement.

14 Dr. Moraros responded that when creating test
15 exams, Prism is aligning the tests with standard
16 learning outcomes and using ATI to reinforce
17 knowledge and competencies. All exams within each
18 course are 80 percent of the total grade, with other
19 non-formative assessments contributing to the total
20 weight of passing the course.

21 Chair Hunsberger asked how many cohorts were
22 started each year and if instructors only taught one
23 topic all year long. Dr. Moraros stated that four
24 daytime cohorts and three nighttime cohorts were
25 started each year. He stated that in his tenure,

1 instructors were staying within the same topic to
2 master the content and will not move with the
3 cohorts.

4 Chair Hunsberger asked whether, prior to Dr.
5 Moraros, the faculty moved with the cohort. Dr.
6 Moraros could not speak to prior to his arrival.

7 Arlin Schmidt, Chief Executive Officer, Prism,
8 replied that instructors had not been moved with the
9 cohort but were moved around in the schedule based on
10 availability of faculty. He added that moving the
11 faculty around to meet shortages may have resulted in
12 some inconsistency and lack of continuity.

13 Chair Hunsberger asked how Prism will monitor the
14 instructors to ensure they are doing their jobs
15 correctly and teaching the correct things. Dr.
16 Moraros stated that while he arrived in April 2025,
17 he officially became the point of contact of the
18 program in November 2025. It allowed him to have an
19 observation period of seven months to observe the
20 curriculum and processes. He stated specific key
21 performance indicators had been established with
22 multiple observations each term. New faculty have
23 30, 60, and 90-day observation periods followed by a
24 six month and one year. He stated Prism is
25 projecting it will move into the right track.

1 Ms. Pachter Schulder noted the PIP had mentioned
2 incoming students had academic deficits compounded by
3 life barriers. She asked what actions had been taken
4 to address the deficits. Dr. Moraros stated the ATI
5 Launch would provide six weeks of training at the
6 beginning of the curriculum which along with the
7 capstone at the end creates a seamless bridge
8 reinforcing additional support services. Prism also
9 hired a full-time Student Services Director (MSN-
10 Prepared) that is not academic specific but rather
11 addresses socioeconomic issues within the nursing
12 student body.

13 Ms. Pachter Schulder asked what had been done to
14 address academic deficits coming into the program.
15 She questioned whether Prism thought it would cure
16 deficits by the remediation offered with ATI Launch.

17 Dr. Moraros replied she was correct but that the
18 process was also being fine tuned and was not written
19 in stone. He added the process is based on the needs
20 of each cohort. He stated that in the summer of
21 2025, a UWorld bootcamp series was run to reinforce
22 needed knowledge.

23 Ms. Pachter Schulder asked how many students took
24 the bootcamp and how many were available to avail
25 themselves. Dr. Moraros replied that out of 68

1 graduates who did not take the NCLEX®, 60 expressed
2 interest, and 48 participated and completed the six-
3 week program. He added Prism reached out to the
4 students and offered the bootcamp free of charge to
5 help the students meet minimum expectations to be
6 ready for NCLEX®. He was unable to state how many
7 students who took the course did not pass the NCLEX®
8 given the pass rate was 65 percent.

9 Dr. Bucher asked if changes were considered in
10 the admission requirements. Dr. Moraros replied
11 admission requirements remained the same as prior to
12 his arrival. He stated Prism believed the wraparound
13 support services would support the students in
14 meeting expectations moving forward.

15 Ms. Pachter Schulder asked how the vulnerability
16 to academic dishonesty had been addressed. Dr.
17 Moraros stated the 50-seat testing space permitted
18 the ability for students to space out into every
19 other seat, reducing the probability of cheating.
20 Proctorio will be in every unit exam and every
21 formative exam. There is a lockdown browser. In
22 addition, students will not be allowed to bring cell
23 phones and other smart devices into the testing
24 space.

25 Ms. Pachter Schulder asked how many of the

1 faculty were in place prior to the new plan. She
2 noted Dr. Moraros stated there were a lot of MSN-
3 prepared faculty and asked if they had hired a lot or
4 retained a lot. Dr. Moraros stated there was a
5 combination of both hiring and keeping faculty, with
6 approximately 60 percent old faculty and 40 percent
7 new faculty. He noted there are town hall meetings
8 and engagement to address the required steps moving
9 forward.

10 Ms. Pachter Schulder asked, out of the 60 percent
11 old faculty, how many were involved in classrooms
12 where there was academic dishonesty. Dr. Moraros
13 stated it was an ongoing discussion, and he did not
14 have specific numbers. He noted a variety of
15 committees had been established to address concerns.

16 Ms. Pachter Schulder asked, if leadership fatigue
17 was the first factor, what mechanism would be used to
18 determine if there was fatigue again. Jeff Mann,
19 Executive Regional Campus Director, Prism, replied
20 that the prior Director of Nursing, Dr. Williams, had
21 been very forthcoming at the end of the successful
22 2023-2024 year that she was looking to get out of
23 nursing education to continue pursuing her doctorate
24 in private practice. At that time, Prism began a
25 comprehensive nationwide search for someone to

1 continue the leadership of the nursing program.
2 After numerous interviews, background checks, and
3 research, Dr. Moraros was selected. Dr. Williams
4 agreed to stay on during the transition period;
5 however, there was a difference in philosophy with
6 what Dr. Moraros was bringing into the program. He
7 noted the differences led to the transition taking
8 some time and space. He stated Prism is checking
9 NCLEX® pass rates daily and has a comprehensive
10 tracking system in place of all students who are
11 taking NCLEX®. He added that when deficiencies are
12 seen, immediate conversations are had to identify why
13 students may or may not have passed. He noted they
14 have noticed students with a 3.0 GPA or higher tend
15 to pass while students with a lower GPA fail.
16 Remediation for lower GPA students is important, and
17 plans were being implemented for the remediation.

18 Ms. Pachter Schulder asked if the 3.0 GPA was now
19 a requirement. Dr. Moraros stated the required
20 student minimum was 2.5. An internal audit was being
21 conducted to identify quality controls and
22 triangulate data. He noted other institutions'
23 practices were being reviewed in Pennsylvania.

24 Chair Hunsberger asked if Prism had only one
25 campus that offers practical nursing education. Dr.

1 Moraros stated there was only one in Pennsylvania,
2 and they had one in New Jersey.

3 Chair Hunsberger asked how candidates in New
4 Jersey compared for the NCLEX® pass rate. Dr. Moraros
5 stated the framework created was to blueprint all
6 courses and create a proprietary curriculum approach.
7 He added that student learning outcomes are aligned,
8 and the faculty is being given professional
9 development.

10 Chair Hunsberger asked why the TEAS score in New
11 Jersey is 50 while in Pennsylvania the TEAS score is
12 46. Dr. Moraros stated the TEAS score is another
13 aspect that needs to be evaluated moving forward.

14 Ms. Hertzler also asked what the NCLEX® pass rate
15 was for New Jersey students. Mr. Schmidt stated the
16 pass rate had been in the 60s, but the LPN program
17 was no longer being offered in New Jersey.

18 Ms. Pachter Schulder asked how the curriculum
19 drift was being remediated to prevent significant
20 portions from being removed without oversight. Dr.
21 Moraros explained that internal processes were
22 created to oversee the instruction and design.
23 Assistant deans who are subject matter experts and
24 faculty ensure consistency. In addition, the new LMS
25 Administrator ensures a course opens and closes on

1 certain dates with a validity approach across all
2 terms.

3 Dr. Hershberger stated that in 2026, 13 students
4 took the NCLEX® and 13 failed. She asked what was
5 being done, because out of the gate, there were no
6 improvements with the testers. Dr. Moraros stated his
7 number from Quarter 1 was 56.25. His average for
8 Quarter 2 is 71.88. He stated the data shows there
9 is improvement and the process is working. He
10 continues to monitor and is very active. He added
11 that the NCLEX® is in everybody's frontline. He
12 explained that everything starts in the classroom
13 with how students are being engaged, the experiential
14 learning being brought into the classroom, and how
15 knowledge is being linked with expectations. He
16 stated evaluations will continue and professional
17 development for faculty will continue. When asked,
18 he confirmed that his official authority was
19 established in November 2025 with his first seven
20 months having been an observational period. He
21 stated anyone in his position would have first
22 observed without making immediate changes in order to
23 identify prioritization areas to be addressed.

24 Ms. Pachter Schulder noted that based upon the
25 current pass rates, Prism would likely be returning

1 to make another presentation regarding pass rates.
2 Dr. Moraros stated Prism recognizes that restoration
3 of benchmark outcomes must be demonstrated through
4 sustained performance rather than projections. He
5 added the measures implemented since April 2025 were
6 designed to strengthen the oversight, align the
7 curriculum, and increase expectations according to
8 the licensure blueprint. He noted Prism has a very
9 committed team who will do everything within their
10 abilities to ensure the program meets expectations.]

11 ***

12 Committee Meetings - RN/PN Practice, Education &
13 Regulation/Advanced Practice
14 [Judith Pachter Schulder, Esquire, Board Counsel,
15 reviewed Regulation 16A-5141, Nursing Education
16 Programs. She explained that in these regulations
17 there would be 12 standards that could put a program
18 on provisional status. The standards are listed in
19 section 21.915. Ms. Pachter Schulder reviewed the 12
20 standards. She noted the first three, maintaining
21 minimum pass rates, obtaining or maintaining
22 programmatic accreditation, and the controlling
23 institution's continuing authorization by
24 Pennsylvania Department of Education, were all
25 objective. Due to being objective, the Board decided

1 that any program not meeting one of the first three
2 standards would automatically and administratively be
3 placed on provisional status.

4 Ms. Pachter Schulder stated standards 4 through
5 12 are more subjective. She added that when the
6 Board had discussed the final regulation, it had
7 talked about there not being an automatic
8 administrative provisional status for the subjective
9 standards. She stated the program would only be put
10 on provisional status after a hearing in which the
11 program could provide evidence and documentation.
12 After such hearing, the Board would issue an
13 Adjudication and Order.

14 Ms. Pachter Schulder explained that upon
15 reviewing comments on the regulation, the commenters
16 wanted only the pass rate standard, with which the
17 Board disagreed. Due to the subjective versus
18 objective standards, she requested the Board approve
19 a language change in section 21.911(b)(4) to remove
20 "administratively" and add in language describing the
21 steps leading up to provisional status for standards
22 4 through 12 of section 21.915.

23 Ms. Hertzler agreed with the changes but asked if
24 there was a time frame in which a hearing would
25 occur. She wanted to prevent a hearing from dragging

1 out over a year with the program not being put on
2 provisional status until after the hearing.

3 Ms. Pachter Schulder replied that the Board would
4 be able to decide whether a case would be assigned to
5 a hearing examiner. She noted it was also possible
6 the case would not even get to the hearing stage if
7 the program agreed to make changes before getting
8 that far into the process. She added the program
9 would be entitled to legal opportunities prior to
10 being put on provisional.

11 Ms. Hertzler noted that at the current time,
12 programs know within a few weeks after September 30th
13 if the program would be on provisional status.

14 Ms. Pachter Schulder stated the Board takes until
15 December to allow programs the time to ensure
16 everyone on their list is correct. The Board is able
17 to get notices out pretty quickly for the standards.
18 She added that future Boards would have to make sure
19 the cases moved quickly.]

20 ***

21 CHAIR HUNSBERGER:

22 Do we have a motion to approve the
23 amendment to Section 21.911(b)(4)?

24 DR. BUCHER:

25 So moved, Bucher.

1 MS. HERTZLER:

2 Second, Hertzler.

3 CHAIR HUNSBERGER:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion passed unanimously.]

7 ***

8 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, noted
9 Dr. Susan Hellier resigned from the Board. He read a
10 Proclamation which stated, "The Department of State
11 Bureau of Professional and Occupational Affairs, the
12 State Board of Nursing, and the Commonwealth of
13 Pennsylvania extend their gratitude to Dr. Susan
14 Hellier, PhD, DNP, FNP-BC, for her contributions to
15 the State Board of Nursing and to the citizens of the
16 Commonwealth. We publicly recognize her commitment
17 to the highest standards of ethics, the betterment of
18 the nursing profession and the responsible acts as a
19 public servant. Thank you for your service."]

20 ***

21 Public Comment

22 [Judith Pachter Schulder, Esquire, Board Counsel,
23 explained that due to the Pennsylvania Supreme
24 Court's ruling in *Lyness v. State Board of Medicine*,
25 the Board is unable to entertain any complaints or

1 discuss matters that are subject to a complaint. She
2 stated complaints fall under the Prosecution's
3 bailiwick and only come before the Board to make a
4 final decision on the matter.]

5 ***

6 [Taylor Dawson, Student, PITC Institute, stated that
7 she was a current PITC student scheduled to take her
8 exit examination on March 4, 2026. She wanted to
9 bring awareness to faults at PITC Institute, which
10 was recently placed on provisional status.

11 Ms. Pachter Schulder explained that complaints
12 had to follow a process starting with filing a
13 complaint with the Professional Compliance Office.
14 She noted the reasoning was so that the Board Members
15 did not have to recuse themselves from participating
16 in decisions on the matter. She said the Board would
17 not stop Ms. Dawson from making any statements;
18 however, the Board encouraged her to file concerns by
19 way of a complaint so the Board could have a hearing
20 and review the whole matter.]

21 ***

22 [Shaquana Cox, former student, PITC Institute, noted
23 she had also planned to address concerns and
24 complaints regarding PITC Institute.

25 Ms. Pachter Schulder encouraged her to follow the

1 complaint process to allow the investigation process.

2 Ms. Cox stated numerous students had submitted
3 complaints but were not notified of the next steps.

4 Ms. Pachter Schulder stated Ms. Cox was welcome
5 to call or write the Professional Compliance Office,
6 who would be able to provide a status of her
7 complaint. She noted complaints are not public, and
8 the Board does not receive information on a complaint
9 until a case is brought before the Board by the
10 Office of Prosecution.

11 Ashely Hughes commented in the chat and asked if
12 there would be a public hearing about PITC because
13 the Institute came before the Board.

14 Ms. Pachter Schulder stated PITC came before the
15 Board due to the Board asking programs on provisional
16 status with a history of provisional status to
17 present to the Board. She noted programs are
18 permitted to be on provisional status for two years.
19 She stated PITC was before the Board in January and
20 may return in July as well. She added there was no
21 action for the Board to take at the January meeting,
22 but PITC made a public presentation. The Board
23 adopted the minutes from the January meeting earlier
24 in the current meeting. She noted that the January
25 minutes would be posted on the Board's website within

1 two weeks.

2 Ms. Pachter Schulder reported on receiving a
3 request from a future program wanting to know if the
4 Board's meetings were videotaped. She stated
5 meetings were not videotaped, and the audio tape was
6 used only for the preparation of minutes by the
7 stenographer. Once the minutes are prepared, the
8 minutes are given to the Board for review and
9 approval. After approval, the minutes are published
10 on the website. She repeated the December and
11 January minutes would be available on the website
12 within two weeks.

13 Chair Hunsberger thanked all of the students who
14 attended the meeting. He stated that the regulation
15 the Board had just voted on was important as it would
16 allow programs to be evaluated on more than just the
17 pass rates.]

18

19 [Pursuant to Section 708(a)(5) of the Sunshine Act,
20 at 11:45 a.m., the Board entered into Executive
21 Session for the purpose of conducting quasi-judicial
22 deliberations on the matters on the Agenda under the
23 Report of Board Counsel, Report of the Prosecutorial
24 Division, and the Application of Erie County College.
25 The Board returned to Open Session at 12:42 p.m.

1 Ms. Pachter Schulder advised that Board Members
2 who recused themselves would be noted in the
3 motions.]

4 ***
5 Report of Prosecutorial Division Motions

6 MS. PACHTER SCHULDER:

7 Is there a motion to adopt the VRP
8 Consent Agreements for Items 2 through
9 5?

10 MS. HERTZLER:

11 So moved, Hertzler.

12 DR. BUCHER:

13 Second, Bucher.

14 CHAIR HUNSBERGER:

15 All those in favor? Opposed?
16 Abstentions?

17 [The motion carried unanimously.]

18 ***

19 MS. PACHTER SCHULDER:

20 The following cases for which there are
21 no recusals: Case Nos. 21-51-012097,
22 25-51-005351, 23-51-009991, 25-51-
23 000567, and 25-51-017235, is there a
24 motion to adopt?

25 DR. BUCHER:

1 [The motion carried. Ms. Hertzler was recused from
2 deliberations and voting on the matter. The
3 Respondent in Case No. 25-51-005024 is Kiley N.
4 Brink, LPN.]

5 ***

6 MS. PACHTER SCHULDER:

7 Is there a motion to adopt the
8 following Consent Agreements for which
9 Members Hertzler and Scher are recused?
10 That's 25-51-010097 and 24-51-017135.

11 DR. BUCHER:

12 So moved, Bucher.

13 MS. CAPIOTIS:

14 Second, Capiotis.

15 CHAIR HUNSBERGER:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried. Ms. Hertzler and Mr. Scher were
19 recused from deliberations and voting on the matter.
20 The Respondents are Case 25-51-010097, Rainy M.
21 Woods, LPN; and Case No. 24-51-017135, Angela Dawn
22 Carolus, LPN.]

23 ***

24 MS. PACHTER SCHULDER:

25 Is there a motion to deny as too

1 lenient the following Consent
2 Agreements at Case Nos. 24-51-016732
3 and 23-51-016073?

4 DR. BUCHER:

5 So moved, Bucher.

6 MS. HERTZLER:

7 Second, Hertzler.

8 CHAIR HUNSBERGER:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried unanimously.]

12 ***

13 Report of Board Counsel

14 MS. PACHTER SCHULDER:

15 Is there a motion to deny the Motion
16 for Reconsideration of Dafnee Gilles,
17 RN, LPN? That's under the
18 Miscellaneous Deliberations, Case No.
19 22-51-004144.

20 DR. BUCHER:

21 So moved, Bucher.

22 MS. CAPIOTIS:

23 Second, Capiotis.

24 CHAIR HUNSBERGER:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried unanimously.]

3 ***

4 MS. PACHTER SCHULDER:

5 Is there a motion to enter defaults, to
6 deem the facts admitted, and to
7 authorize Counsel to prepare
8 Adjudications and Orders in the matters
9 of Amelia Maria Kissane, RN, 23-51-
10 013619; Delmeicia Winings, LPN, 23-51-
11 018391; and Joanna E. Rhinehart, RN,
12 25-51-000357?

13 DR. BUCHER:

14 So moved, Bucher.

15 MS. HERTZLER:

16 Second, Hertzler.

17 CHAIR HUNSBERGER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried unanimously.]

21 ***

22 MS. PACHTER SCHULDER:

23 Is there a motion to adopt the Hearing
24 Examiner's Proposal in the matter of
25 Sarah Jessica Glasgow, RN, 24-51-

1 004151, for which Members Hertzler and
2 Bucher are recused?

3 DR. HERSHBERGER:

4 So moved, Hershberger.

5 MS. CAPIOTIS:

6 Second, Capiotis.

7 CHAIR HUNSBERGER:

8 All those in favor? Opposed?

9 Abstentions?

10 [The motion carried. Ms. Hertzler and Dr. Bucher
11 were recused from deliberations and voting on the
12 matter.]

13 ***

14 MS. PACHTER SCHULDER:

15 Is there a motion to authorize Counsel
16 to prepare Adjudications and Orders in
17 the matters of Manushka Laibhen, LPN,
18 22-51-001153; Anjewel Ladawn Johnson,
19 LPN, 25-51-001395; and Lakita Seldon,
20 LPN, 24-51-008679?

21 DR. BUCHER:

22 So moved, Bucher.

23 MS. HERTZLER:

24 Second, Hertzler.

25 CHAIR HUNSBERGER:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried unanimously.]

4 ***

5 MS. PACHTER SCHULDER:

6 Is there a motion to authorize Counsel
7 to adopt the Hearing Examiner's
8 Proposals but to substitute Orders in
9 the matters of Tiffany Jubilee,
10 Applicant, 25-51-006069; and Valerie A.
11 Kiser, LPN, 24-51-019069?

12 DR. BUCHER:

13 So moved, Bucher.

14 DR. HERSHBERGER:

15 Second, Hershberger.

16 CHAIR HUNSBERGER:

17 All those in favor? Opposed?

18 Abstentions?

19 [The motion carried unanimously.]

20 ***

21 DR. BUCHER ASSUMED THE CHAIR.

22 ***

23 MS. PACHTER SCHULDER:

24 Is there a motion to authorize Counsel
25 to prepare a Memorandum and Order in

1 the matter of Anyae E. Williams, LPN,
2 24-51-002027, for which Members
3 Hertzler and Hunsberger are recused?
4 The Chair is now with Dr. Bucher.

5 MS. CAPIOTIS:

6 So moved, Capiotis.

7 DR. HERSHBERGER:

8 Second, Hershberger.

9 ACTING CHAIR BUCHER:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried. Dr. Hunsberger and Ms. Hertzler
13 were recused from deliberations and voting on the
14 matter.]

15 ***

16 CHAIR HUNSBERGER RESUMED THE CHAIR.

17 ***

18 MS. PACHTER SCHULDER:

19 Is there a motion to adopt the Hearing
20 Examiner's Proposal in the matter of
21 Emmalee Marie McKinney, RN, 25-51-
22 006819, for which Members Hertzler and
23 Scher are recused?

24 DR. BUCHER:

25 So moved, Bucher.

1 MS. CAPIOTIS:

2 Second, Capiotis.

3 CHAIR HUNSBERGER:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion carried. Ms. Hertzler and Mr. Scher were
7 recused from deliberations and voting on the matter.]

8 ***

9 MS. PACHTER SCHULDER:

10 Is there a motion to adopt the Draft
11 Adjudication and Order in the matter of
12 Jennifer L. Benincase, LPN, 23-51-
13 013962, for which Members Bucher and
14 Hertzler are recused?

15 DR. HERSHBERGER:

16 So moved, Hershberger.

17 MS. CAPIOTIS:

18 Second, Capiotis.

19 CHAIR HUNSBERGER:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried. Dr. Bucher and Ms. Hertzler
23 were recused from deliberations and voting on the
24 matter.]

25 ***

1 MS. PACHTER SCHULDER:

2 Is there a motion to adopt the
3 following Draft Adjudications and
4 Orders for which Members Hertzler and
5 Scher are recused: Casey Jo Hamilton,
6 LPN, 22-51-014246; Kali Mae Herzog,
7 LPN, 25-51-007165; Brenda L. Ward, RN,
8 24-51-015341; Laina Marie Noelle
9 Wilkinson, LPN, 24-51-008390; Mason
10 Tylor Zeplo, RN, Case No. 24-51-003045;
11 and Jamie E. Provident, RN, LPN, 25-51-
12 006877?

13 DR. BUCHER:

14 So moved, Bucher.

15 MS. CAPIOTIS:

16 Second, Capiotis.

17 CHAIR HUNSBERGER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Ms. Hertzler and Mr. Scher were
21 recused from deliberations and voting on the matter.]

22 ***

23 MS. PACHTER SCHULDER:

24 Is there a motion to adopt the
25 following Hearing Examiner Proposals

1 for which there are no recusals: Case
2 numbers 25-51-005576, 25-51-013844; and
3 22-51-018279.

4 DR. BUCHER:

5 So moved, Bucher.

6 MS. HERTZLER:

7 Second, Hertzler.

8 CHAIR HUNSBERGER:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried unanimously. Respondents' names
12 are Theresa L. Mulea, LPN, in 25-51-005576; Kim
13 Michelle Mader, LPN, in 25-51-013844; and VRP No.
14 22_37486 in Case No. 22-51-018279.]

15 ***

16 MS. PACHTER SCHULDER:

17 Is there a motion to adopt the Draft
18 Adjudication and Order for Judith A.
19 Lunardi, RN, 24-51-002697, for which
20 Member Hertzler is recused?

21 DR. BUCHER:

22 So moved, Bucher.

23 DR. HERSHBERGER:

24 Second, Hershberger.

25 CHAIR HUNSBERGER:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried. Ms. Hertzler was recused from
4 deliberations and voting on the matter.]

5 ***

6 MS. PACHTER SCHULDER:

7 Is there a motion to adopt the
8 following Draft Adjudications and
9 Orders for which there are no recusals:
10 Raianna Elum, LPN, 20-51-009397;
11 Matthew Ryan Jennings, RN, 23-51-
12 008931; Debra Torrone Kilkenny, RN, 22-
13 51-011688; and Abu Bakarr Nabie, LPN,
14 24-51-008386?

15 DR. BUCHER:

16 So moved, Bucher.

17 MS. HERTZLER:

18 Second, Hertzler.

19 CHAIR HUNSBERGER:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried unanimously.]

23 ***

24 MS. PACHTER SCHULDER:

25 Is there a motion to issue an Order

1 Adopting the Hearing Examiner's
2 Proposal and substitute an Order in the
3 matter of Joy W. Peterson, LPN, 24-51-
4 001021?

5 DR. BUCHER:

6 So moved, Bucher.

7 DR. HERSHBERGER:

8 Second, Hershberger.

9 CHAIR HUNSBERGER:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried unanimously.]

13 ***

14 Appointment Motion

15 MS. PACHTER SCHULDER:

16 Is there a motion to grant Erie County
17 Community College's Proposal for
18 Establishment of a Fulltime (12 month)
19 Diploma/Certificate Practical Nursing
20 Program for which Member Hershberger is
21 recused?

22 DR. BUCHER:

23 So moved, Bucher.

24 MS. SIEGEL:

25 Second, Siegel.

1 CHAIR HUNSBERGER:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried. Dr. Hershberger was recused
5 from deliberations and voting on the matter.]

6 ***

7 Adjournment

8 CHAIR HUNSBERGER:

9 Is there any additional business to
10 come before the Board at this time?

11 Hearing none, may I have a motion
12 for adjournment?

13 DR. BUCHER:

14 So moved, Bucher.

15 MS. HERTZLER:

16 Second, Hertzler.

17 CHAIR HUNSBERGER:

18 All those in favor?

19 ***

20 [There being no further business, the State Board of
21 Nursing Meeting adjourned at 12:57 p.m.]

22 ***

23

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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.



Erin Badstuebner,
Minute Clerk
Sargent's Court Reporting
Service, Inc.

STATE BOARD OF NURSING
REFERENCE INDEX

March 2, 2026

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8		
9	9:00	Public Session
10		
11	9:00	Official Call to Order
12		
13	9:01	Introduction of Board Members
14		
15	9:02	Introduction of Attendees
16		
17	9:06	Adoption of Agenda
18		
19	9:07	Adoption of Minutes
20		
21	9:08	Report of Prosecutorial Division
22		
23	9:12	Regulation Update
24		
25	9:17	Pennsylvania Legislative Update
26		
27	9:18	Report of Committees
28		
29	9:20	Report of Board Members Who Attended a Meeting
30		
31		
32	9:20	Report of Executive Secretary
33		
34	9:22	Regulation Update (Cont.)
35		
36	9:27	Appointment - Central Pennsylvania Institute of Science and Technology
37		
38		
39	9:46	Appointment - Erie County Community College
40		
41		
42	10:18	Recess
43		
44	10:30	Appointment - Joseph F. McCloskey School of Nursing
45		
46		
47	10:45	Appointment - Prism Career Institute
48		
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50		

STATE BOARD OF NURSING
REFERENCE INDEX

March 2, 2026

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TIME	AGENDA
11:23	Committee Meeting
11:33	Public Comment
11:45	Executive Session
12:42	Return to Open Session
12:42	Motions - Prosecution
12:48	Report of Board Counsel
12:56	Motions - Appointments
12:57	Adjournment