

Pennsylvania State Board of Nursing
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VERIFICATION OF NURSING EDUCATION PROGRAM COMPLIANCE

Complete and return this form by mail with ORIGINAL SIGNATURE AND SCHOOL SEAL to the Board **no later than April 30th.**

Nursing Education Program Name

Type of Program:

RN - ADN

RN - BSN

RN-Diploma

Practical - Certificate/Diploma

(Note: A separate compliance form is to be submitted for each program type.)

1. The nursing education program: (select option)

Meets all requirements of the Professional Nursing or Practical Nurse Law and regulations.*

Does not meet all requirements of the Professional Nursing or Practical Nurse Law and/or regulations.*

(attach detailed explanation separately and cite specific regulation(s).)

Provisional approval status with performance improvement plan of correction filed with Board.

2. I am aware the Board must be notified in writing of any programmatic changes in ownership, accreditation, curriculum, faculty, clinical agencies, and nursing program administration for the Nursing Education Program.

3. **Enclosed** is a copy of the **Systematic Evaluation Plan (SEP)** for the most recently completed academic year. The SEP includes all areas of program evaluation, results of the evaluation, and action taken based on the evaluation.

4. I am currently licensed as a Registered Nurse in Pennsylvania.

5. The Nursing Education Program is currently accredited by :

(f not accredited insert "NA")

6. I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911.

X _____ Date: _____

Original Signature of the Nursing Education Program Administrator

(Name stamp or electronic signature is not acceptable.)

MAIL THIS FORM AND DOCUMENTATION TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.

* Professional nursing programs: Sections 21.33, 21.33a, 21.33b, 21.34, 21.61, 21.62, 21.63, 21.71, 21.72, 21.73, 21.76, 21.81, 21.82, 21.83, 21.84, 21.85, 21.86, 21.87, 21.88, 21.89, 21.91, 21.101, 21.102, 21.103, 21.111, 21.112, 21.113, 21.114, 21.115, 21.116, 21.121, 21.122, 21.123, 21.124, 21.125.

*Practical nurse programs: Sections 21.162, 21.162a, 21.162b, 21.166, 21.172, 21.173, 21.181, 21.182, 21.183, 21.184, 21.191, 21.192, 21.193, 21.194, 21.201, 21.202, 21.203, 21.204, 21.211, 21.221, 21.222, 21.223, 21.231, 21.232, 21.233, 21.234

Revised: 1/2010; 1/2014