Pennsylvania Department of State

Bureau of Professional and Occupational Affairs
State Board of Nursing

eppiccNURSE Release 7.0

CRNP Annual Report User Guide

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1. CRNP Annual Report Process Flow

The process flow below provides a guideline to access the eppiccNURSE website as a “CRNPUser” and submit CRNP Program Specialty Annual Report.
2. Access to eppiccNURSE as CRNP User

Step 1: Register with PA User Login Registration

1. Anyone accessing a Commonwealth portal must first complete a PA User Login Registration. Therefore, before logging into eppiccNURSE, you must first go to the PAPowerPort website and generate your own user ID and password. If you already have a PAPowerPort User ID and password, proceed to page 6 (Step 2: Logging into eppiccNURSE).

2. To access the Register page, first navigate to https://www.eppiccNURSE.pa.gov. Once there, the login page will open. Click on the PAPowerPort link and the PA User Login Registration page will open.

If you are support staff, contact your Program Director to obtain access to the eppiccNURSE website. You will need to complete the PAPowerPort registration below.
Please review carefully the Important Notes below before you start filling in the PA User Login Registration.

All of the information needed to generate and save a user ID and password is entered on the PA User Login Registration screen as follows:

The form fields followed by an asterisk (*) are mandatory and must be filled in. Fill in all of the fields required for your name, address, e-mail address, user ID and password. (Enter your password and confirm it.)

Make sure you note your registered email ID, User ID, Question and Answer for future reference.

**ALERT!** It is very important that you remember your User ID and Password. You will need them to log into the eppiccNURSE database.

**NOTE:** You may only use your email address once in creating your registration.

You must provide a question that only you can answer in case you lose your user ID or password.

An example of the registration form is at the left.

After all of the required fields are filled in, click Register. Upon clicking Register you will be e-mailed your user information.

Clicking Start Over will clear and reset the page.
Step 2: Logging into eppiccNURSE

To login you will need your PAPowerPort username and password.

The CRNP Program Director or support staff takes the following steps:

1. Select Domain as

2. Enter your PAPowerPort User Login Registration ID.

3. Enter your PAPowerPort User Login Registration Password.

Once you enter the required information, click Login.

The first time you login you will be asked to complete the CRNPUser registration. If you already registered you will be able to login to the eppiccNURSE website.

**NOTE:** You will not be able to login and use eppiccNURSE until the BON office approves your registration.

**NOTE:** Fields marked by an * are mandatory fields and must be completed before you can continue.

**NOTE:** The program will log out if not used within a 20 minute interval and any information not saved will be lost.

If you are not a registered CRNPUser you will receive the message *You have entered a User ID that is not currently registered in eppiccNURSE. If you want to register as a CRNPUser please click the Register button to proceed.*

Once you have registered, if you want to try to login again, please click the Login button to proceed” as in the screen below. Click the “Register” button to proceed. The “Program Director” must register. If you are a support staff, please contact your Program Director.

**NOTE:** You have entered a User ID and Password that is currently not registered in eppiccNURSE.

If you are not currently registered as a CRNP user, please click the Register button to proceed.

If you have already registered with eppiccNURSE, please click the Login button to try to login again.
3. Registering your CRNP Program in eppiccNURSE

To “Register” the Program Director must furnish the details requested on the following web page.

License Type: Select the type of license. You can enter only one license type to complete the registration.

License #: Enter your license number of the selected type and click on “Search”. Only one license # will be requested. Successful entry of a valid non-expired license will allow data entry in the rest of the page.

Name: This retrieves your name on your License record.

Phone: Enter the phone number of the Program Director.

Fax: Enter the fax number of the Program Director.

Email: Enter the Program Director’s email ID. [NOTE: This email ID will be used for further communication with the Board of Nursing (BON).]

College/University: Select your College/University from the dropdown

Address/City/State/Zip: Based on your selection of College/University this information will pre-populate. Contact the BON to update the information.

Regional Accreditation: Select “Yes” or “No”

If the answer for Regional Accreditation is “No” the Accrediting Organization(s) and the expiration date(s) is required.

Website link to the current Graduate Program catalog: Enter the URL of the current Graduate Program catalog. If you do not have the URL select the check box “Website link not available. Will send catalog by mail.” and send the information by postal mail.

Program Information:

a. Select the “Program Specialty” from the dropdown.

b. Enter the “Date of Appointment” for the Program Director in mm/dd/yyyy format.

c. Select the “Appointment Status” for the Program Director from the dropdown.

d. Board Approval Status will be displayed. If any change is required, contact the BON.

e. Click “Add”
This will display a row below with the details entered. If needed, the Program Director can add multiple programs using the above steps. The “Status” (Registration Status) will be displayed as “Pending” for the added programs until the Registration is approved by the BON.

**Supervisor / Dean Information:**

a. Enter the First name and Last name of the Supervisor/Dean
b. Enter Title of the Supervisor.

**Register:** When the “Register” button is clicked you will be directed to the following page of the eppiccNURSE website, followed by an email to the registered email ID confirming that the Registration for the requested program(s) was received by the Board. Upon receipt of an email confirming approval, you will be able to login. After you login you will be able to update information on the Registration Page if needed.

If you try to login again before Board approval you will receive the following message “Login Denied. The registration is Inactive/Rejected/Closed/Pending. If pending you will be notified of Login status by email.” on the Login Page.
4. **Support Staff Access Request for CRNP Annual Report**

**Support Staff Registration:** The Program Director can request access for the support staff to enter data for the Annual Report of the CRNP Program Specialty. The support staff needs to create the PA PowerPort login to request access. (Refer to Register with PA User Login Registration). The following information needs to be sent to the BON via email to obtain the access granted for the support staff.

1. **College/University**
2. **Program Specialty - Degree,** provide all the programs for which the support staff need to be authorized.
3. **Program Director Name**
4. **First Name**
5. **Last Name**
6. **Email ID**
7. **PA Login User ID**

Board will add the support staff for the requested program specialty and send a confirmation email to the Program Director and the support staff.

**Note:** The support staff will not have access to the Registration Page and Director Form. In addition the support staff may only enter data and print the Annual Report. They will not have access to submit the Annual Report.

5. **Message Board**

Upon successful login to eppiccNURSE website the message board will be displayed. This provides a formal communication from BON.
6. Director Form

The CRNP Program Director Form is a mandatory form that must be completed by the Program Director. The support staff will not have access to this form.

Note: The Program Director will not be able to submit the Annual Report for the CRNP Program Specialty if the Program Director Form is incomplete.

Name: This information will be displayed based on the License information provided on the Registration Page. Associated RN & CRNP license #’s will be displayed.

RN License #: If the Program Director registered using the PA CRNP certification they have to furnish the RN license number and click “Add”.

PA CRNP Certification #: The Program Director must add information for at least one PA CRNP Certification.

Enter the PA Certification # and click “Add” button. This will display the License #, Expiration Date and the Name below. Multiple active PA CRNP Certification #’s can be added.

National Certification:
- Select from the dropdown for the National Certification Organization(s)
- Enter the “Expiration Date”
- Click “Add” button to enter multiple National Certifications, if applicable.

Note: If Other is selected from the dropdown, you must enter the Certification Organization name in the text box.

ACADEMIC QUALIFICATIONS - Highest Nursing Degree:

College/University: Enter the name of the College/University where you completed your Highest Nursing Degree.
Country: Select Country “USA” or “Other”. “Other” requires a text field to be completed.
State: State is required for Country USA.
Academic Degree Awarded: Select from the dropdown for the degree awarded.
Year Received: Enter the Year in YYYY format.
Clinical/Functional Specialty: Select the specialty from the dropdown. If “Other” is selected, enter the description of the specialty on the text box below.

ACADEMIC QUALIFICATIONS - Highest Non-Nursing Degree
This information is required only if the Highest Nursing Degree is not a Doctoral Degree or if you do not have a Doctoral Degree Completion Plan.

College/University: Enter the name of the College/University where you completed your Highest Non-Nursing Degree
Country: Select Country “USA” or “Other”. “Other” requires a text field to be completed.
State: State is required for Country USA.
Academic Degree Awarded: Select from the dropdown for the degree awarded.
Year Received: Enter the Year in YYYY format.
Clinical/Functional Specialty: Select the specialty from the dropdown. If “Other” is selected, enter the description of the specialty on the text box below.

Doctoral Degree Completion Plan:
This information is required if either the Highest Nursing or Non-Nursing Degree is not a Doctoral Degree.

College/University: Enter the College/University at which you are enrolled.
Date Enrolled: Enter the date of enrollment in mm/dd/yyyy format
Degree to be awarded: Select the degree to be awarded from the dropdown. If “Other” is selected, enter name of the degree in the text box.
Area of Specialization: Enter the area of specialization.
Anticipated date of completion: Enter the anticipated date of completion in mm/dd/yyyy format.

Click the “Save” button on the bottom of the page to save the information. This will display a message “Successfully Saved!” on the bottom of the page.

7. Annual Report CRNP Program Specialty Selection
This page will allow the Program Director or the support staff to enter the data for Board approved CRNP programs. The support staff can enter data but will not have access to "Submit" the Annual Report. Only the Program Director may “Submit” the Annual Report.

The Header of this page will display the “Report Year” and the “Reporting Period”. The dropdown for the Report Year will display data from 2010-11 onward based on the electronic data availability.

The Program Director or the support staff will be able to complete the Annual Report by selecting the Program on this page. The Program Director/support staff will only be able to see the Programs for which they have been given access. This page displays the “Report Status” of the Program.

The “Report Status” may be one of the following:
- Not Started: This status is assigned to the Annual Report until data is saved in any page of the Annual Report.
- In Progress: This status is assigned to the Annual Report when any page is saved.
- Data Submitted: This status is assigned to the Annual Report when it is submitted.
- Under Review: Under review by the BON.
- Approved: Approved by the BON.
- Reopened: If modification is required on the submitted Annual Report, this status will allow CRNP Program User to modify the Annual Report as permitted by the BON.

Modifications to the Annual Report cannot be made if it has been marked ‘Data Submitted’, ‘Under Review’ or ‘Approved’ Status.
Print blank current Annual Report

To print blank Annual Report of the current year, click on the link Print blank current Annual Report.

8. Annual Report

The Program Director/support staff can click on any page on the left navigation of the Annual Report and complete that section.

The header of Annual Report displays the “CRNP Program Specialty (Population)” & “Annual Report Status”.

Navigation buttons

Save - will save the current information and remain on the page where you are currently working.
Save & Next - will save the current page and navigate to the next page.
Next - will go to the next page without saving any information entered.
Previous - will go to the previous page without saving any information entered.
9. General Information

The non-editable data displayed on this page were obtained from the Registration Page. Enter the data related to the “National Certification Organization(s) exam(s) for which graduates of this Program Specialty (population) are eligible” and the “CRNP Program Specialty (population) Public Contact Information”.

Click “Save” to save data or “Save & Next” to save the data and go to next page/section of the Annual Report.

**Mailing Address:** This information is read only, if any changes are required contact the Board of Nursing.
10. Faculty

Add Faculty

Clicking the ‘Add Faculty’ button displays a popup. Enter faculty information and click the ‘Save’ button.
Edit/Remove Faculty

Clicking the faculty name on the faculty list table opens a popup.

Edit faculty information and click the ‘Save’ button.

To remove faculty from the “Faculty list for the current reporting period”, enter Date Left Employment and click the ‘Save’ button. These faculty can be viewed by selecting the option “Faculty who terminated employment” from the dropdown above the faculty list table.

Click **Save & Next** on Faculty page to continue to the Curriculum page.

11. Curriculum

Please check all curriculum options that apply to the CRNP Program Specialty (population).

If you are entering data for a BSN/DNP Program you will not see the option “Post-Master’s Certificate option is available”.

Enter the number of secondary sites. Enter zero (0) if CRNP program is not offered at a secondary site. When applicable, enter the site location and click “Add” button.

The number of site locations (City Names) added must equal the number of sites.

Select the Clinical hours.

Note: “Other” selection will require text.

Click **Save & Next** to continue to the second Curriculum page.
12. Curriculum Page 2

<table>
<thead>
<tr>
<th>GLOSSARY</th>
<th>Curriculum</th>
</tr>
</thead>
</table>

Please answer all by selecting “Yes” or “No” options that apply to the program.

You will see the question regarding ‘Post Master’s Certificate option’ only if you are a MSN program and have selected “Post-Master’s Certificate option is available” on the previous page.

Click **Save & Next** to continue to the Students page.
13. Students

Enter the data as requested. FT means "Full Time", PT means "Part Time".

Applied: Individuals who submitted an application for admission to the program.

Qualified: Individuals who meet all institutional requirements for admission to the program.

Admitted: Individuals who have received official notification of acceptance into the program.

Enrolled: Individuals who have registered and are entered in the program.

Completed: Individuals who have enrolled and completed the program.

You will see the section for ‘Post Master’s Certificate’ questions only if you are a MSN program and have selected “Post-Master's Certificate option is available” on Curriculum Page 1.

Click Save & Next to continue to the Students Page 2.
14. Students Page 2

Questions on this page will be enabled based on the answers given on Students Page 1.

Click **Save & Next** to continue to the Attrition page.

15. Attrition

Enter the numerical values for the Attrition information of the students.

Data entry in “Other” will require text input.

Click **Save & Next** to continue to the Affidavit page.
16. Affidavit

This page will let you complete the following:

1. Review and electronically sign and date the affidavit statement;
2. Print the completed Annual Report so you can review it in its entirety for accuracy;
3. Submit the report to the Board of Nursing.

**Affidavit**

1. I am currently certified as a Certified Registered Nurse Practitioner (CRNP) in Pennsylvania. YES ☐ ☑
2. I hold an earned doctorate degree or am proceeding with my plan for completion of the doctoral degree within five years as contained in this CRNP Annual Report. YES ☐ ☑
3. I verify that this Nurse Practitioner Education Program complies with all Board regulations related to nurse practitioner nursing education programs. YES ☐ NO ☑
4. I verify that I reviewed the current Faculty List that is a part of this CRNP Annual Report and that it lists all faculty members who provided didactic and clinical instruction. YES ☐ NO ☑
5. I verify the curriculum is continuously evaluated according to a plan developed by the faculty. YES ☐ NO ☑
6. I have read this report and accept responsibility for its contents. YES ☐ ☑

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. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I understand that a violation of nursing law and/or regulation may result in a civil penalty of up to $10,000.

YES ☐ ☑

Your typed name below shall have the same legal effect as a handwritten signature.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Signature Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>07/25/2016</td>
</tr>
</tbody>
</table>

Review the Affidavit statement and then click “Yes” as indicated below the statement.

**NOTE:** Entering your name and date in the designated area has the same legal effect as a handwritten signature.

Clicking on **Print Annual Report** allows you to view the report in its entirety and save an electronic copy of the Annual Report. You can also print the report to your local printer once the report opens.

**NOTE:** You must have Adobe Acrobat Reader installed to perform this function.

Clicking on **Submit** displays the following message.

**Once the Annual Report has been submitted, you will not be able to make changes. Do you want to continue?**

Clicking “OK” in the above message submits your completed report to the BON. Following submission of the Annual Report to the BON no further changes can be made. If there is a need to make changes to your Annual Report following final submission you must contact the BON office for assistance. After the Annual Report has been submitted, the full report can be saved and/or printed from the Affidavit page by clicking on “Print Annual Report.”

**SUBMITTING ATTACHMENTS TO THE BOARD OF NURSING:**

Attachments accompanying the Annual Report can be submitted to the Board office in the following manner using the Email Editor. For directions to use the Email Editor refer to Section 18: **Contact Page and Email Editor Function.** To access the Email Editor, click on the “Helpdesk” link to open the BON “Email Editor” portal. Once this portal is opened the CRNP User can directly email communication and/or attachments to the Board office.
17. Annual Report PDF

1. When the user clicks on **Print blank current Annual Report**, the screen opens with the populated report.

   ![Annual Report Program Selection](image)

   - **Report Year**: 2015-2016
   - **Reporting Period**: 05/01/2016 - 04/30/2016
   - **Blank Report Type**: MSN
   - **Report Status**: Not Started

2. The report can be viewed, printed, or saved.
18. Contact Page and Email Editor Function

Click on “Contact” link on the bottom of the page.

The Contact page contains important help and Contact information. Please spend some time reviewing this page.

Click on helpdesk to email technical concerns to the BON. This will open the “Email Editor” function with the BON email address pre-populated.

Click here under “Download a copy of the CRNP Annual Report User’s Guide” and this will open a copy of the User guide. This User’s Guide is developed to assist you in using the various functions in CRNP Annual Report.

Clicking on “helpdesk” opens the Board of Nursing “Email Editor” portal. Once this portal is opened the CRNP User can send email communication and/or attachments to the Board office.

IMPORTANT: For any email information sent to the Board office via the Email Editor portal it is required that the CRNPUser always provide within the body of the email message the following contact information: 1) Sender’s name; 2) Program name as approved; 3) Phone number.
19. Addendum

Forgot PAPowerPort Password

1. Return to the PAPowerPort website by entering https://www.login.state.pa.us/login/register.aspx in your address bar.
2. Click “Forgot Password” located at the left navigation.
3. Enter the email ID that was registered in PAPowerPort and click “Submit”.
4. Enter the answer to “Your Question” and click “Submit”.
5. An email will be sent to the registered email id with User ID and new Password.
6. If you are unable to reset the password contact Board of Nursing.
20. Annual Report Glossary

**Applied** - Individuals who submitted an application for admission to the program.

**Qualified** – individuals who meet all institutional requirements for admission to the program

**Admitted** – individuals who have received official notification of acceptance into the program

**Enrolled** – individuals who have registered and entered the program

**Graduates** – individuals who have completed all requirements of the program.

**Full time** – work 32 or more hours per week

**Part time** – work less than 32 hours per week