



Pennsylvania Department of State

Bureau of Professional and Occupational Affairs State Board of Nursing

eppiccNURSE Release 7.0

CRNP Annual Report User Guide



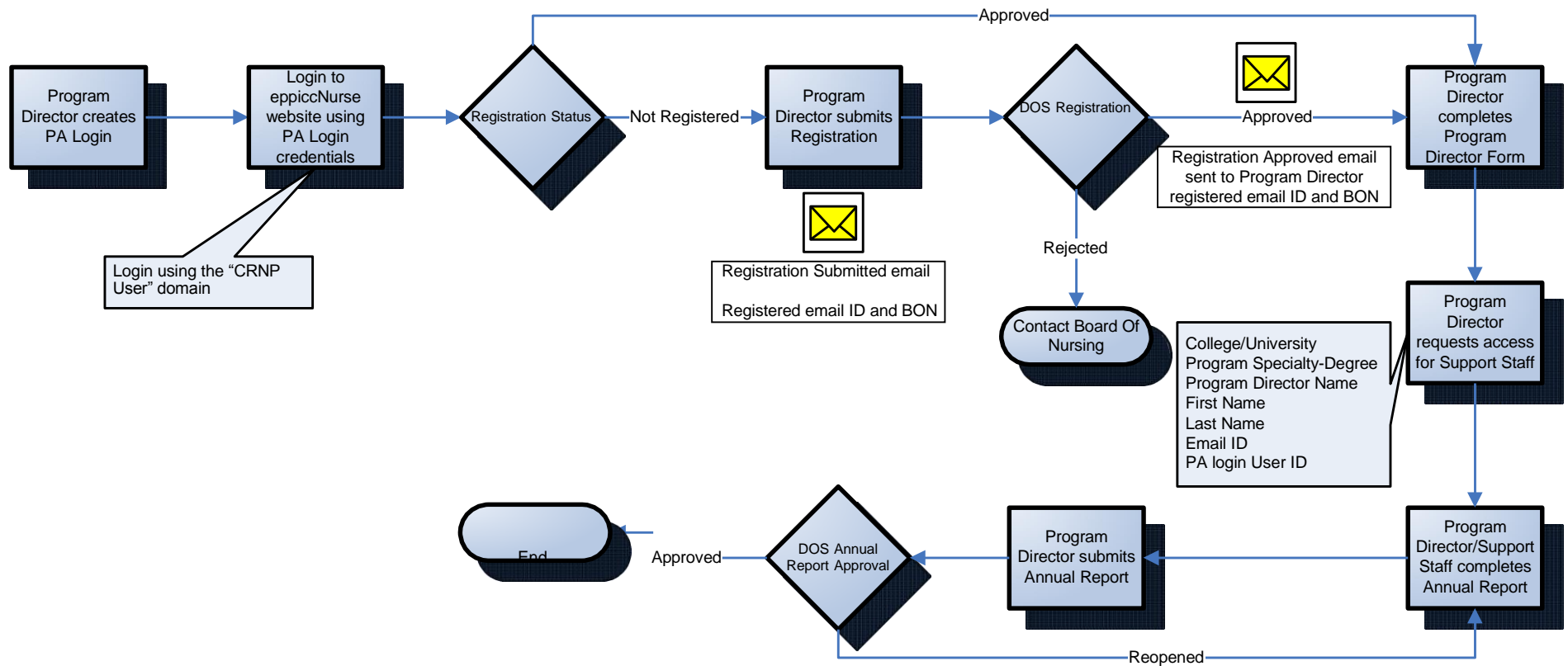
User Guide for eppiccNURSE – CRNP Annual Report (6.0)

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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.

The screenshot shows the PAPowerPort login page. At the top, there is a banner with the Pennsylvania Department of State logo and various icons. Below the banner, the page title is "pennsylvania PA". The main content area is titled "SITE ACCESS" and contains the text: "Please enter your PAPowerPort™ user ID and password for authentication." Below this text, there is a link: "If you do not have user ID and password, please sign up with PAPowerPort™". To the right of this link, there is a red arrow pointing to it with the label "PAPowerPort Link". Below the text, there are four input fields: "Domain:" (with a dropdown menu showing "User"), "User ID:", "Password:", and "Application Password:". Each of the last three fields has a red asterisk to its right. Below the input fields are three buttons: "Login", "Cancel", and "Forgot password?". To the right of the "Forgot password?" button, there is a red arrow pointing to it with the label "Contact Link". At the bottom of the page, there is a footer with links for "Privacy Policy", "Security Policy", and "Contact". A red arrow points from the "Contact" link to the label "Contact Link".

Please review carefully the **Important Notes** below before you start filling in the **PA User Login Registration**.

PA pennsylvania
STATE OF INDEPENDENCE

Login
Register
Forgot Password

These options require you to Login with your account information. If you do not have an account click the Register link above to create an account.

eSignature
Update Account Information

Register
Fill in the information below to register.

Name Prefix: <None> *
First Name: *
Last Name: *
Name Suffix: <None> *
Company: *
Title: *
Address1: *
Address2: *
City: *
State: *
Zip: *
Phone: *
Fax: *
Email Address: *
User ID: *
Password: *
Confirm Password: *
Question: *
Answer: *

If you ever lose your username or password we will ask you the following question, and need to receive your given answer, to confirm your identity. Please use a question that you will be sure to remember.

Start Over **Register**

* Denotes a required field.

[Privacy Policy](#) | [Security Policy](#)
This site works best with Internet Explorer version 6 or 7.
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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.

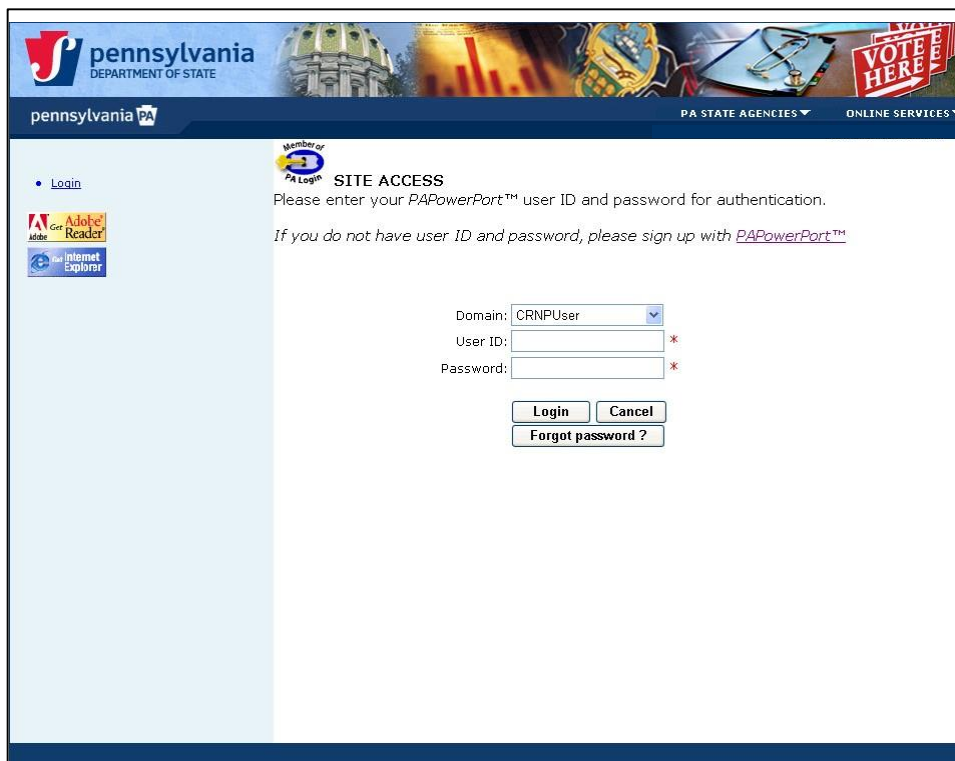
An example of the registration form is at the left.

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.

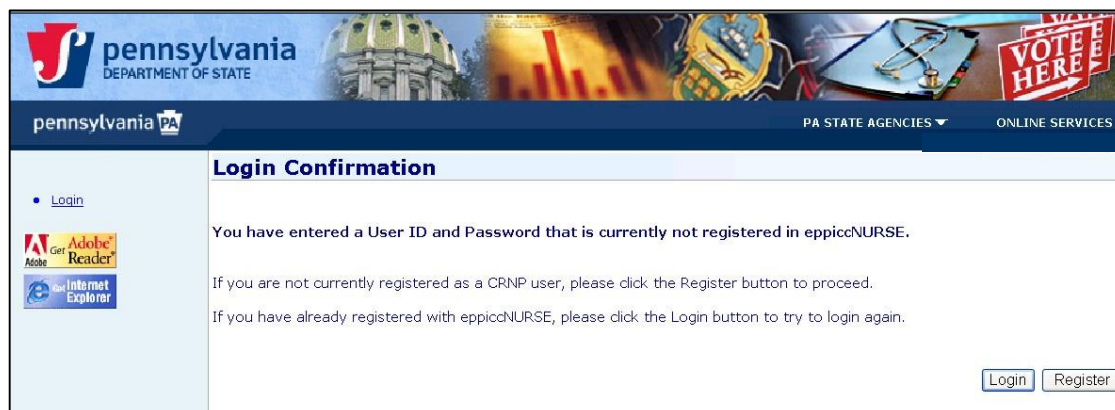
NOTE: You will not be able to login and use eppiccNURSE until the BON office approves your registration.

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.



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:

- Select the “Program Specialty” from the dropdown.
- Enter the “Date of Appointment” for the Program Director in mm/dd/yyyy format.
- Select the “Appointment Status” for the Program Director from the dropdown.
- Board Approval Status will be displayed. If any change is required, contact the BON.
- 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:

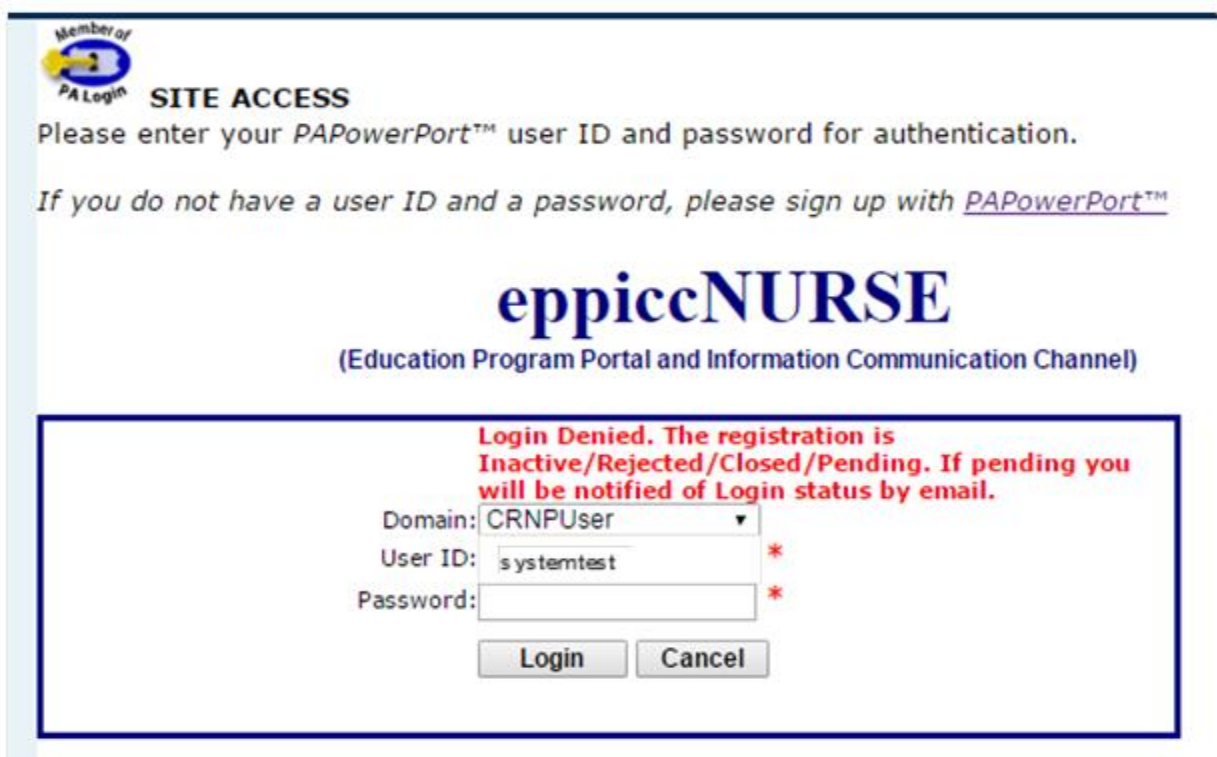
- a. Enter the First name and Last name of the Supervisor/Dean
- b. Enter Title of the Supervisor.

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**

Support Staff Information

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.

CRNP PROGRAM DIRECTOR FORM

Name: MARILYN DOWNES
 License Type: Certified Registered Nurse Practitioner
 License #: [Add]
 (Ex: SP123456D, RN123456L)

Remove	License#	ExpDate	FirstName	LastName
	RN232241L	10/31/2012	MARILYN	DOWNES

National Certification: Select
 Other National Certification: [Add]
 Expiration Date: [mm/dd/yyyy] [Add]

ACADEMIC QUALIFICATIONS - Highest Nursing Degree

College/University*: [Text Box]
 Country: USA
 Other Country: [Text Box]
 State*: Select
 Academic Degree Awarded*: Select
 Other Degree: [Text Box]
 Year Received*: [Text Box] YYYY
 Clinical/Functional Specialty*: Select
 Other Specialty: [Text Box]

ACADEMIC QUALIFICATIONS - Highest Non-Nursing Degree

College/University: [Text Box]
 Country: USA
 Other Country: [Text Box]
 State: Select
 Academic Degree Awarded: Select
 Other Degree: [Text Box]
 Year Received: [Text Box] YYYY
 Clinical/Functional Specialty: Select
 Other Specialty: [Text Box]

Doctoral Degree Completion Plan

College/University: [Text Box]
 Date Enrolled: [Text Box] mm/dd/yyyy
 Degree to be awarded: Select
 Other Degree: [Text Box]
 Area of Specialization: [Text Box]
 Anticipated date of completion: [Text Box] mm/dd/yyyy

[Save]

Privacy Policy | Security Policy | Contact
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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](#).

Annual Report Program Selection

Report Year 2014-2015 ▼
Reporting Period 05/01/2014 - 04/30/2015

Blank Report Type :
 ☒ MSN
 ☐ BSN-DNP
  [Print blank current Annual Report](#)

Program	Report Status
University of Pittsburgh Adult Health (BSN-DNP)	Data Submitted
University of Pittsburgh Family Health (BSN-DNP)	Data Submitted
University of Pittsburgh Family Health (MSN)	Data Submitted
University of Pittsburgh Neonatal (BSN-DNP)	Data Submitted
University of Pittsburgh Neonatal (MSN)	Data Submitted
University of Pittsburgh Pediatric (BSN-DNP)	Data Submitted
University of Pittsburgh Pediatric (MSN)	In Progress

Data Entry for Annual Report

Click on the link of the CRNP Program Specialty for which you want to complete the Annual Report. This will lead to the Annual Report page of the selected program

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.

Save

Save & Next

Previous

Next

University of Pittsburgh Pediatric (MSN)
Annual Report Status: *In Progress*

General Information

The 2014-2015 Annual Report is open for submission beginning 03/24/2016 and ending 06/20/2016.
 Submit Program information for the period starting 05/01/2014 and ending 04/30/2015.
 Limit information/data to those students enrolled in each Board approved program leading to certification as a registered nurse practitioner in Pennsylvania.
 A separate Annual Report must be submitted by the Program Director of each separate program specialty (population). **A separate report is not required for the Post-Master's Certificate program in this specialty (population).**

Mailing Address: 123 State ST
 City/State/Zip: Pittsburgh PA 15261

Is the College/University regionally accredited?
☒ Yes ☐ No

Accrediting Organizations and dates for the Graduate Nursing Program
☐ ACEN ☒ CCNE 12/2015

National Certification Organization(s) exam(s) for which graduates of this program specialty (population) are eligible*
☐ AANP ☒ AACN ☐ ANCC ☐ NCC ☐ ONCC ☐ PNCB

CRNP program specialty (population) Public Contact Information
 Phone: 234-234-2342 Extn.:
 Fax:

Save Save & Next Next

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”.

General Information

- The 2014-2015 Annual Report is open for submission beginning 03/24/2014 and ending 08/01/2016.
- Submit Program information for the period starting 05/01/2014 and ending 04/30/2015.
- Limit information/data to those students enrolled in each Board approved program leading to certification as a registered nurse practitioner in Pennsylvania.
- A separate Annual Report must be submitted by the Program Director of each separate program specialty (population). **A separate report is not required for the Post-Master's Certificate program in this specialty (population).**

Mailing Address: 400 East Second Street 1234 12 1
 City/State/Zip: Bloomsburg PA 17811-11

Is the College/University regionally accredited?
☒ Yes ☐ No

Accrediting Organizations and dates for the Graduate Nursing Program
☒ ACEN 01/2016 ☐ CCNE

National Certification Organization(s) exam(s) for which graduates of this program specialty (population) are eligible*
☐ AANP ☐ AACN ☐ ANCC ☒ NCC ☐ ONCC ☐ PNCB

CRNP program specialty (population) Public Contact Information
 Phone: 999-999-9999 Extn.: 9
 Fax: 231-323-1888

Save Save & Next Next

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

The first time you save this page the following message will be displayed.

Please verify that the General Program Information is correct. If changes are required, please click 'Cancel' and return to Registration Page to make changes. If not, please click 'OK' to proceed.

Cancel OK

10. Faculty

Faculty

Please list all faculty members who have taught or are currently teaching clinical and/or didactic courses in the CRNP program specialty (population) between 05/01/2011 and 04/30/2012. (Please include the CRNP Program Director)

[Add Faculty](#)

Del	Faculty Type	License #	Faculty Name	Emp Status	Clinical	Didactic	Adv. Practice Cert.	Currently Practicing
	Pharmacist		DOE, JOHN	FT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	YES	YES
	Physician		MOUSE, MICKEY	FT	<input type="checkbox"/>	<input type="checkbox"/>	NO	NO
<input checked="" type="checkbox"/>	Nurse	RN285614L	WITMER, MARGUERITE	FT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO	NO

Total number of CRNP Program Faculty members for Clinical Courses only between 05/01/2011 and 04/30/2012.

Total number of CRNP Program Faculty members for Didactic Teaching only between 05/01/2011 and 04/30/2012.

Total number of CRNP Program Faculty members teaching both clinical and didactic courses between 05/01/2011 and 04/30/2012.

Minimum number of visits per student by CRNP Program Clinical Faculty at clinical site between 05/01/2011 and 04/30/2012.

How many clinical faculty members are also on-site clinical preceptors between 05/01/2011 and 04/30/2012.

[Save](#) [Save & Next](#) [Previous](#) [Next](#)

Faculty list for the current reporting period
Faculty list for the current reporting period
Faculty who terminated employment

Use 'Add Faculty' button to enter new data for the entire faculty related to the CRNP Program Specialty (population).

Faculty List table will display faculty from prior Annual Report. It will allow deleting newly added incorrect entries. Data can be edited by clicking the faculty name. Data exceeding 10 rows will be displayed in consecutive pages.

These non-editable counts will be populated based on the faculty data entered.

Enter the numerical value

Add Faculty

Please fill in faculty information and click Save button

Faculty Member Type ☒ Nurse ☐ Non-Nurse

Non-Nurse Type Other Type

RN License # [Search](#) (Ex: RN123456L)

Faculty Name** Last Name First Name

Employment Status**

Area(s) of Teaching** ☐ Clinical ☐ Didactic

Current National Adv. Practice Certification ☐ Yes ☐ No ☐ Currently Practicing ☐ Yes ☐ No

[Save](#) [Cancel](#)

Clicking the 'Add Faculty' button displays a popup.

Enter faculty information and click the 'Save' button.

Edit/Remove Faculty

Please fill in faculty information and click Save button

Faculty Member Type ☐ Nurse ☒ Non-Nurse

Non-Nurse Type

RN License # (Ex: RN123456L)

Faculty Name*

Employment Status*

Area(s) of Teaching* ☒ Clinical ☒ Didactic

Current National Adv. Practice Certification ☒ Yes ☐ No ☐ Currently Practicing ☒ Yes ☐ No

Date Left Employment (mm/yyyy)

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.

Faculty list for the current reporting period ▼

Faculty list for the current reporting period

Faculty who terminated employment

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

11. Curriculum

Annual Report Status: In Progress

[General Information](#)

[Faculty](#)

[Curriculum](#)

[Curriculum Page2](#)

[Students](#)

[Students Page 2](#)

[Attrition](#)

[Affidavit](#)

Curriculum

Program specialty (population) offering(s) (check all that apply)*

☐ Post-Master's Certificate option is available

☐ Entire CRNP program specialty (population) offered at more than one site, e.g. a secondary site different from the Board approved location of the controlling institution. Indicate number of secondary sites.

Please enter site location and click Add button

Site Location(s)

Total number of clinical hours in the CRNP program specialty (population)*

☐ Less than 500 hours ☐ 500 hours or more

Supervision of students in the clinical areas (check all that apply)*

☐ One faculty member supervises no more than 6 students in a clinical course.

☐ One onsite faculty member who is also a preceptor supervises no more than 2 students.

☐ One faculty member with own case load supervises only 1 student.

☐ Other

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

pennsylvania PA PA STATE AGENCIES ONLINE SERVICES

GLOSSARY LaSalle University Adult Health (MSN)
Annual Report Status: *In Progress*

[Message Board](#)
[Registration Page](#)
[Director Form](#)
[Annual Report](#)
[LogOut](#)

[General Information](#)
[Faculty](#)
[Curriculum](#)
[Curriculum Page2](#)
[Students](#)
[Students Page 2](#)
[Attrition](#)
[Affidavit](#)

Curriculum

Indicate which of the following content is included in the curriculum for this specialty (population).

* ☐ Yes ☐ No Research

* ☐ Yes ☐ No Health care policy and organization

* ☐ Yes ☐ No Ethics

* ☐ Yes ☐ No Professional role development

* ☐ Yes ☐ No Theoretical foundations of nursing practice

* ☐ Yes ☐ No Human diversity and social issues

* ☐ Yes ☐ No Health promotion and disease prevention

* ☐ Yes ☐ No Advanced health/physical assessment

* ☐ Yes ☐ No Advanced Physiology and Pathophysiology

* ☐ Yes ☐ No Advanced Pharmacology taught as a 3-credit or 45 hour course

Advanced Nursing Practice Core	Offered across the lifespan	Stand alone course
* Advanced Pharmacology	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Advanced Health/Physical Assessment	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Advanced Physiology and Pathophysiology	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Upon completion of the Post Master's Certificate option, the graduates meet the education eligibility requirements for nurse practitioner national certification in the specialty (population) area of focus.*

☐ Yes ☐ No

Save Save & Next Previous Next

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

The screenshot shows the 'Students' section of the eppiccNURSE CRNP Annual Report User Guide. The page is titled 'LaSalle University Adult Health (MSN)' and 'Annual Report Status: In Progress'. The left sidebar contains a 'GLOSSARY' section with links to 'General Information', 'Faculty', 'Curriculum', 'Curriculum Page2', 'Students', 'Students Page 2', 'Attrition', and 'Affidavit'. The main content area is titled 'Students' and contains two sections of questions. The first section, highlighted with a red box, is for 'Post-Master's Certificate' students and includes questions about the number of students who completed the program, passed a Board approved national certification exam, and expected to complete the program. The second section is for 'MSN nurse practitioner' students and includes questions about the number of candidates who applied, qualified, admitted, enrolled, completed, and expected to complete the program, as well as the total number of vacant seats. The page has a 'Save' button and a 'Save & Next' button at the bottom right.

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.

General Information Faculty Curriculum Curriculum Page 2 Students Students Page 2 Attrition Affidavit	<div style="background-color: #e6f2ff; padding: 5px; border: 1px solid #000080;">Affidavit</div> <p>1) I am currently certified as a Certified Registered Nurse Practitioner (CRNP) in Pennsylvania. YES <input type="checkbox"/> *</p> <p>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 <input type="checkbox"/> *</p> <p>3) I verify that this Nurse Practitioner Education Program complies with all Board regulations related to nurse practitioner nursing education programs. <input type="radio"/> YES <input type="radio"/> NO *</p> <p>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. <input type="radio"/> YES <input type="radio"/> NO *</p> <p>5) I verify the curriculum is continuously evaluated according to a plan developed by the faculty. <input type="radio"/> YES <input type="radio"/> NO *</p> <p>6) I have read this report and accept responsibility for its contents. YES <input type="checkbox"/> *</p> <p>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.</p> <p>YES <input type="checkbox"/> *</p> <p><i>Your typed name below shall have the same legal effect as a handwritten signature.</i></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">Signature Date</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text" value="07/26/2016"/></td> </tr> </table>	First Name	Last Name	Signature Date	<input type="text"/>	<input type="text"/>	<input type="text" value="07/26/2016"/>	<p>Review the Affidavit statement and then click "Yes" as indicated below the statement.</p> <p>NOTE: Entering your name and date in the designated area has the same legal effect as a handwritten signature.</p> <p>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.</p> <p>NOTE: You must have Adobe Acrobat Reader installed to perform this function.</p> <p>Clicking on Submit displays the following message.</p>
First Name	Last Name	Signature Date						
<input type="text"/>	<input type="text"/>	<input type="text" value="07/26/2016"/>						

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

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

Annual Report Program Selection

Report Year 2015-2016 ▼

Reporting Period 05/01/2016 - 04/30/2016

Blank Report Type : ☒ MSN ☐ BSN-DNP
 [Print blank current Annual Report](#)

Program	Report Status
University of Pittsburgh Medical Center (BSN-DNP)	Not Started

- The report can be viewed, printed, or saved.

Blank CRNP Current Annual Report.PDF - Adobe Reader
 File Edit View Window Help

Open

1 / 8
72.2%

Pennsylvania Department of State
State Board of Nursing (eppiccNurse)
CRNP Program Annual Report - 2015-2016
MSN

Run Date: 7/26/2016
 Run Time: 3:01:38 PM

General Information

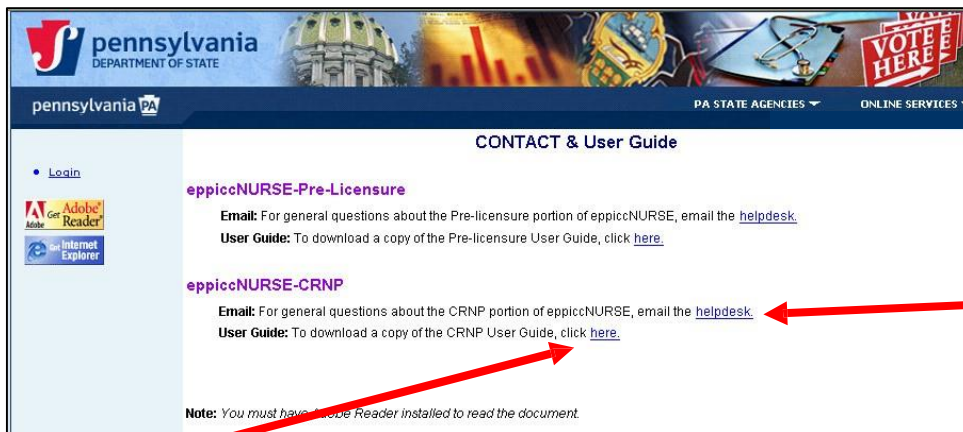
- The 2015-2016 Annual Report is open for submission beginning 09/26/2016 and ending 10/01/2016.
- Submit Program information for the period starting 05/01/2016 and ending 04/30/2016.
- Limit information/data to those students enrolled in each Board approved program leading to certification as a registered nurse practitioner in Pennsylvania.
- A separate Annual Report must be submitted by the Program Director of each separate program specialty (population). A separate report is not required for the Post-Master's Certificate program in this specialty (population).

Mailing Address

Is the College/University regionally accredited? [] Yes [] No

Accrediting Organizations and dates for the Graduate Nursing Program
 [] ACEN
 [] CCNE

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.

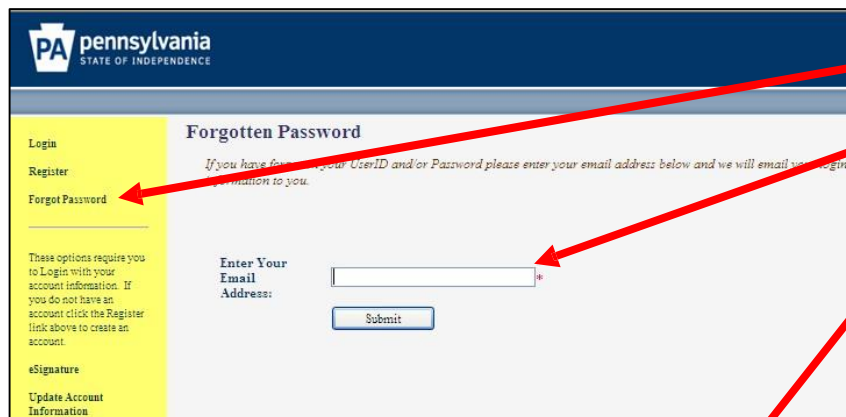
Clicking on “[helpdesk](#)” opens the Board of Nursing “Email Editor” portal. Once this portal is opened the CRNP User can send email communication and/or attachments to the Board office.

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

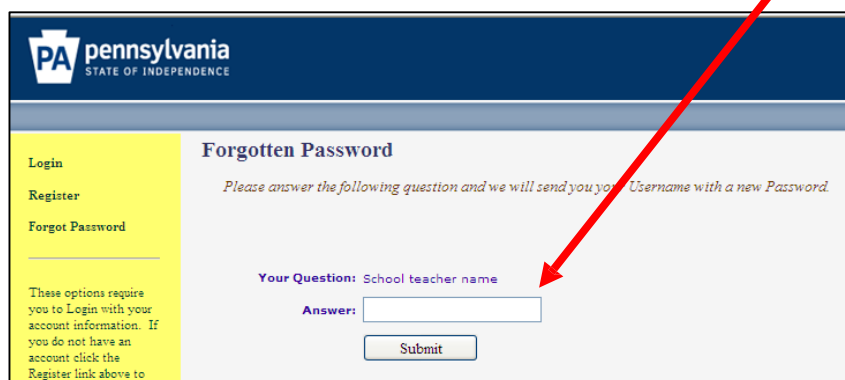
Forgot PAPowerPort Password

1. Return to the **PAPowerPort** website by entering <https://www.login.state.pa.us/login/register.aspx> in your address bar.

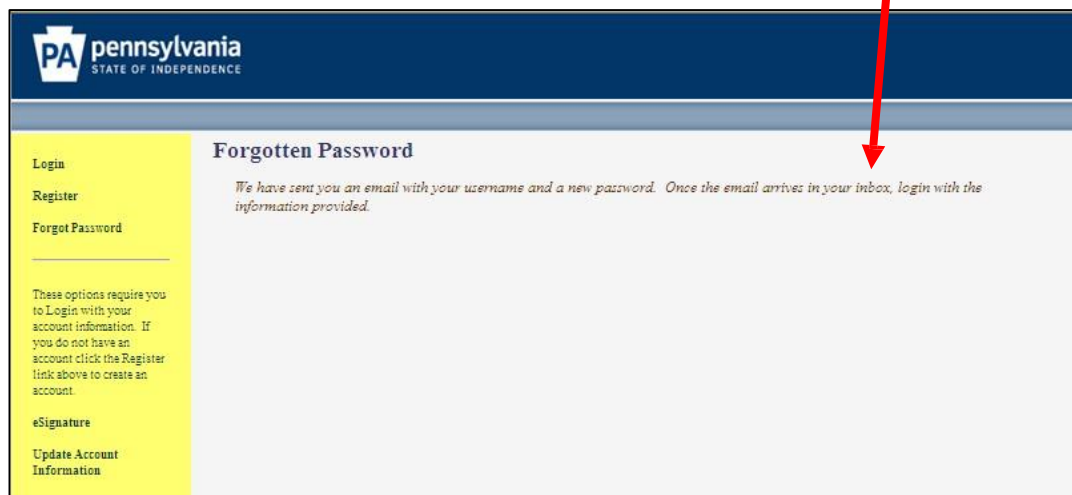


The screenshot shows the 'Forgotten Password' page with a left navigation menu containing 'Login', 'Register', and 'Forgot Password'. The main content area has the heading 'Forgotten Password' and a subheading 'If you have forgotten your UserID and/or Password please enter your email address below and we will email you login information to you.' Below this is a form with the label 'Enter Your Email Address:' and a text input field. A red arrow points from the 'Forgot Password' link in the navigation menu to the page title. Another red arrow points from the 'Submit' button to the instruction in step 3.

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.



The screenshot shows the 'Forgotten Password' page with the heading 'Please answer the following question and we will send you your Username with a new Password.' Below this is a form with the label 'Your Question: School teacher name' and 'Answer:' followed by a text input field. A red arrow points from the 'Submit' button in the previous screenshot to this 'Submit' button.



The screenshot shows the 'Forgotten Password' page with the heading 'We have sent you an email with your username and a new password. Once the email arrives in your inbox, login with the information provided.' A red arrow points from the 'Submit' button in the previous screenshot to this message.

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