

PROPOSED RULEMAKING

STATE BOARD OF NURSING

[49 PA. CODE CH. 21]

Certified Registered Nurse Anesthetists and Fees

[55 Pa.B. 4360]

[Saturday, June 28, 2025]

The State Board of Nursing (board) proposes to add §§ 21.1001—21.1040, amend §§ 21.501, 21.805 and 21.1102 and delete § 21.17 to read as set forth in Annex A.

Effective Date

This proposed rulemaking will be effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin* except for the deletion of § 21.17 (relating to anesthesia) which will be effective 6 months from publication of the final-form rulemaking in the *Pennsylvania Bulletin*. The additional 6 months will give applicants who are currently administering anesthesia under § 21.17 time to apply for and receive certification.

Statutory Authority

Section 2.1(k) of The Professional Nursing Law (RN Law) (63 P.S. § 212.1(k)) sets forth the board's general rulemaking authority. The act of June 30, 2021 (P.L. 326, No. 60) (Act 60 of 2021) amended the RN Law to recognize and license certified registered nurse anesthetists (CRNA) in this Commonwealth. The proposed amendments are required to update the board's existing regulations to implement Act 60 of 2021. Sections 8.8 and 8.9 of the RN Law (63 P.S. §§ 218.8 and 218.9) specifically address CRNAs.

Under section 8.8(b) of the RN Law, to qualify for initial CRNA certification an applicant is required to hold a master's degree, doctoral degree or post-master's certificate from an accredited education program in nurse anesthesia and hold current National certification as a CRNA from a board-recognized National certification organization, which required passing of a National certifying examination in nurse anesthesia. Section 8.8(c) of the RN Law provides an additional pathway to licensure for applicants who do not have a graduate degree so long as the applicant meets the educational requirements for CRNAs that were in effect in this Commonwealth at the time the registered nurse (RN) completed a nurse anesthesia educational program and submits evidence of recertification as a CRNA from a board-recognized National certification organization, which required passing of a National certifying examination in nurse anesthesia. Additionally, under section 8.8(d) of the RN Law, the board may issue a certification as a CRNA to a licensed RN who completed a course of study equivalent to that required in this Commonwealth at the time the course was completed, or who is licensed or certified by another state, territory or possession of the United States or a foreign country as deemed equivalent to the certification requirements in this Commonwealth, and who has met all the requirements, including character, under the RN Law.

Additionally, section 810(a)(3) and (7) of The Administrative Code of 1929 (71 P.S. § 279.1(a)(3) and (7)) authorizes the Commissioner of Professional and Occupational Affairs to issue all

certificates and other official documents of the various professional and occupational examining boards and, unless otherwise provided by law, to fix the fees to be charged by the boards within the Bureau of Professional and Occupational Affairs.

Regarding licensure by endorsement, 63 Pa.C.S. § 3111 (relating to licensure by endorsement) requires licensing boards and commissions to "issue a license, certificate, registration or permit to an applicant to allow practice in this Commonwealth. . ." provided the applicant meets the following criteria: "[h]olds a current license, certificate, registration or permit from another state, territory or country" whose licensing "requirements are substantially equivalent to or exceed the requirements. . .in this Commonwealth[;]" "[d]emonstrates competency[;]" "[h]as not committed any act that constitutes grounds for refusal, suspension or revocation of a license, certificate, registration or permit to practice that profession or occupation in this Commonwealth unless the. . .board or. . .commission determines" this conduct is not an impediment to granting the "license, certificate, registration or permit[;]" "[i]s in good standing and has not been disciplined by the jurisdiction that issued the license, certificate, registration or permit unless the. . .board or. . .commission determines" this conduct is not an impediment to granting the "license, certificate, registration or permit[;]" and the applicant "pays any fees established by. . .regulation." Additionally, 63 Pa.C.S. § 3111 authorizes boards and commissions to "issue a provisional license, certificate, registration or permit" while an applicant is satisfying remaining requirements for licensure by endorsement, for which the board must set by regulation the terms of expiration.

Regarding child abuse provisions, under 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law), specifically 23 Pa.C.S. § 6383(b)(2) (relating to education and training), the board is required to promulgate regulations to implement the mandatory reporting and education requirements for licensees of the board.

Background and Purpose

CRNAs have been providing anesthesia care to patients in the United States for more than 150 years. They first became credentialed in 1956 and were granted direct reimbursement rights from Medicare in 1986. CRNAs work in hospitals; operating and delivery rooms; ambulatory surgical and outpatient care centers; physicians', dentists' and podiatrists' offices; and military facilities. The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) is the National certifying body for the initial, continued and subspecialty CRNA certification. The Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthesiology (COA) is Nationally recognized by the United States Department of Education and the Council for Higher Education Accreditation as an accreditor of nurse anesthesia programs.

CRNAs will benefit from this proposed regulation because their education, training and experience will be formally recognized in this Commonwealth. Licensure will remove barriers faced by CRNAs. For example, during the COVID-19 pandemic, CRNAs in this Commonwealth were unable to provide advanced, critical care services in the areas of patient intubation and monitoring extracorporeal membrane oxygenation that CRNAs from other states were permitted to perform. Also, CRNAs in this Commonwealth who currently serve in the military must secure certification in another state to provide anesthesia in the armed services of the United States. They cannot assist in rapid response teams in states affected by natural disasters because of their lack of formal credentials.

Currently, nurses who administer anesthesia in this Commonwealth are licensed as RNs and are authorized to administer anesthesia if properly educated with a graduate degree from a COA-accredited nurse anesthesia program, Nationally certified by NBCRNA and the anesthesia is administered in cooperation with a surgeon or dentist. This proposed rulemaking is needed to implement Act 60 of 2021 to recognize and license CRNAs. Under the proposed regulations, with the combination of the board-approved accredited education and board-approved National

certification, applicants may apply to the board for certification to practice as a CRNA in this Commonwealth.

To match current requirements for licensure by endorsement under 63 Pa.C.S. § 3111 and child abuse education and reporting requirements under 23 Pa.C.S. § 6383(b)(2) applicable to other nurse licensure classes, the board proposes to amend applicable provisions to clarify that these requirements are applicable to CRNAs.

Description of the Proposed Amendments

In light of Act 60 of 2021, the board is proposing to delete § 21.17, which is the sole existing provision in the board's regulations that addresses CRNA practice. In its place, the board is proposing to add Subchapter J (relating to certified registered nurse anesthetists) which is specifically dedicated to CRNAs. This format is similar to the separate subchapters for certified registered nurse practitioners (CRNP) (Subchapter C (relating to certified registered nurse practitioners)) and clinical nurse specialists (CNS) (Subchapter H (relating to clinical nurse specialists)). The format for Subchapter J parallels that used for CRNPs and CNSs. Because Subchapter I (relating to nursing education programs) is designated in a published proposed regulation, the CRNA regulations are proposed to be Subchapter J.

The board proposes to amend § 21.501 (relating to definitions) to add CRNAs to the definition of "board-regulated practitioner" in the board's child abuse reporting requirements regulations. Like RNs, licensed practical nurses (LPN), CRNPs, licensed dietitian nutritionists and CNSs, CRNAs are mandated reporters and must complete the mandatory training requirements under 23 Pa.C.S. § 6383(b)(3). Like CRNPs and CNSs, completion of the training for RN licensure and renewal would also be applied to the nurse's CRNA certificate.

The board proposes to delete the fee for reactivation of inactive or lapsed certificate (5 years or longer) from the CNS regulations in § 21.805 (relating to fees) as it is charged when the RN license is reactivated, a condition precedent to CNS reactivation. This additional fee is not included in either the current CRNP fee regulation or this proposed regulation for CRNAs. Therefore, the board proposes to delete it here.

The board is proposing to add § 21.1001 (relating to definitions) to include definitions for "board" and "board-approved program" similar to the terms "approved" and "board" in the CNS definitions in § 21.801 (relating to definitions). Definitions for "act," "certification," "National certification" and "National certification organization," are substantially similar to the CRNP and CNS definitions for these terms in §§ 21.251 and 21.801 (relating to definitions), except that specific reference to CRNAs, CRNA practice and nurse anesthesia replaces references to CRNPs/CNSs and CRNP/CNS practice. The proposed definition for "board-approved program" would clarify that an approved CRNA program must be accredited by either COA or another accrediting body deemed equivalent by the board or a board-approved program that awards an advanced degree or a course of study considered by the board to be equivalent to the approved educational programs at the time the course was completed. For clarity, the acronyms for "COA" and "NBCRNA," as well as their definitions, are also proposed to be included as well as the acronym "CRNA." A "CRNA" is defined as a licensed RN in this Commonwealth who is certified by the board as a CRNA.

Finally, the board proposes to add a definition for "overall direction." Overall direction requires oversight of the anesthesia services and medical management of patient care by one of the four health care providers specifically enumerated in new section 8.9(a) of the RN Law and reiterated in proposed § 21.1020(a)(1)—(4) (relating to CRNA practice): anesthesiologists, medical and osteopathic physicians, podiatrists and dentists who are performing the procedure for which the anesthesia services are being provided. During pre-draft input, the Pennsylvania Society of Anesthesiologists commented that the health care providers who can provide overall direction

should be restricted to anesthesiologists and surgeons, as the sponsor indicated in the House Journal before the vote on Senate Bill 416. The Pennsylvania Association of Nurse Anesthetists (PANA) asserted that the specific language in section 8.9(a) of the RN Law provides that a CRNA shall have the authority to perform anesthesia services in cooperation with a physician, podiatrist or dentist involved in a procedure for which anesthesia care is being provided if the anesthesia services are performed under the overall direction of any of the following: (1) A physician licensed by the State Board of Medicine or the State Board of Osteopathic Medicine who has completed an accredited residency training program in anesthesiology; (2) A physician licensed by the State Board of Medicine or the State Board of Osteopathic Medicine who is performing the procedure for which the CRNA is performing anesthesia services; (3) A podiatrist licensed by the State Board of Podiatry who is performing the procedure for which the CRNA is performing anesthesia services; or (4) A dentist licensed by the State Board of Dentistry to administer, supervise or direct the administration of anesthesia. The board agrees with PANA because section 8.9(a) of the RN Law does not limit overall direction to anesthesiologists and surgeons.

Proposed § 21.1002(a) (relating to fees) would delineate fees of \$103 for an application for certification, \$61 for biennial renewal, \$63 for restoration of certificate after suspension or revocation, \$45 for verification of certification, \$42 for verification of certification of license history, \$107 for approval of each hour of CRNA continuing education (CE) activity from a nonapproved source and \$33 for renewal of that CE approval. Like with CRNPs and CNSs, the CRNA application and renewal fees are paid in addition to the RN licensure fees. The board set the biennial renewal fees for CRNAs and CRNA CE activities to be comparable to CRNP and CNS renewal fees. Subsection (b) would clarify that in addition to the fees delineated in subsection (a) that are paid to the board, candidates must pay the National certification fees directly to the National certifying organization.

Proposed § 21.1005(a) (relating to use of title) parallels this provision for CRNPs in § 21.261 (relating to use of title; authorization to practice). Subsection (a) would permit an RN who holds current or inactive certification as a CRNA to use the designation CRNA. Subsection (b) would permit CRNAs with current certification to practice or offer to practice as a CRNA, except as provided under § 21.1020(c). Proposed § 21.1005(c) would prohibit CRNAs whose RN licenses or CRNA certifications are inactive, lapsed or expired, or revoked or suspended from practicing or offering to practice as a CRNA.

Proposed § 21.1010 (relating to certification requirements) delineates the four certification requirements—RN licensure, education, National certification and mandatory training—depending upon the method of certification chosen as outlined in section 8.8(b)—(d) of the RN Law. Proposed § 21.1010(a) addresses applicants for CRNA initial certification. Paragraph (1) would require the applicant to possess an active unrestricted RN license. Paragraph (2) would require the applicant to have completed a board-approved master's, post-master's or doctorate nurse anesthesia program accredited by COA or other board-approved program that awarded an advanced degree or a course of study considered by the board to be equivalent to that required for certification in this Commonwealth at the time the course was completed. Currently, only COA-accredited programs are approved; however, the regulation contemplates that there could be additional board-approved programs. The board will post a list of board-approved programs on its website. A list of COA-Accredited Programs is posted at www.coacrna.org/programs-fellowships/list-of-accredited-programs/.

Proposed § 21.1010(a)(3) would require a CRNA applicant to hold National certification as a CRNA by NBCRNA or from a board-recognized National certification organization for nurse anesthesia. Like with the accredited programs in subsection (a)(2), at the current time, NBCRNA is the only board-recognized National certification organization; however, the regulation contemplates that there could be additional board-recognized National certification organizations. The board will post a list of board-recognized National certification organizations on its website.

Information about NBCRNA certification is posted at www.nbcna.com/initial-certification/nbcna-certification.

Lastly, proposed § 21.1010(a)(4) would require CRNA applicants to complete the mandatory 3 hours of approved training in child abuse recognition and reporting set forth in § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement). If a licensed RN applies for a certificate as a CRNA, the RN is required to have completed at least 3 hours of approved training in child abuse recognition and reporting as a condition of certification. If the RN has completed at least 3 hours of approved training, the certificate would be issued. If not, the individual would need to complete the required training. Often, an applicant will apply for both credentials simultaneously, such as when the individual is already licensed as an RN and certified as a CRNA from another state. That individual would only need to complete 3 hours of approved training (not 6 hours), which would be applied to both credentials as noted in § 21.508(c)(2)(i). As for the CE that is required as a condition of biennial renewal, when a board-regulated practitioner takes an approved course and that attendance is reported by the approved provider, it is applied to all licenses and certificates held by the individual. Thus, if an individual holds both an RN license and a certificate as a CRNA, both of which expire on the same date under § 21.1030(a) (relating to biennial renewal of certification), that individual would not need to take the course twice or apply for an exemption.

Proposed § 21.1010(b) tracks the requirements of section 8.8(c) of the RN Law and addresses CRNA applicants who do not have a graduate degree from a board-approved nurse anesthesia program under § 21.1010(a)(2). Like the applicants in proposed subsection (a), these applicants would be required in paragraphs (1) and (4) to hold a current RN license and complete the mandatory 3 hours of approved training in child abuse recognition and reporting set forth in § 21.508(a). Proposed § 21.1010(a)(2) delineates the board's educational requirements for RNs to administer anesthesia prior to the enactment of 8.8(c)(1) of the RN Law. Specifically, § 21.17(1), which the board proposes to delete, requires applicants to have successfully completed an educational program of a school for nurse anesthetists accredited by COA. In addition, instead of holding National certification as required in § 21.1010(a)(3), applicants who do not have graduate degrees from a board-approved nurse anesthesia program would be required under § 21.1010(b)(3) to submit evidence of recertification as a CRNA from NBCRNA or another board-recognized National certification organization. Proposed § 21.1010(c) tracks the requirements of section 8.8(d) of the RN Law and addresses certification requirements for CRNAs seeking to endorse their licenses or certificates from other states, territories or possessions of the United States or foreign countries. As proposed, subsection (c) clarifies that these applicants must demonstrate that the other jurisdiction's certification requirements are equivalent to those in this Commonwealth—specifically those contained in subsection (a) or (b)—and meet the requirements under the RN Law or meet the requirements of § 21.1102 (relating to licensure by endorsement under 63 Pa.C.S. § 3111).

Proposed § 21.1011 (relating to application for certification) addresses the requirements for applications for certification as a CRNA including submission of an application to the board. Like the requirement that CRNPs and CNSs maintain professional liability coverage in §§ 21.273(a) and 21.813(f) (relating to application for certification), proposed § 21.1011(a) tracks the requirement in section 8.8(f) of the RN Law that CRNA applicants verify that they maintain a level of professional liability coverage as required for nonparticipating health care providers under section 711 of the Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. § 1303.711) currently at \$1 million per occurrence and \$3 million in annual aggregate. CRNAs may self-insure or be part of an employer's coverage, including a group or shared risk policy. Under the MCARE Act, a CRNA would be exempt from the mandatory insurance requirement if the CRNA is exclusively an employee of the Federal government or the Commonwealth, retired, practices exclusively under a volunteer license or practices exclusively as a member of the Commonwealth's or United States' military forces. Information about the MCARE Act can be found at <https://www.pa.gov/agencies/insurance/departments-and-offices/mcare.html>.

Proposed § 21.1011(b) addresses the documentation that must be submitted with the application. It would require an applicant for certification to submit proof of completion of the educational and National certification requirements in § 21.1010(a)(2) and (3) and (b)(2) and (3). Additionally, applicants for certification who are licensed in other jurisdictions would be required, under proposed § 21.1011(c), to submit a verification of current unrestricted RN licensure in that jurisdiction and a copy of that jurisdiction's licensure requirements at the time the applicant was licensed or certified as a CRNA.

Proposed subsection (d) would require all CRNA applicants to remit the fee set forth in § 21.1002. Proposed § 21.1011(e) would include a catch-all provision requiring applicants to submit additional information requested by the board. That information could include answering questions about disciplinary actions in other states, the intemperate use of drugs or alcohol, pending criminal actions and providing criminal background checks. If the additional information is not provided within 12 months of the date of application, proposed subsection (e) also requires the applicant to file a new application and remit the certification fee.

Proposed §§ 21.1020 and 21.1021 (relating to CRNA standards of conduct) track the requirements of section 8.9 of the RN Law, regarding CRNA practice. As discussed previously related to the definition of "overall direction," § 21.1020(a) delineates that, except for emergency situations outlined in proposed subsection (c), a currently certified CRNA would be authorized to perform anesthesia services in cooperation with a physician, podiatrist or dentist involved in the procedure for which anesthesia is being provided if the procedure is performed under the overall direction of an anesthesiologist or a currently licensed medical or osteopathic physician, podiatrist or dentist who is performing the procedure for which anesthesia is being provided. Proposed subsection (b) clarifies that the enumerated health care provider in subsection (a) does not have to be present in the same procedure room when the anesthesia services are being provided; however, the enumerated health care provider must be present and available onsite. Proposed subsection (c) clarifies that in the event of an emergency that temporarily prevents or interferes with overall direction, a CRNA may continue to provide brief periods of care.

Proposed § 21.1021 addresses CRNA standards of conduct. Subsection (a) parallels similar provisions for RNs, LPNs and CRNPs in §§ 21.18, 21.145(a), 21.288 and 21.821, requiring nurses to have the necessary knowledge, preparation, experience and competency to execute a procedure within their specific scope of practice. Because CRNAs are also licensed as RNs, § 21.1021(a) would require CRNAs to comply with § 21.18(a) (relating to standards of nursing conduct) regarding respecting patients' rights to freedom from psychological and physical abuse; acting to safeguard patients from incompetent, abusive or illegal practice; safeguarding patients' dignity, the right to privacy and confidentiality of patient information; and documenting and maintaining patient records as well as the prohibitions in § 21.18(b). Proposed § 21.1021(b) requires CRNAs to maintain the required level of professional liability coverage under section 8.8(f) of the RN Law.

Proposed §§ 21.1030—21.1036, pertaining to biennial renewal of certification and continuing education, would address the maintenance of certification. Proposed § 21.1030(a) would clarify that a CRNA certification, similar to CRNP and CNS certifications in §§ 21.331(a) and 21.822(a) (relating to biennial renewal of certification), would expire at the same time the CRNA's RN license expires. Similarly, like §§ 21.331(b) and 21.822(b), proposed § 21.1030(b) would delineate that notice of an application for renewal will be provided biennially to each active CRNA.

Proposed § 21.1030(c) would track the requirements of section 8.8(e) of the RN Law regarding conditions of biennial renewal. Specifically, CRNAs must renew their RN licenses; verify completion of the 30 hours of board-approved continued education, including at least 2 hours of child abuse training; demonstrate current National certification or recertification as, for example, NBCRNA renewal occurs every 4 years; pay the biennial renewal fee and; verify compliance with the professional liability insurance requirement.

Proposed § 21.1031 (relating to requirements of continuing education) would set forth CE requirements, again, patterned after CRNP and CNS provisions in §§ 21.332 and 21.823 (relating to requirement of continuing education; and CNS-level continuing education; waiver; sanctions). Proposed subsection (a) would require CRNAs to comply with the CE provisions in §§ 21.1032—21.1036. Subsection (b) would reiterate that the 30-hour CE requirement in § 21.1030(c)(2) must be completed each biennial renewal cycle. Paragraph (1) would clarify that failure to complete the required CE will subject a CRNA to formal action under section 14(a)(3) of the RN Law (63 P.S. § 224(a)(3)). Paragraph (2) would address waiver information in cases of illness or undue hardship. Under this provision, CRNAs would need to request a waiver at least 90 days prior to the end of the renewal period unless an emergency or hardship occurs within the 90-day period. The decision to grant, deny or grant in part the request for a waiver is within the board's discretion.

Proposed § 21.1032 (relating to inactive status and reactivation) would set forth the requirements for inactive status and reactivation, again, patterned after CRNP provisions in § 21.332a (relating to inactive status and reactivation). Proposed § 21.1032(a) would relieve CRNAs who place their certifications on inactive status from the CE requirement in the period the certification is on inactive status. In an application for reactivation, the CRNA will be required to show proof of meeting the CE requirements for the biennial renewal period immediately preceding the request for reactivation, and if the certification has been lapsed or on inactive status for 5 years or longer, will have to meet the continued competency requirements in § 21.30a (relating to continued competency) and either provide proof of current National certification or evidence that the CRNA has practiced for at least 3,600 hours under a current license or certification in another jurisdiction within the last 5 years.

Proposed § 21.1032(b) and (c) addresses instances where the CRNA's certification was suspended or revoked. In the former, subsection (b) would require a CRNA whose certification was suspended for 5 years or longer to meet the reinstatement requirements in § 21.131(e) (relating to continuing education) and any other requirements contained in the suspension order. In the latter, a CRNA whose certification was revoked would be required to meet the certification requirements as well as any other requirements contained in the order revoking the certification.

Proposed § 21.1033 (relating to sources of continuing education) would delineate the sources of continuing education which include CE specific to CRNA practice. Subsection (a) lists preapproved providers while subsection (c) provides the procedure for obtaining credit for CE offered by non-preapproved providers. Provided they comply with §§ 21.1034 and 21.1035 (relating to requirements for continuing education courses; and continuing education course approval), the following providers and credentialing organizations would be preapproved: (1) CRNA educational programs approved by the board, other boards of nursing or National nursing accreditation organizations; (2) National and international nursing organizations and their state and local affiliates; (3) National and international medical and osteopathic organizations and their state and local affiliates; (4) National pharmaceutical organizations and their state and local affiliates; (5) National nursing specialty organizations and programs accredited by National nursing accrediting associations; and (6) continuing education programs approved by other boards of nursing for advanced practice nurses or CRNAs. Like the preapproved sources for CRNPs and CNSs in §§ 21.334(a) and 21.825(a) (relating to sources of continuing education), the sources identified in proposed § 21.1033(a) are specific to CRNA sources. Proposed § 21.1033(b) would specify that the preapproval is subject to reevaluation or rescission.

Proposed § 21.1033(c)—(g) tracks the requirements for CRNP and CNS non-preapproved sources of continuing education in §§ 21.334(b)—(f) and 21.825(c)—(g), respectively. Proposed subsections (c)—(e) address obtaining credit for continuing education offered by providers not indicated in subsection (a); correspondence courses, taped study courses and other independent or online study courses; serving as a teacher, preceptor, lecturer or speaker; and for publication in a refereed journal or scholarly publication. Proposed subsection (f) calculates an hour of CRNA continuing education as 50 minutes while subsection (g) clarifies that the board will apply §

21.132(b) (relating to continuing education hours) to determine the number of hours awarded for academic coursework.

Proposed § 21.1034, like §§ 21.335 and 21.826 (relating to requirements for courses; and requirements for continuing education courses), applicable to CRNP and CNS courses, respectively, would require that each CRNA course have a mechanism to measure quality and evaluate faculty and participants, adequate facilities and instructors with expertise in the subject matter being taught. Proposed § 21.1035 is identical to §§ 21.336 and 21.827 (relating to continuing education course approval) except for its specific applicability to CRNAs in connection with provider requirements for and composition of certificates of completion, information to be provided to the board upon application for approval and the requirement to submit changes. Proposed § 21.1036 (relating to CRNA responsibilities) is identical to §§ 21.337 and 21.828 (relating to CRNP responsibilities; and CNS responsibilities) in connection with CRNAs' responsibilities to maintain documentation of completion of CE and prohibition against falsifying information and the consequence of board disciplinary action.

Proposed § 21.1040 (relating to penalties for violation) is akin to §§ 21.351(3) and 21.831(3) (relating to penalties for violation; and penalties for violations) applicable to CRNPs and CNSs in connection with actions for which a CRNA's certification may be suspended, revoked or otherwise restricted. Specifically, this provision makes it a violation to violate the RN Law or regulations or to engage in any conduct prohibited for RNs.

Lastly, the board proposes to amend § 21.1102(a) to add CRNAs to the types of nursing licensees who are eligible for licensure by endorsement under 63 Pa.C.S. § 3111.

Fiscal Impact and Paperwork Requirements

The proposed amendments will add application and biennial renewal fees for CRNAs. For purposes of this proposed rulemaking, the board estimates that about 3,500 RNs may initially apply for certification as a CRNA, followed by 240 additional applicants annually representing graduates of CRNA programs. In consideration of the natural attrition per biennium, the board further estimates that it will renew 3,500 licenses biennially beginning in Fiscal Year (FY) 2027-2028. RNs (and their associated certifications) renew in four cohorts during a biennial renewal period; therefore, the renewal income for the CRNA certification would be received by the board during both years of the biennial period.

The proposed fees may be paid by applicants and licensees while others may be paid by their employers should their employers choose to pay these fees.

Based upon the application fees, the board estimates the total economic impact per fiscal year is as follows:

FY 2024-2025:	\$0
FY 2025-2026:	\$360,500
FY 2026-2027:	\$24,720
FY 2027-2028:	\$24,720
FY 2028-2029:	\$24,720
<u>FY 2029-2030:</u>	<u>\$24,720</u>
Total:	\$ 459,380

Based upon these biennial renewal fees, the board estimates the economic impact as follows:

FY 2026-2027 and FY 2027-2028: \$213,500

FY 2028-2029 and FY 2029-2030: \$213,500

Total: \$ 427,000

This proposed rulemaking will require the board to create and alter online applications and biennial forms to reflect the new licensure class. The proposed amendments will not create additional paperwork for the regulated community or for the private sector as the requirement to maintain CE documentation is identical to the documentation requirement for RNs in § 21.131(c).

This proposed rulemaking should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

Sunset Date

The board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned. Additionally, the Department of State's Budget and Procurement Office provides the board with an annual report detailing the board's financial condition. In this way, the board continuously monitors the adequacy of its fee schedule.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on June 4, 2025, the board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the chairperson of the Consumer Protection and Professional Licensure Committee of the Senate and the chairperson of the Professional Licensure Committee of the House of Representatives. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria in section 5.2 of the Regulatory Review Act (71 P.S. § 745.5b) which have not been met. The Regulatory Review Act specifies detailed procedures for review prior to final publication of the rulemaking by the board, the General Assembly and the Governor.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to the Regulatory Counsel, State Board of Nursing, P.O. Box 69523, Harrisburg, PA 17106-9523, RA-STRegulatoryCounsel@pa.gov within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference 16A-5145 (CRNA) when submitting comments.

COLBY P. HUNSBERGER, DNP, RN, CNEcl,
Chairperson

Fiscal Note: 16A-5145. No fiscal impact; recommends adoption.

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter A. REGISTERED NURSES

RESPONSIBILITIES OF THE REGISTERED NURSE

§ 21.17. [Anesthesia] {Reserved}.

[The administration of anesthesia is a proper function of a registered nurse and is a function regulated by this section; this function may not be performed unless:

(1) The registered nurse has successfully completed the educational program of a school for nurse anesthetists accredited by the Council on Accreditation of Education Programs of Nurse Anesthesia of the American Association of Nurse Anesthetists.

(2) The registered nurse is certified as a Registered Nurse Anesthetist by the Council on Certification or on Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists.

(3) The certified nurse anesthetist is authorized to administer anesthesia in cooperation with a surgeon or dentist. The nurse anesthetist's performance shall be under the overall direction of the chief or director of anesthesia services. In situations or health care delivery facilities where these services are not mandatory, the nurse anesthetist's performance shall be under the overall direction of the surgeon or dentist responsible for the patient's care.

(4) Except as otherwise provided in 28 Pa. Code § 123.7(c) (relating to dental anesthetist and nurse anesthetist qualifications), when the operating/anesthesia team consists entirely of nonphysicians, such as a dentist and a certified registered nurse anesthetist, the registered nurse anesthetist shall have available to her by physical presence or electronic communication an anesthesiologist or consulting physician of her choice.

(5) A noncertified registered nurse who has completed an approved anesthesia program may administer anesthesia under the direction of and in the presence of the chief or director anesthesia services or a Board certified anesthesiologist until the announcement of results of the first examination given for certification for which she is eligible. If a person fails to take or fails to pass the examination, the person shall immediately cease practicing as a nurse anesthetist. If the applicant, due to extenuating circumstances, cannot take the first scheduled examination following completion of the program, the applicant shall appeal to the Board for authority to continue practicing.

(b) For purposes of this section, "cooperation" means a process in which the nurse anesthetist and the surgeon work together with each contributing an area of expertise, at their individual and respective levels of education and training.]

Subchapter E. CHILD ABUSE REPORTING REQUIREMENTS

§ 21.501. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Acts—The Professional Nursing Law (63 P.S. §§ 211—225); and the Practical Nurse Law (63 P.S. §§ 651—667).

Board-regulated practitioner—A registered nurse (RN), licensed practical nurse (LPN), certified registered nurse practitioner (CRNP), clinical nurse specialist (CNS) [or], licensed dietitian-nutritionist (LDN) **or certified registered nurse anesthetist (CRNA)**.

Bodily injury—Impairment of physical condition or substantial pain.

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Subchapter H. CLINICAL NURSE SPECIALISTS

GENERAL PROVISIONS

§ 21.805. Fees.

(a) The following fees are charged by the Board:

* * * * *

Restoration of certificate after suspension or revocation \$ 60

[Reactivation of inactive or lapsed certificate (5 years or longer) \$ 50]

Verification of certification \$ 45

* * * * *

(*Editor's Note:* Subchapter J is proposed to be added and is printed in regular type to enhance readability.)

Subchapter J. CERTIFIED REGISTERED NURSE ANESTHETISTS

Sec.

21.1001. Definitions.

21.1002. Fees.

21.1005. Use of title.

21.1010. Certification requirements.

21.1011. Application for certification.

21.1020. CRNA practice.

21.1021. CRNA standards of conduct.

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21.1031. Requirements of continuing education.

21.1032. Inactive status and reactivation.

21.1033. Sources of continuing education.

21.1034. Requirements for continuing education courses.

21.1035. Continuing education course approval.

21.1036. CRNA responsibilities.

21.1040. Penalties for violation.

§ 21.1001. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the content clearly indicates otherwise:

Act—The Professional Nursing Law (63 P.S. §§ 211—225.5).

Board—The State Board of Nursing of the Commonwealth.

Board-approved program—An educational program accredited by the COA or other accrediting body deemed equivalent by the board or a course of study equivalent to education required under § 21.1010(a)(2), (b)(2) or (c) (relating to certification requirements) in this Commonwealth at the time the course of study was completed.

COA—*Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthesiology*—An organization recognized by the United States Department of Education as an accrediting agency for nurse anesthesia graduate programs.

CRNA—*Certified registered nurse anesthetist*—A licensed registered nurse in this Commonwealth who is certified by the board as a certified registered nurse anesthetist.

Certification—The authorization granted by the board to a registered nurse who has demonstrated the qualifications for recognition as a CRNA.

NBCRNA—The National Board of Certification and Recertification for Nurse Anesthetists.

National certification—The credential awarded by a board-recognized organization evidencing that a currently licensed registered nurse has completed an accredited nurse anesthesia program and passed a nurse anesthesia National certification examination.

National certification organization—An organization, including the NBCRNA, recognized by the board that has as one of its purposes the examination of individuals who will practice as CRNAs.

Overall direction—Oversight of anesthesia services and medical management of patient care by a health care provider identified under § 21.1020(a)(1)—(4) (relating to CRNA practice).

§ 21.1002. Fees.

(a) The following fees are charged by the board:

Application for Certification as a CRNA \$103

Biennial renewal fee \$61

Restoration of certificate after suspension or revocation \$63

Verification of certification \$45

Verification of certification of license history \$42

Approval of each hour of CRNA continuing education activity by sources not listed under § 21.1033(a) (relating to sources of continuing education) \$107

Renewal of approval of CRNA continuing education activity by sources not listed under § 21.1033(a) \$33

(b) In addition to the application fee prescribed under subsection (a), which is payable directly to the board, a candidate for National certification shall pay the fee required by the National certification organization.

§ 21.1005. Use of title.

(a) A registered nurse who has satisfactorily met the requirements set forth in the act and this subchapter and holds current certification as a CRNA or whose certification is maintained on inactive status may use the designation "C.R.N.A."

(b) Only an individual who holds current active certification may practice or offer to practice as a CRNA in this Commonwealth.

(c) A registered nurse may not practice or offer to practice as a CRNA during the time the registered nurse's CRNA certification or registered nurse license is inactive, lapsed or expired. A registered nurse may not practice or offer to practice as a CRNA in this Commonwealth if the registered nurse's CRNA certification or registered nurse license is revoked or suspended.

§ 21.1010. Certification requirements.

(a) An applicant for certification shall meet the following requirements:

(1) *Registered nurse license.* An applicant for certification shall hold a current, unrestricted license as a registered nurse in this Commonwealth.

(2) *Education.* An applicant for certification shall have completed a board-approved master's, post-master's or doctorate nurse anesthesia program accredited by the COA or other board-approved program that awarded an advanced degree or a course of study considered by the board to be equivalent to that required for certification in this Commonwealth at the time the course was completed. A list of board-approved programs is maintained on the board's website.

(3) *National certification.* An applicant for certification shall hold current National certification as a CRNA by the NBCRNA or another board-recognized National certification organization. A list of board-recognized National certification organizations is maintained on the board's website.

(4) *Mandatory training in child abuse recognition and reporting.* An applicant for certification shall have completed at least 3 hours of approved training in child abuse recognition and reporting under § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(b) An applicant for certification who does not have a graduate degree under subsection (a)(2) shall meet the following requirements:

(1) *Registered nurse license.* An applicant for certification shall hold a current, unrestricted license as a registered nurse in this Commonwealth.

(2) *Education.* An applicant for certification shall have successfully completed the educational program of a school for nurse anesthetists accredited by the COA which met the board's educational

requirements for RNs to administer anesthesia prior to the enactment of section 8.8(c)(1) of the act (63 P.S. § 218.8(c)(1)).

(3) *National certification.* An applicant for certification shall submit evidence of recertification as a CRNA from the NBCRNA or another board-recognized National certification organization.

(4) *Mandatory training in child abuse recognition and reporting.* An applicant for certification shall have completed at least 3 hours of training in child abuse recognition and reporting under § 21.508(a).

(c) An applicant for certification who holds a current, unrestricted license or certificate as a nurse anesthetist from another state, territory or possession of the United States or a foreign country shall meet the certification requirements equivalent to subsection (a) or (b) and the requirements under the act or meet the requirements of § 21.1102 (relating to licensure by endorsement under 63 Pa.C.S. § 3111).

§ 21.1011. Application for certification.

(a) An applicant for certification shall submit an application prescribed by the board including a verification of compliance with section 8.8(f) of the act (63 P.S. § 218.8(f)) regarding professional liability coverage.

(b) An applicant for certification shall include documentation satisfactory to the board of the following:

(1) Proof of completion of the educational requirements under § 21.1010(a)(2) or (b)(2) (relating to certification requirements).

(2) Proof of current National certification or recertification under § 21.1010(a)(3) or (b)(3).

(c) An applicant for certification who holds a license or certificate as a nurse anesthetist from another state, territory or possession of the United States or a foreign country shall, in addition to the documentation under subsection (b), provide the following:

(1) Verification of current, unrestricted licensure or certification as a nurse anesthetist issued by the proper licensing authority of another state, territory or possession of the United States or a foreign country.

(2) Copy of the licensure or certification requirements at the time the applicant was initially licensed or certified by another jurisdiction and a copy of the criteria under which the applicant was initially licensed or certified, obtained from the jurisdiction's board of nursing or licensing authority.

(d) An applicant shall remit the fee set forth under § 21.1002 (relating to fees).

(e) An applicant shall submit additional information as requested by the board. If the additional information is not provided within 12 months of the date of application, the applicant will be required to file a new application and remit the certification fee.

§ 21.1020. CRNA practice.

(a) Except for circumstances identified in subsection (c), a currently certified CRNA may perform anesthesia services in cooperation with a physician, podiatrist or dentist involved in the procedure for which anesthesia is being provided if the procedure is performed under the overall direction of one of the following:

(1) A currently licensed medical or osteopathic physician who has completed an accredited residency training program in anesthesiology.

(2) A currently licensed medical or osteopathic physician who is performing the procedure for which anesthesia is being provided.

(3) A currently licensed podiatrist who is performing the procedure for which anesthesia is being provided.

(4) A currently licensed dentist authorized to administer, supervise or direct the administration of anesthesia.

(b) The physician, podiatrist or dentist identified in subsection (a) shall be present and available onsite but is not required to be present in the same procedure room as a CRNA performing anesthesia services for the duration of the services provided.

(c) A CRNA may provide brief periods of care in the event of an emergency that temporarily prevents or interferes with the cooperation required in subsection (a).

§ 21.1021. CRNA standards of conduct.

(a) A CRNA shall undertake a specific procedure only if the CRNA has the necessary knowledge, preparation, experience and competency to properly execute the procedure and the procedure is within the scope of practice of a CRNA. A CRNA shall comply with § 21.18 (relating to standards of nursing conduct).

(b) A CRNA practicing in this Commonwealth shall maintain a level of professional liability coverage under section 8.8(f) of the act (63 P.S. § 218.8(f)).

§ 21.1030. Biennial renewal of certification.

(a) The certification of a CRNA will expire at the same time as the CRNA's registered nurse license as provided under § 21.29 (relating to expiration and renewal of license).

(b) Notice of application for renewal will be provided biennially to each active CRNA prior to the expiration date of the current biennial period.

(c) As a condition of biennial renewal, a CRNA shall do all of the following:

(1) Renew the CRNA's registered nurse license.

(2) Verify completion of a minimum of 30 hours of board-approved continuing education required to satisfy the renewal of the registered nurse license in the 2 years prior to renewal required under § 21.131(a) (relating to continuing education) including at least 2 hours of training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(3) Demonstrate current National certification or recertification.

(4) Pay the required biennial renewal fee set forth under § 21.1002 (relating to fees).

(5) Verify compliance with section 8.8(f) of the act (63 P.S. § 218.8(f)) regarding professional liability coverage.

§ 21.1031. Requirements of continuing education.

(a) A CRNA shall comply with this section and §§ 21.1032—21.1036.

(b) Continuing education requirements shall be completed each biennial renewal cycle. The following apply:

(1) A CRNA who does not meet the continuing education requirements under § 21.1030(c) (relating to biennial renewal of certification) will be subject to formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 224(a)(3)) and § 21.131(h)(1) (relating to continuing education).

(2) The board may waive the requirements of continuing education in cases of illness or undue hardship. It is the duty of each CRNA who seeks a waiver to notify the board in writing and request the waiver at least 90 days prior to the end of the renewal period unless an emergency or hardship occurs within the 90-day period. The board will grant, deny or grant in part the request for a waiver.

§ 21.1032. Inactive status and reactivation.

(a) A CRNA who places a CRNA certification on inactive status is not required to meet the continuing education requirements under section 8.8(e) of the act (63 P.S. § 218.8(e)) during the period the certification is on inactive status. Upon application for reactivation of certification, the CRNA shall show proof of meeting the continuing education requirements for the biennial period immediately preceding the request for reactivation, and, if the certification has been lapsed or on inactive status for 5 years or longer, the CRNA must have a current, active registered nurse license, reactivated in accordance with the continued competency requirements under § 21.30a (relating to continued competency), and at least one of the following:

(1) Proof of current National certification.

(2) Evidence that the applicant has practiced as a CRNA in another jurisdiction for at least 3,600 hours within the last 5 years under a current license or certification.

(b) A CRNA whose certification has been suspended for 5 years or longer shall meet the requirements under § 21.131(e) (relating to continuing education) and any other requirements set forth by the board in the suspension order.

(c) A CRNA whose certification has been revoked shall meet all of the requirements for certification under § 21.1010(a) (relating to certification requirements) and any other requirements in the act, regulations or as set forth by the board in the revocation order.

§ 21.1033. Sources of continuing education.

(a) The following providers of continuing education and credentialing organizations have currently met the standards for course approval for continuing education and, provided that these providers and credentialing organizations comply with §§ 21.1034 and 21.1035 (relating to requirements for continuing education courses; and continuing education course approval), they are preapproved to offer creditable continuing education, subject to reevaluation under subsection (b):

(1) Board-approved CRNA educational programs and CRNA educational programs approved by other state boards of nursing or that hold current accreditation issued by a National nursing accreditation organization.

(2) National and international nursing organizations and their state and local affiliates.

(3) National and international medical and osteopathic organizations and their state and local affiliates.

- (4) National pharmaceutical organizations and their state and local affiliates.
- (5) National nursing specialty organizations and programs accredited by National nursing accrediting associations.
- (6) Continuing education programs approved by other state boards of nursing for advanced practice nurses or CRNAs.
- (b) The approval given to the providers and credentialing organizations in subsection (a) is subject to reevaluation. A rescission of provider or credentialing organization approval will be made under 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure) or by amendment of this section.
- (c) CRNAs may obtain credit for continuing education offered by providers not indicated in subsection (a) if the provider obtains board approval of the continuing education prior to its implementation or the CRNA obtains board approval of the continuing education prior to attending the continuing education. A continuing education provider or CRNA may obtain board approval of continuing education by submitting an application for approval, the fee under § 21.1002 (relating to fees) and the supporting documentation required by § 21.1035(b) at least 90 days prior to the course.
- (d) CRNAs may obtain credit for correspondence courses, taped study courses and other independent or online study courses if the course is approved under subsection (c).
- (e) Up to 4 hours may be approved under subsection (c) for service as a teacher in a nursing education program, preceptor providing direct clinical supervision in a specialty area, lecturer or speaker and for publication in a refereed journal or other scholarly publication relating to the CRNA's area of practice.
- (f) An hour for the purposes of CRNA continuing education is 50 minutes.
- (g) The board will apply § 21.132(b) (relating to continuing education hours) to determine the number of hours awarded for academic coursework.

§ 21.1034. Requirements for continuing education courses.

A continuing education course shall have all of the following:

- (1) An established mechanism to measure its quality, established criteria for selecting and evaluating faculty and established criteria for the evaluation of each participant who completes the course.
- (2) Adequate facilities with appropriate instructional materials to carry out continuing education programs.
- (3) Instructors whose area of expertise is in the subject matter being taught.

§ 21.1035. Continuing education course approval.

- (a) As a condition of approval, providers and credentialing organizations are required to provide CRNAs who complete continuing education courses with a certificate of completion which contains the information listed under § 21.1036(a) (relating to CRNA responsibilities). Providers and credentialing organizations shall maintain records of continuing education course attendance for at least 5 years.

(b) Providers referenced under § 21.1033(c) (relating to sources of continuing education) or CRNAs applying for individual approval under § 21.1033(c), when seeking board approval of a continuing education course, shall pay the required fee set forth under § 21.1002 (relating to fees) and complete and submit an application for course approval which contains the following information:

- (1) The full name and address of the provider.
- (2) The title of the program.
- (3) The dates and location of the program.
- (4) The faculty names, titles, affiliations, degrees and areas of expertise.
- (5) The schedule of the program, including the title of the subject, lecturer and time allocated.
- (6) The total number of hours requested.
- (7) The method of certifying and assuring attendance, and a certificate of attendance to be provided to course participants.
- (8) The course objectives.
- (9) The target audience.
- (10) The core subjects.
- (11) The program coordinator.
- (12) The instruction and evaluation methods.
- (13) Other information requested by the board.

(c) Upon approval of a continuing education course, the board will assign a course number and determine the number of hours awarded. The provider shall place the course number on the certificate of attendance and shall provide CRNAs who successfully complete a course with a certificate of attendance.

(d) Continuing education courses will be approved only in the instructor's demonstrated areas of expertise. Expertise may be demonstrated by the instructor's certification in the specialty area to be presented.

(e) A separate application shall be submitted whenever a change is made to any information submitted under subsection (b), except for information related to a change in date or location, or both, of the program submitted under subsection (b)(3).

§ 21.1036. CRNA responsibilities.

(a) A CRNA is required to maintain documentation of completion of continuing education courses, including:

- (1) CRNA name.
- (2) Dates attended.
- (3) Continuing education hours.

- (4) Title of course.
- (5) Course provider.
- (6) Location of course.
- (7) Course number.

(b) Primary responsibility for documenting completion of the continuing education requirements rests with the CRNA. Documentation of completion of continuing education requirements must be maintained for 5 years. A certificate issued by the continuing education course provider that contains the information listed in subsection (a) is acceptable documentation. Acceptable documentation of hours obtained through § 21.1033(c) or (e) (relating to sources of continuing education) consists of the board approval letter sent to the applicant.

(c) Falsification of information required under this section or failure to complete continuing education requirements by those who continue to practice as a CRNA may result in the institution of formal disciplinary action under section 14(a)(3) of the act (63 P.S. § 224(a)(3)).

§ 21.1040. Penalties for violation.

Certification as a CRNA may be suspended, revoked or otherwise restricted, and the board may order remedial measures when, after notice and opportunity to be heard, the board finds that the CRNA has violated the act or this subchapter or engaged in any conduct prohibited for professional nurses.

Subchapter K. LICENSURE BY ENDORSEMENT UNDER 63 Pa.C.S. § 3111

§ 21.1102. Licensure by endorsement under 63 Pa.C.S. § 3111.

(a) *Requirements for issuance.* To be issued a license by endorsement under 63 Pa.C.S. § 3111 (relating to licensure by endorsement), an applicant shall satisfy all of the following conditions:

(1) Have a current license, certification, registration or permit in good standing to practice the profession in another jurisdiction whose standards are substantially equivalent to or exceed those established under section 6(a) and (c) of The Professional Nursing Law (63 P.S. § 216(a) and (c)) and § 21.21 (relating to application for examination) pertaining to registered nurses; section 5 of the Practical Nurse Law (63 P.S. § 655) and § 21.158 (relating to qualifications of application for examination) pertaining to licensed practical nurses; section 8.1 of The Professional Nursing Law (63 P.S. § 218.1) and § 21.271 (relating to certification requirements) pertaining to certified registered nurse practitioners; section 6(b) and (c) of The Professional Nursing Law (63 P.S. § 216(b) and (c)) and § 21.721 (relating to qualifications for licensure) pertaining to dietitians-nutritionists; **[and]** section 8.5 of The Professional Nursing Law (63 P.S. § 218.5) and § 21.811 (relating to qualifications for initial certification) pertaining to clinical nurse specialists; **and section 8.8(b) and (c) of The Professional Nursing Law (63 P.S. § 218.8(b) and (c)) and § 21.1011(b) (relating to application for certification) pertaining to certified registered nurse anesthetists.** The following apply:

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