

Discipline	Educational Requirements	Competency Related Criteria	Other General Criteria
Certified Registered Nurse Practitioner (CRNP)	<ol style="list-style-type: none"> 1. Registered Nurse license current in Pennsylvania 2. Certified Registered Nurse Practitioner License current in Pennsylvania 3. Current CPR Certification 4. Maintain national certification by a recognized national certifying agency, if the CRNP was certified by the Board after February 7, 2005. 	<ol style="list-style-type: none"> 1. Completed application and Delineation of Clinical Functions form submitted by employing or supervising physician. 2. Three references providing evidence of acceptable clinical experience. 3. Completion of Clinical Interview with VP/Nursing/designee. 4. Provisional period of one year required. Written evaluation must be completed at the end of the provisional period by the CRNP peer reviewer, indicating that the CRNP has demonstrated appropriate skills to carry out clinical functions as stated. The provisional period may be extended for an additional one year as deemed necessary by the appropriate Medical Staff Department. 5. Periodic review will be every two years. 	<ol style="list-style-type: none"> 1. Evidence of adequate professional liability insurance required by the Board. 2. Evidence that area of clinical specialty on license relates to area of specialty in which privileges have been granted. 3. Evidence that the collaborating physician & the substitute physician are registered with the Pennsylvania State Board of Nursing. <i>*If applicable.</i> 4. Agree to abide by appropriate written Medical Staff Bylaws & Hospital policies. 5. Agree to abide by Nurse Practitioner Act of Pennsylvania State Board of Nursing. 6. Agree to abide by the Rules & Regulations of the State Board of Nurse Examiners for Certified Registered Nurse Practitioners.

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Certified Registered Nurse Practitioner (CRNP) Continued			<ol style="list-style-type: none"> <li data-bbox="1619 464 2032 898">7. Copy of the Collaborative Agreement submitted to the State Board of Nursing and a copy of the Application for CRNP Prescriptive Authority, if applicable.*Prescriptive authority is renewed every two (2) years with CRNP certification. <li data-bbox="1619 938 2032 1304">8. Agree to comply with standards of the State Board of Medicine & Department of Health relating to prescribing, administering, & dispensing controlled substances; packaging; and labeling of dispensed drugs. <li data-bbox="1619 1344 2032 1450">9. Signed statement of overall responsibility by employing physician.

UPMC Altoona

Facility: UPMC Altoona

Specialty: CRNP – Additional Criteria

KNOWLEDGE	
TRAINING	See UPMC Altoona Credentialing Criteria for CRNP
CERTIFICATION	See UPMC Altoona Credentialing Criteria for CRNP
OTHER	1. <u>Direct Supervision is required for Temporary Transvenous Pacer Wire Removal Only; All other permanent pacer wire removals must be under Personal Supervision.</u>