Commonwealth of Pennsylvania Department of State

**Bureau of Professional and Occupational Affairs
Board of Nursing**

eppiccNURSE

Pre-Licensure Nursing Education Program User Guide

Version 8.0

Table of Contents

Creating Your User ID and Password- Step 1 Register with PAPowerPort Subscription 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, where you will generate your own user ID and password.

STOP! If you are a new director of an <u>existing</u> program please review this section carefully.

NOTE: If you are a new director of an existing program you must take the following steps to login to the program's information and make the following changes:

a. Set-up your User ID and Password in PAPowerPort Subscription Registration as described in Step 1 (above).

b. Click the **"Contact"** button directly under the Login on the site access page of eppiccNURSE and request a new application password and Directors Application Password (NEV) be emailed to you from the Board Office, along with your User ID, Name and Title. You will need this application password in order to login to your program's existing information.

c. Once you have set-up your User ID and Password in PAPowerport Subscription Registration and received your application (eppicNURSE) specific password from the Board office, login to the eppiccNURSE database and proceed to the **REGISTRATION** link and enter all changes/updates so the Board has the most current program information.

2. To access the **PA User Login Registration** 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.

PAPower Subscription Registration

Fill in the form below to receive information via e-Mail and subscribe to eAlerts!

* = Required Field   Already have an account? Please Log in now.

► Login to myPAPowerPort

Field	Value
Name Prefix:	None ▾
First Name:	Joe *
Last Name:	Smith *
Name Suffix:	None ▾
Company:	
Title:	
Address 1:	1234 Laurel Highlands *
Address 2:	
City:	Mercersburg *
State:	PA *
Zip Code:	17236 *
Phone:	717 888 9999
Fax:	
Email Address:	Joe@AML.com *
User Category:	Please Select One ▾
User ID:	Smitty17 *
Password:	•••••• *
Confirm Password:	•••••• * = Required Field

If you ever lose your username or the password sent to you in your registration confirmation e-mail, we will ask you the following question, and need to receive your given answer, to confirm your identity.

Field	Value
Question:	What is your father's middle name? *
Answer:	Albert *

☐ Please send me eAlerts.

Would you like to receive e-mail updates about enhancements to the PA PowerPort and agency e-government services?

○ Yes   ◉ No   [Submit]   [START OVER]

All of the information needed to generate and save a user ID and password is entered on the **PAPowerPort Subscription 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 (see notes on previous page), street address, email address, user ID and password. (Enter your password and confirm it.) The requirement for the User ID is to be at least 6 characters. The requirement for the Password is at least 8 characters, at least one each upper case, lower case, a number and a symbol.

ALERT! It is very important that you **remember your user ID and password!** You will need them each time you log into the **eppiccNURSE database.**

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

After all of the required fields are filled in, click **Submit**. Upon clicking **Submit** you will be mailed your user information. Clicking **Start Over** will clear all entered information and reset the page.

Step 2: Logging in–to eppiccNURSE

To login you will need your PAPowerPort username and password.

In the **DOMAIN** dropdown box, the nursing education program administrator or designee takes the following steps:
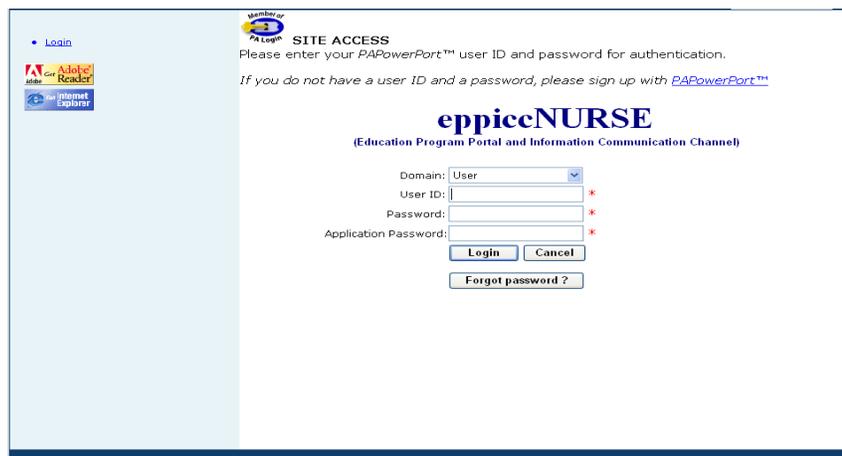
1. Select **User,**

2. Enter the **PAPowerPort User ID** you created**,**

3. Enter the **PAPowerPort Password** you created and,

4. Enter your Board issued **Application Password** (eppicNURSE).

eppiccNURSE Rules:

Rule 1: NEWLY APPROVED PROGRAMS WITH "INITIAL" APPROVAL STATUS: The first time you login you will be required to select your program from the list of approved programs and complete a registration form for your program (**see page 7 of the Guide**).

Rule 2: NEWLY APPROVED PROGRAMS For **new** programs, you will not be able to login until the Board of Nursing (BON) office has approved your registration. Once your registration has been approved you will be able to login and use the application

Rule 3: EXISTING PROGRAMS are required to perform any updates to the program registration page information as they occur to assure the Board office has the most current Program information.

Rule 4: MORE THAN ONE PROGRAM TYPE If the Program has more than one program type (RN-AD, RN-BSN, PN etc.) a separate PAPOWER Subscription Registration user ID and password is required for each program.

Rule 5: MANDATORY FIELDS are marked by an * **and** must be completed in order to submit your registration.

Rule 6: MANDATORY FIELDS marked by an * and GREYED OUT can only be completed by the Board office.

Rule 7: TIME OUT OF EPPICCNURSE The program will need to log back into the system if not used within 60 minutes and any information not saved will be lost.

Rule 8: PASSWORDS and their security/confidentiality are the responsibility of the Program Director. The PASSWORD issued to the Director for the purpose of submitting the Nursing Education Verification Form (NEV) as one of the requirements for licensure is CONFIDENTIAL AND solely the Director's and not to be shared.

Rule 9: EMAIL ACKNOWLEDGEMENTS from the Board. The Program will receive an email from the Board office (via st-eppiccNURSE) following all submissions, rejections and final approval. If a submission is rejected the Program will get an email rejection notice that states why rejection occurred, once corrected, the Program can resubmit for approval.

Registering your Nursing Education Program-in eppiccNURSE

Registration Page: Shaded fields are completed by the Board office**.**

Application Password: This will be used in coordination with your PAPOWER PORT User ID and Password. The application password will be specific to the eppiccNURSE database. This password can be changed for security purposes at any time by accessing the "**Change Password"** link.

Nursing Education Program Information: Enter the county, phone, fax and contact email, website link and accrediting body.

Program Director Information:
Enter director status and phone number. This is contact information for use by the Nurse Board only.

Program Director Supervisor Information: Enter supervisor and phone information.

Parent/Controlling Institution information: Completed by Board office following notification by program.

The registration page is required to be kept up to date at all times.

Click **SAVE** in the lower right hand corner to save and submit information for approval by the Nurse Board.

MAIN PAGE in eppiccNURSE

There is a Navigation Menu on the left hand side of the Welcome Page (see below page) that includes links that perform essential functions within the eppiccNURSE database:

1. **Main Page (Messaging Board)**
2. **Annual Report**
3. **Clinical Agencies**
       Master Agency List
       Rotation Requests)
4. **Registration**
       Registration Update
5. **Change Password**
6. **Faculty Form**
7. **Reports**
8. **Print Blank Report**
9. **Annual Report Dates**
10. **(NEV)Nursing Education Verification**
       Add/Submit NEV
       Reports
11. **Logout**

Welcome and Message Board Page:

Tom Wolf, Governor   Pedro A. Cortés, Acting Secreta

Welcome To
eppiccNURSE
(Education Program Portal and Information Communication Channel)

(For Administrator)

- Annual Report Search
- **Main Page**
- Registrations List
- Faculty Form
- Print Blank Report
- Annual Report Dates
- **Clinical Agencies**
  Master Agency List
  Rotation Request

- **NEV**
  NEV Search
  Reports

- **Approvals**
  Faculty Approval
  Facility Approval
  Rotation Approval

- **Publish Message**
- **Reports**

- LogOut

August-September 2016 - To all Prelicensure Nursing Education Programs:

1) The 2015-2016 Annual Report for all Prelicensure Nursing Education Programs will be open for completion and submission from September 6 through November 10, 2016. In preparation for the upcoming Annual Report submission, please continue to update all faculty and clinical agencies throughout the year.

2) SITE VISITS to RN Programs: Section 6.1 of the Professional Nursing Law requires that the State Board of Nursing (Board) conduct site visits of all prelicensure nursing education programs every three years. The purpose of these visits is to assure the maintenance of acceptable standards as identified in the Board's regulations. As you are aware, in the past, these visits have been conducted solely by a nursing education advisor. The Board wanted to make you aware that members of the Department of State, Bureau of Enforcement and Investigation (BEI) will also be conducting these visits (unannounced or announced). On arrival they will ask for the Director or designee in the Director's absence. Please show the members of BEI the same courtesies that you would the nursing education advisors by providing them with the same access to the following on their request:

a) Current count and list of all Nursing Faculty (to be compared with the information you have submitted in eppicc);

b) Nursing Faculty files (Nursing transcripts, Resume, faculty continuing development, and evidence of licensure);

c) Curriculum Plan and Course Syllabi;

d) Current count and list of all Clinical Agencies used by the Program (to be compared with the information you have submitted in eppicc);

e) Systematic Evaluation Plan;

f) Secure Record Management System;

Clinical Agencies

Please note: There are (2) links under the Clinical Agencies feature in the Navigation Menu:
1) **Master Agency List**
2) **Rotation Request.**

1. Master Agency List: When this link is selected, the below window opens and is used to identify a licensed agency. If the agency **is not** found on the master agency list, the agency can be added under the "Add New Clinical Agency" Function (see next page for illustration).

Continued…

If the search does not locate the agency desired, it can be added under "**Add New Clinical Agency**". Complete all information requested. Once done, click on the **SAVE AGENCY** link to submit this information to the Board Office so the agency can be added to the Master Agency List.

IMPORTANT – if the new clinical agency (facility) added is approved: Once the Board adds the New Clinical Agency to the Master Agency List an email (see below) will be sent via eppiccNURSE stating the facility is approved and the program can proceed to submit a **Rotation Request.**
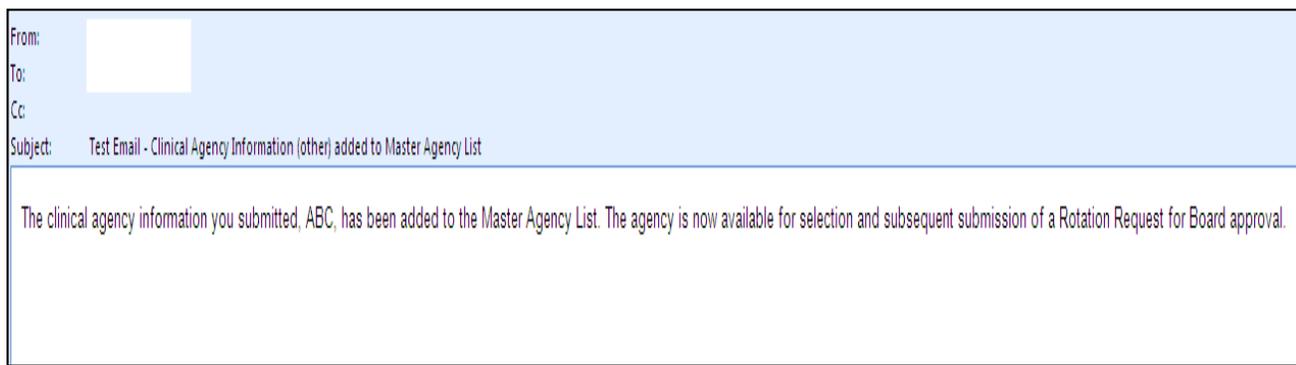
NOTE: If the agency submitted as a New Clinical Agency is **already on the master agency list** an email will be sent via st-eppiccNURSE rejecting the submission and directing the submitter back to the master agency list for selection of the agency and submission of a rotation request.
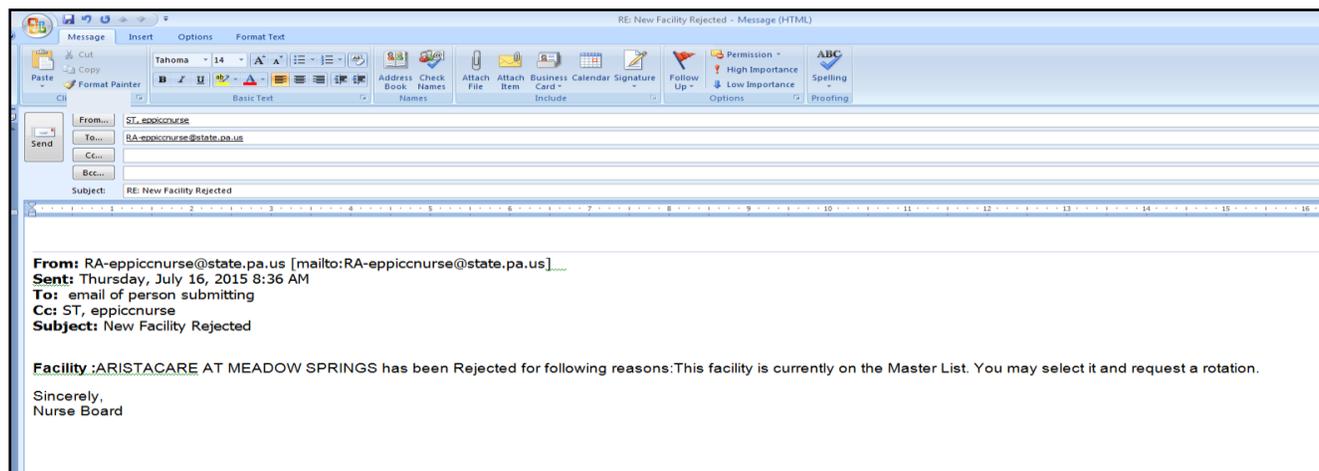
2. Rotation Request: This function is used to submit a rotation request to the Board for approval of a new clinical agency. It is also used to access the program's clinical agency list. For each agency on the list, there are **(9)** columns: agency name, agency address, city, zip code, telephone, end date, status, and source (paper or eppicc routes of submission).

End Date: Information is entered in this column for 2 reasons: 1) **ONLY** if the agency <u>is no longer going to be</u> <u>used</u> by the Program. If at a later time the agency is needed it can be resubmitted for approval. 2) The agency name is changed (new ownership etc.).

Status: There are **(4)** status types that include: 1) approved, 2) not approved, 3) not submitted and 4) submitted. Once submitted and approved, changes cannot be made to the clinical agency rotation request except to add a new rotation and an end date.

Source: Source can be **Eppicc** or **paper**. If the agency source is "**Paper",** these are agencies identified by the program as approved prior to the eppicc database, and the program has a hard copy approval letter from the Nurse Board as evidence of approval. If the agency source is "**Eppicc**" these are agencies submitted via eppiccNURSE and approved by BON.

Rotation Request Submission: To enter a new Clinical Agency Rotation request form click on the link identified as **"Enter a new Clinical Agency Rotation request form**". This will open the form that contain (5) pages for completion.

The excel spreadsheet: "**List of currently used and approved clinical agencies"** allows users to generate and save on their desktop in excel the current list of agencies.

	Agency Name	Agency Address	City	Zip Code	Telephone	End Date	Status	Source
	ALLEGHENY COUNTY HEALTH DEPARTMENT	3441 Forbes Avenue	PITTSBURGH	15213	4125787950	Enter End Date		Paper
	ALLEGHENY GENERAL HOSPITAL	320 EAST NORTH AVENUE	PITTSBURGH	15212	4123593131	Enter End Date		Paper
	ANGEL'S PLACE	600 Fordam Avenue	PITTBURGH	15226	4125316667	Enter End Date		Paper
Select	BETHANY HOUSE ACADEMY	PO Box 99782	PITSBURGH	15233	4128899329		Not Submitted	Eppicc
	BLOOMFIELD COMMUNITY CENTER OF THE CATHOLIC YOUTH ASSOCIATION OF PITTSBURGH	321 Pearl St.	PITTSBURGH	15224	4126833337	Enter End Date		Paper
	CARLOW COLLEGE WELLNESS PROGRAM	3333 Fifth Avenue	PITTSBURGH	15213	4125786042	Enter End Date		Paper
	CATHOLIC CHARITIES HEALTH CARE CENTER	212 Ninth Street	PITTSBURGH	15222	4120000000	Enter End Date		Paper
Select	CATHOLIC YOUTH ASSOCIATION	Stephen Foster Community Center	PITTSBURGH	15201	4126213342		Not Submitted	Eppicc
	CATHOLIC YOUTH ASSOCIATION OF PITTSBURGH	286 Main Street	PITTSBURGH	15201	4126213342	Enter End Date		Paper
	CELTIC HOMECARE, INC. - MARS	231 CROWE AVENUE/P O BOX 1179	MARS	16046	7246254280	Enter End Date		Paper

1 2 3 4 5

Total Records: 44

Page 1 of the rotation request form is automatically populated from the Program's Registration page which should be kept up to date at all times.

Page 2 requires you to **first** select the agency you wish to enter a rotation request for. To make this selection click on the button designated **"Select Agency".** **IMPORTANT**: Clicking on the select agency link allows the user to **search and select** their agency. If the agency is not found then the user can return to the "Master Agency List" and complete and submit the "Add New Agency Form".

Page 2 continued…

Once **"Select Agency"** is clicked the window below will open.

Proceed to **search** for the agency desired. A search can be done by entering the facility name, city, and/or category. Once the agency is identified click on the **"select"** link.

Once the agency is selected, it will automatically populate the following clinical agency information on Page 2: agency name, agency address, city, state, zip code and telephone. Enter all remaining required fields, click **Save & Next** to proceed to the next page

IMPORTANT NOTE: If any of the required information does not pertain to this agency, please enter **'N/A'** into the field. Entries for the fields under total clinical agency capacity must be a **numeric**.

Clinical Agency-New Rotation Request continued…

Page 3 requires entry of one or multiple "Units Types" used by your program at the clinical agency. Once you have entered all information about the unit, click **Add Unit**. The table at the bottom of the screen will become populated with the saved Units. Once you have added the unit(s) click **Save & Next** to proceed.

Page 4 complete all required information click **Save & Next**.

Clinical Agency-New Rotation Request continued…

Page 5, complete all required information. Type **or** copy and paste the:

1) Rationale for this Clinical Agency utilization and,
2) Course(s) name and objectives.

Reminders:

1) A rejection of the agency will occur if the information is incomplete or missing.
2) If an out- of- state clinical agency is being submitted for approval, document that you have contacted the respective state BON to identify any requirements they may have.
3) If a clinical agency changes its name take the following steps:
   a) Enter end date for old name
   b) Submit a new agency request form with the new name.

To submit your completed request to the BON, click **Save & Submit**.

Notification of Submission/Approval/or Disapproval of a Clinical Agency Request

Once the agency is **SUBMITTED** for approval it will be acknowledged with the following email sent from the Board via ST-eppiccNURSE:

From:	c-neerajpa@pa.gov
To:	Rajpal, Neeti
Cc:	Rajpal, Neeti
Subject:	Clinical Agency Rotation Request Submitted By Penn State School of Nursing BSN Degree

An Rotation Request Was Submitted From : Penn State School of Nursing BSN Degree
    For the Agency : SAINT VINCENT HEALTH CENTER

Once the agency is **APPROVED** by the Board the following email will be sent to the Program from ST-eppiccNURSE:

From:	c-neerajpa@pa.gov
To:	Rajpal, Neeti
Cc:	Rajpal, Neeti
Subject:	Rotation Request Approved

The rotation request submitted for 20/20 SURGERY CENTER LLC has been approved

An agency **NOT APPROVED** by the Board will result in the following email (that includes the rejection reason) being sent to the Program via ST-eppiccNURSE:

From:	
To:	
Cc:	
Subject:	Rotation Request Rejected

The rotation request submitted for 20/20 SURGERY CENTER LLC has been rejected for the following reason(s):
Please now add the licensing body and also the accrediting body, thank you.

Agencies **NOT APPROVED** can be resubmitted for reconsideration by the Board once the reason for rejection is addressed.

Edit / View Status of Clinical Agency Request Submission

Nursing Programs have the ability to view their clinical agencies and their statuses (below).

If the request was submitted with incorrect information or in error please notify the Board so it can be rejected or not approved. Once this is done the Program can make changes and resubmit the rotation request.

Note: If a clinical agency HAS A NAME CHANGE the program must take the following steps:

a) Enter end date for old name
b) Submit a new agency request form with the new name.

Nursing Faculty Forms

Part I: Updating a "pending" or "approved" form:

Clicking on the link "Faculty Form" in the Navigation Menu opens the page as shown below:

Faculty (Qualification) Form – Main Page

The Excel Spreadsheet "**Current List of faculty currently approved and employed**" allows users to generate in an excel spreadsheet containing a list of current faculty that can be saved on their desk top.

The first column listed in front of the faculty name is the **select** link that opens the faculty form and its pages.

For each faculty on the list there are **(7)** columns: name, license number, license expiration date, appointment year, approval status, date left employment and source (paper or eppicc routes of submission).

The last column identified **"Source"** there are **(2)** categories and they are defined as follows:

1) Paper – Information taken from the Annual Report because the Faculty was submitted prior to the eppiccnurse database existence and approved in paper format.

2) Eppicc – Information taken directly from the faculty forms submitted via eppiccNURSE and approved by the Board.

On clicking of *"Select" link* next to the faculty name on the source **"Paper"** the following (below) page opens:

The "Degree", "Employment Status" and the "Date Left Employment" can be updated on this page and are required to be kept current.

On clicking of the *"Select" link* next to the faculty name with the source **"Eppicc"** the following (below) page(s) open and there is a navigation menu with (4) links for initial entry of faculty information or for viewing faculty information previously submitted related to: 'license', 'employment', 'education' and 'affidavit'.

Page 1: License page illustrated below and all fields must be completed:
.

Nursing Qualification form continued:

Page 2: **Employment page**, illustrated below and all fields must be completed:

Nursing Qualification form continued:

Page 3: Education" page, illustrated below and all fields must be completed**:**

Page 4: Affidavit page: illustrated below and all fields must be completed:

NOTE: The Board requires employment history to identify faculty expertise in their areas of instruction. This can be a single page listing employment history and does not require submission of resume or nursing qualification form.

Part II: Submission of a "New" Nursing Faculty for Approval:

To submit a new faculty qualification form, click on the link **'Enter a new Nursing Faculty Qualifications form"**.

Page 1: **License information**: Enter the individual's Pennsylvania RN License number in this format: **RN215835L** and then click **Search**. The Faculty Name, R.N. # and R.N. expiration date will populate from the license database. Select the appropriate range of **"total"** years teaching in a PA nursing education program.

Click **Save & Next Page** to proceed to the next page.

Page 2: **Faculty Employment Information**: Enter the appointment date (mm/yyyy), Title/Position, Program type, Employment Status, and select Area of Primary Teaching Responsibility. If **"other"** is selected for area of teaching responsibility please provide the description. The Faculty Name will be displayed automatically from the license database based on search performed on the first page. Click **Save & Next Page** to proceed to the next page.

Page 3: Nursing Education: Enter the Pre-licensure and Post-Licensure nursing education information. Enter the program information related to their education and degree earned. Enter as many post licensures as apply.

NOTE: The user **MUST** click **Save Pre Licensure Details** to save Pre-Licensure information and the user MUST click **Save or Add Post Licensure Details** to save each entry

Page 4 Affidavit Information: Complete all information and type in name, it has the same legal effect as a handwritten document.

Click browse to upload appropriate files (work history and the degree completion plan if applicable).

Click **Finish** to submit the form to the BON.

Note: clicking on "Click Here" can access a tool describing the information required for the degree completion plan

IMPORTANT:

1) **AFTER** the Board Office approves the new faculty submitted it can be uploaded to the faculty list in the Annual Report.
2) If faculty have a name change it will not appear until they renew their license with the new name.

ANNUAL REPORT COMPLETION AND SUBMISSION

IMPORTANT! BEFORE STARTING THE ANNUAL REPORT, the PROGRAM MUST REVIEW, UPDATE AND SAVE THE REGISTRATION PAGE.

When the Annual Report link is clicked in the Navigation Menu you will see this screen, select the appropriate report year you are submitting data for and then Click **GO.**
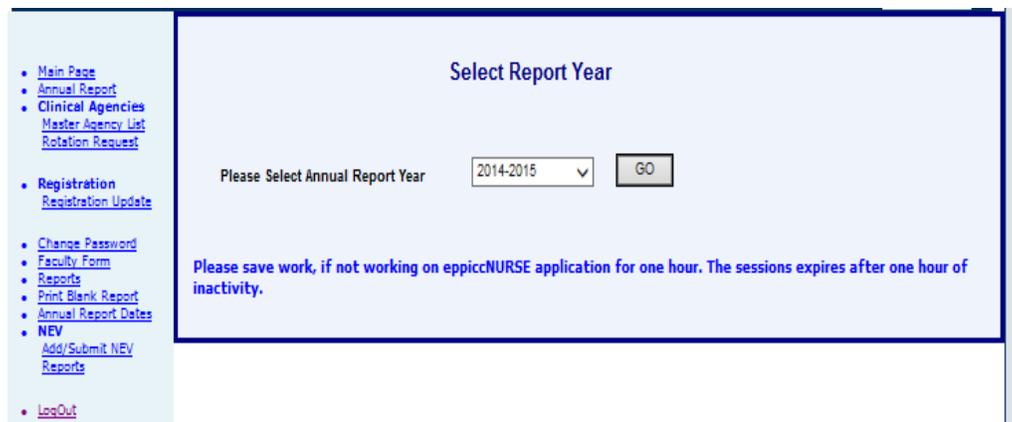
All prior Annual Report submissions are available to the Program as well as the current year.

ANNUAL REPORT TABLE OF CONTENTS: You will see a **Table of Contents** with a listing of pages on the left side of the page; you can click on each item to navigate directly to the page.

As you navigate from page to page in the annual report you will also see several buttons on the bottom of each screen. These buttons will be described below:

Save - will save the current information and remain on the page where you are currently working.

Save & Next Page- 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.

Exit - will close the Annual report without saving any information entered.

Print- open the Affidavit screen and click on **Print Annual Report** to print to your local printer. **NOTE: Adobe Acrobat Reader** must be installed for this function.

Annual Report Status

The top right corner of each Annual Report page will display the current Annual Report Status. The name of the Program is also displayed directly below the Annual Report Status.

The following status may be seen:

➢ **Not Started:** This status is assigned to the annual report until page 1 is started by the Program.

➢ **In Progress**: This status is assigned to the annual report when page 1 (General Program Information) is completed and saved by the Program.

➢ **Data Submitted:** This status is assigned to the annual report when it is submitted to the Board office by the Program (by clicking "Finish" on the Affidavit page).

➢ **Under Review:** The Board advisors can mark a submitted annual report in the status **"Under Review"** while it is being reviewed.

➢ **Approved**: The Board advisors approved the Program's annual report.

➢ **Not Required:** The Board advisors can mark an annual report in this status if submission of an Annual Report is not required for some reason.

➢ **Reopened:** The Board advisors can mark an annual report in "**Reopened"** status. This status will allow Program users to modify the Annual Report

NOTE: Once the Annual Report is submitted to the Board, modifications to the annual report by the Program cannot be made and the status designated by the Board office (located in the upper right hand corner of the page) is one of the following:

- '**Data Submitted**',
- '**Under Review**',
- '**Approved**' or
- '**Not Required**'.

If the Program needs to make a change to the Annual Report and the Program's Annual Report is designated with any of these statuses the Board office must be contacted.

General Program Information – (update the registration page before starting the Annual Report)

The General Program Information is the first part of the Annual Report. All the information, with the **exception** of the phone number, is pre-populated from the registration information. The registration page needs to be current and can be updated at any time. It is important that any program changes are made to the registration page as they occur.

Click **Save & Next Page** to proceed through the remainder of the Annual Report.

Address, city, state, zip and phone number are pre-populated from the registration page.

You will need to select the county where the parent program is located **unless you are a satellite of an out of state program then select the PA County where the primary satellite is located.**

Enter the email addresses as requested. The email address for public contact and your website information are optional. Once done

Click **Save & Next Page** to proceed to the next page.

Accreditation Status – enter all accreditation information.

Click **Save & Next Page** and proceed to the next page and accreditation screen entering all information.

Save & Next Page to proceed to the Curriculum section.

Curriculum

Please check all above curriculum options that apply to the program.

Enter the number of Satellite Sites and assure they match what is on the Board's Approved List.

Enter the Credit hours.

NOTE: Diploma programs please enter either program hours, or credit hour equivalents.

Click **Save & Next Page** to continue to the next page.

Nursing Program Faculty

If **the "Type of Program"** selected on the registration page is **professional nursing program**, the user will see questions specific to the professional nursing faculty and their qualifications.

If the **"Type of Program"** selected on the registration page is **practical nursing program,** the user will see questions specific to practical nursing faculty and their qualifications.

If the Program Director is teaching include them in the numbers entered.

Professional Nursing Faculty Qualifications

The following pages ask questions specific to Professional Nursing faculty and their qualifications in accordance to the applicable PA regulations. Please select the highest **NURSING** Degree earned by the program Administrator. Then select the highest earned **NON NURSING** Degree.

Enter the number of **fulltime** faculty as appropriate in sections 2 through 5 according to their highest earned degrees or work toward the degree. **Do not count the administrator.**

The total will automatically calculate based on the numbers entered in 2 through 5.

Click **Save & Next Page** to move to the Part Time faculty page.

Professional Nursing continued

Professional Nursing

To View Glossary Of Items, Please Click Here: Glossary
Professional Nursing Faculty: Part-Time Faculty Only
Note: The numbers entered in 2 through 5 should equal the total number of part-time faculty

Insert Number   **Do not count the Director/Coordinator/Administrator**

1. Total number of part-time RN faculty.

`0` *

Totals will automatically calculate
In the boxes below please break the total number of part-time RN faculty into the following qualification categories:

2. Indicate the number of part-time RN faculty that "hold at least one graduate degree in nursing."

*

3. Indicate the number of part-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program **LESS** than 5 years

*

4. Indicate the number of part-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) **NOT** enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program **LESS** than 5 years.

*

5. Indicate the number of part-time RN Faculty Assistants (BSN faculty without a graduate degree in nursing) **NOT** enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program **MORE** than 5 years

*

Save | Save & Next Page | Next | Previous | Exit

Left navigation menu: General Program Information, GPI Page 2, Accreditation Status, Accreditation Page 2, Curriculum, Curriculum Page 2, Professional Nursing, **RN Page 2**, RN Page 3, Faculty, Faculty Page 2, Faculty Page 3, Faculty Characteristics, Characteristics Page 2, Characteristics Page 3, Clinical Placement Sites, Placement Sites Page 2, Enrollment Information, Attrition Information, Attrition Page 2, Student Demographics, Demographics Page 2, Affidavit

Similar to the full time faculty section, enter the number of part-time faculty in the appropriate sections 2 through 5 on this page according to their **highest** earned degrees or work toward the degree. Do not count the administrator.

The total will automatically calculate based on the numbers entered in 2 through 5.

Click **Save & Next Page** to move to the Contracted or Per Diem faculty page.

Professional Nursing

To View Glossary Of Items, Please Click Here: Glossary
Professional Nursing Faculty: Contracted Or Per Diem Faculty Only
Note: The numbers entered in 2 through 5 should equal the total number of contracted or per diem faculty

Insert Number   **Do not count the Director/Coordinator/Administrator**

1. Total number of contracted or per diem RN faculty.

`0` *

Totals will automatically calculate
In the boxes below please break the total number of contracted or per diem RN faculty into the following qualification categories:

2. Indicate the number of contracted or per diem RN faculty that "hold at least one graduate degree in nursing."

*

3. Indicate the number of contracted or per diem RN Faculty Assistants (BSN faculty without a graduate degree in nursing) enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program **LESS** than 5 years

*

4. Indicate the number of contracted or per diem RN Faculty Assistants (BSN faculty without a graduate degree in nursing) **NOT** enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program **LESS** than 5 years.

*

5. Indicate the number of contracted or per diem RN Faculty Assistants (BSN faculty without a graduate degree in nursing) **NOT** enrolled in graduate studies leading to a graduate degree in nursing but employed by a nursing program **MORE** than 5 years

*

Save | Save & Next Page | Next | Previous | Exit

Left navigation menu: General Program Information, GPI Page 2, Accreditation Status, Accreditation Page 2, Curriculum, Curriculum Page 2, Professional Nursing, RN Page 2, **RN Page 3**, Faculty, Faculty Page 2, Faculty Page 3, Faculty Characteristics, Characteristics Page 2, Characteristics Page 3, Clinical Placement Sites, Placement Sites Page 2, Enrollment Information, Attrition Information, Attrition Page 2, Student Demographics, Demographics Page 2, Affidavit

Enter the number of Contracted or Per Diem faculty in the appropriate sections 2 through 5 according to their highest earned degrees or work toward the degree. Do not count the administrator.

The total will automatically calculate based on the numbers entered in 2 through 5.

Click **Save & Next Page** to move to the faculty page.

.

Practical Nursing Faculty Qualifications

The following screens ask questions **specific to Practical Nursing.** Please select the highest **NURSING** Degree earned by the program Administrator. Then select the highest **NON NURSING** earned Degree.

The **Fulltime Faculty** Only section asks you to enter the total number of fulltime faculty in the appropriate qualification categories according to their highest earned degrees or work toward the degree.

NOTE: The final total of these categories will automatically calculate based on the numbers entered in the qualification categories below the total number of fulltime faculty.

NOTE: For full time, part time, and per diem definitions, please click **Glossary** at the top of the page.

NOTE: Faculty can ONLY be counted once. For example, if a faculty member has a master's and a bachelor's degree, count that member in the Master's degree field.

Click **Save & Next Page** to move to the Part-time faculty page.

The **Part –Time Faculty** Only section asks you to enter the total number of part - time faculty in the appropriate qualification categories according to their highest earned.

The final total of these categories will automatically calculate based on the numbers entered in the qualification categories below the total number of part-time faculty.

Click **Save and Next Page** to move the Contract/Per-diem faculty page.

Practical Nursing Qualifications Continued

General Program Information
GPI Page 2
Accreditation Status
Accreditation Page 2
Curriculum
Curriculum Page 2
Practical Nursing
PN Page 2
PN Page 3
Faculty
Faculty Page 2
Faculty Page 3
Faculty Characteristics
Characteristics Page 2
Characteristics Page 3
Clinical Placement Sites
Placement Sites Page 2
Enrollment Information
Attrition Information
Attrition Page 2
Student Demographics
Demographics Page 2
Affidavit

Practical Nursing

To View Glossary Of Items, Please Click Here: Glossary
Practical Nursing Faculty: Contracted Or Per Diem Faculty Only

Insert Number   Do not count the Director/Coordinator/Administrator

[0] *   Total number of contracted or per diem PN faculty.
Totals will automatically calculate

In the boxes below please break the total number of contracted or per diem PN faculty into the following qualification categories:

[   ] *   Indicate the number of contracted or per diem PN faculty whose highest degree is a master's or doctorate degree.

[   ] *   Indicate the number of contracted or per diem PN faculty whose highest degree is a bachelor's degree.

[   ] *   Indicate the number of contracted or per diem faculty currently enrolled in baccalaureate studies leading to a degree within 5 years of employment in a nursing education program.

[   ] *   Indicate the number of contracted or per diem faculty not enrolled in baccalaureate program but employed by the nursing education program for less than 5 years.

[   ] *   Indicate the number of contracted or per diem faculty who have not earned a baccalaureate degree after 5 years of employment in a nursing education program.

Save   Save & Next Page   Next   Previous   Exit

The **Contracted or Per Diem Faculty** Only section asks you to enter the total number of Contracted or Per Diem faculty in the appropriate qualification categories according to their highest earned.

The final total of these categories will automatically calculate based on the numbers entered in the qualification categories below the total number of part-time faculty.

Click **Save & Next Page** to move to the Faculty List page.

Faculty

NOTE: Please review your faculty form list to assure it is complete, current, and correct and all faculty Once done upload the faculty list within the Annual Report by clicking on:"**Click to get/update Faculty List**" as shown below.

If the faculty list is not complete, current, and correct STOP! take the following steps:

1) Return to the navigation menu and select the link for **FACULTY FORM;**
2) Make **ALL** faculty changes (add, update credentials, left employment) within the faculty form;
3) Submit the faculty form to the Board for approval if this is a new faculty member;
4) The Program must receive an email of approval from Board Office, once received;
5) Return to the Annual Report faculty page and click on **"Click for Faculty List"** link to update list.
IMPORTANT REMINDERS:

- The faculty list is automatically calculated by the system, review to assure the counts for number of Full time, Part time and Per-diem faculty hired in the reporting period are correct.

- The **Total Faculty count** uploaded on this page **MUST MATCH** the faculty totals listed in the fulltime, part-time & Perdiem sections.

- Faculty who worked and left in the same year will be on the **Faculty List for Current Reporting Period** and on the **Faculty Left** list.

- Faculty without a valid license will appear in **Red** at the top of the page.

General Program Information	**Program : Bucks County Community College: Practical Nursing Program (PN)**
GPI Page 2	**Faculty Left**
Accreditation Status	
Accreditation Page 2	To remove Faculty for current reporting period: Return to the faculty qualificaiton form
Curriculum	section of eppiccNURSE and update Date Left Employment ⓘ
Curriculum Page 2	No Faculty Left in this reporting Year
Practical Nursing	
PN Page 2	Full-time faculty who left since the last Annual Report: `0`
PN Page 3	Part-time faculty who left since the last Annual Report: `0`
Faculty	
Faculty Page 2	Perdiem / Contract faculty who left since the last Annual Report: `0`
Faculty Page 3	
Faculty Characteristics	**Totals will automatically calculate Total :** `0`
Characteristics Page 2	
Characteristics Page 3	
Clinical Placement Sites	
Placement Sites Page 2	

If any Faculty left during the reporting period, you will see them on the list of faculty on this page. The totals automatically calculate.

To remove Faculty for current reporting period: Return to the faculty qualification form section of eppiccNURSE and update the Date Left Employment.

Click **Save & Next Page** to go to the Faculty Characteristics page.

Clinical Placement Sites

This is where the program will enter information regarding difficulty obtaining Clinical sites.

Please answer whether your program has had difficulty obtaining clinical sites.

If you have not, select No and click **Save & Next** Page.

If yes is selected then indicate the areas and select them in order of difficulty.

Assign a number from **1 to 6,** with 1 being the most area of difficulty. If a specific area is not applicable assign N/A for that area. **NOTE: You may only use a number once.**

Once done, click **Save & Next Page** to move to the next Clinical Placement page.

If you have indicated on the previous page that you are **NOT having difficulty** locating clinical sites, this section will be bypassed.

If you have indicated that you **are having difficulty** in locating clinical sites, please list the contributing cause in rank order on this page.

Once the list is properly ordered, click **Save & Next Page** to continue to Enrollment Information.

Enrollment Information

This page contains 2 Sections related to information about I) Admissions and II) Enrollment. Enter correct information and review before saving the information and continuing with completion of the Annual Report.

NOTE: A number (example only provided) must be entered in each area. Enter '0' if you do not have any entry for students in a specific category.

Once you have entered and reviewed all information correctness, click **Save & Next Page** to continue to the next page.

Retention/Attrition Information

All the information on the following (Page 1 and 2) of the Attrition pages relate to the Program's current <u>graduating</u> class or classes.

Page 1

Click **Save & Next** page to go to the second part of Attrition data.

Page 2

Click **Save & Next** page to go to the second part of Attrition data.

Affidavit

The functions of this page allow you to perform several tasks:

1. Answer **ALL** questions related to program compliance.
2. Review and electronically sign the affidavit statement;
3. Print the completed annual report if desired and retain for program files;
4. Submit the Annual Report to the Board as required within the date range for submission.

NOTE: You must have Adobe Acrobat Reader installed to perform the Print function.

Clicking on **Finish** 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.

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. To access the Email Editor, click on the **"Helpdesk"** link to open the BON "Email Editor" portal. Once this portal is opened the Nursing Education Program can directly 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 Nursing Education Program always provide **within the body** of the email message the following contact information: 1) sender's name; 2) program name as approved; 3) email address of sender 4) phone number.

Annual Report PDF

1. When the user clicks on **Print Annual Report**, the screen opens with the populated report.
2. The report can be viewed, printed, or saved.
3. The user can scroll through the report with the navigation buttons at the top of the screen.
4. Please note, a blank annual report can be printed from the Table of Contents.

PENNSYLVANIA STATE BOARD OF NURSING
Nursing Program Annual Report
2006 - 2007 Academic Year

To Nursing Program Administrator/Director/Chairperson/Coordinator:

1. Submit the following required annual data to the State Board of Nursing by October 20, 2007
2. Submit only information for those students enrolled in a program leading to initial licensure.
3. The following information should only be for the period of October 1, 2006 through October 1, 2007
4. Submit a separate Annual Report for each type of nursing education program.

GENERAL NURSING EDUCATION PROGRAM INFORMATION

Please check the Type of Nursing Program:

☐ Practical Nursing   ☐ RN Diploma   ☐ Associate Degree   ☑ Baccalaureate Degree

Please complete the following program information:

Name Of Nursing Education Program	test
College or University Affiliation/Controlling Institution	test
Nursing Education Program Administrator/Director/Chairperson/Coordinator Name & Title	test, Administrator (Interim)
Administrator/Director/Chairperson/Coordinator Telephone Number Including area code and extension (Board office use only)	717-249-1510 Extn: 1234
Nursing Education Program Address	test
City, State, Zip	ALLENTOWN, PA 12345-6789
County	ERIE
Nursing Education Program Telephone Number Including area code and extension	717-111-1212 Extn:
Email Address For Board Office Use Only	Nurse@school.com
Email Address For Public Contact	nurse@school.com
Nursing Education Program Web Site Address	www.nurseschool.edu

Nursing Education Verification (NEV) Forms

Step 1: Accessing the NEV

- Main Page
- Annual Report
- **Clinical Agencies**
  Locate
  New Request
  Edit Request
  View Lists

- **Registration**
  Registration
  Update

- Change Password
- Faculty Form
- Reports
- Print Blank Report
- Annual Report Dates
- **NEV**
  Add/Submit NEV
  Reports

- LogOut

View the left navigation menu and locate the title "**NEV**". Under the "**NEV**" title click the link "Add/Submit NEV". This displays the **Add/Submit NEV** form page with the following information.

1. Program information displayed in a blue box on the top of the screen – this information is populated from the registration page.
2. Data entry fields for the graduates' **NEV** form. (Last Name, First Name, Middle Name, Suffix, Date of Birth, Last 4 digits of the graduates' SSN, Program Completion Date)

Name of Nursing Education Program: Penn State School of Nursing BSN Degree
Location of Program   **City:** UNIVERSITY PARK **State:** PA
Type of Program: RN   **Degree Awarded:** BSN

Last Name*	First Name*	Middle Name	Suffix	Date of Birth*	SSN*	Program Completion Date
Last Name	First Name	Middle Name	▼	mm/dd/yyyy	Last 4 number	mm/dd/yyyy

Step 2: Adding the NEV Form

<u>**RULE**</u>: **The below section guides you to add NEV forms. NEV form information can be ADDED by the Director or their designated staff with access to the eppiccNURSE system. The added NEV forms <u>CAN ONLY BE SUBMITTED</u> by the director using their Director secure/confidential password issued by the Board Office.**

Each NEV requires the following student information. Once completed, click the "**Add Form**" button.

1. **Last Name** - Mandatory
2. **First Name** - Mandatory
3. **Middle Name** - Optional
4. **Date of Birth** - Mandatory
5. **SSN** (Last four numbers of SSN)- Mandatory
6. **Program Completion Date** (Mandatory at the time of submission)

Name of Nursing Education Program: Penn State School of Nursing BSN Degree
Location of Program   **City:** UNIVERSITY PARK **State:** PA
Type of Program: RN   **Degree Awarded:** BSN

Last Name*	First Name*	Middle Name	Suffix	Date of Birth*	SSN*	Program Completion Date	
Last Name	First Name	Middle Name	▼	mm/dd/yyyy	Last 4 number	mm/dd/yyyy	Add Form

Step 2 CONTINUED:

Successful adding of an NEV form will display the message **"NEV Form has been added successfully."**

The added NEV form will appear in a grid below.

☐ Student Name	DOB	SSN	Program Completion Date		
⚠ Adam, Aaron	02/28/1974	1244		Edit	✖
☐ Adam, Daughter	12/12/1985	4321	07/02/2012	Edit	✖

Nursing Education Verification Form RULES:

Rule 1: A warning (⚠) symbol will be displayed next to the saved record in the grid if the **Program Completion Date** is not entered or is a future date.

Rule 2: The Program can add as many NEV forms as needed.

Rule 3: The Program Director's designee can perform the add form function however ONLY the Director can submit the NEVs to the Board.

Rule 4: If data is entered in error, please use the edit feature (explained below) to correct errors, or use the delete (*x*) to delete the incorrect entry to prevent submission of the NEV by the director.

Rule 5: Failing to complete any field will result in an error message.

Rule 6: The added NEV forms UNDERLINE CAN ONLY BE SUBMITTED by the director using their Director secure/confidential password issued by the Board Office.

Step 3: Updating the NEV

If changes are needed for NEV information already entered but **not submitted**, you have the ability to modify the record by performing the following steps:

1) Click the **"Edit"** link besides the record to make the change(s).

2) Make the change in the desired textbox fields and click on the **"Update"** link to save the information. You have the option to **"Cancel"** if you do not wish to make any changes.

Program Director Login, Review, and Submission of NEV Forms

<u>Step 1</u>: Program Director Login

1. If the Director does not have a confidential password, they must contact the nurse board for issuance of a confidential and secure password.
2. This Password is ONLY for the Program Director's use for the submission of students' Nursing Education Verification Forms.
3. On the Login page provide the following information:

   a) Select *User*,
   b) Enter your PA User Login Registration **ID,**
   c) Enter your PA User Login Registration **Password** and,
   d) Enter your Director (eppicNURSE) Password.
   e) Click the "Login" button.

NEV Reports

You have the ability to generate 2 reports:

a) **List of Not Submitted NEV forms** and/or
b) **List of Submitted NEV forms**.

To view these reports perform the following steps:
1) View the left navigation section and locate the title "**NEV**".
2) Under the "**NEV**" title click the link "Reports".

<u>Step 2</u>: Selecting NEV Forms for Submission

1. Click on the box next to the Student Name. The Program Director can select specific records or all records by clicking the check box on the top next to the **<u>Student Name</u>**.
2. Click the **"<u>Review Selection</u>"** button after selecting record(s).

Step 3: Record(s) review

1. Once the Program Director clicks review selection, he/she can review the student(s) information.
2. During the review, if any changes need to be completed on the records, click the **Modify selection** link to return to the screen that allows editing the records.
3. Make the necessary modifications and click the review selection button again.
4. This will provide the number of NEV forms selected for submission.
5. Click on **Proceed to Submit** button once all information is reviewed and determined to be correct.

Name of Nursing Education Program: Montgomery County Community College
Location of Program   City: BLUE BELL   State: PA
Type of Program: RN   Degree Awarded: AD

Number of NEV forms selected: 2   Modify selection

Student Name	DOB	SSN	Program Completion Date
Heather, Weis	03/14/1976	1234	03/31/2011
Peter, Penn	02/14/1962	0032	03/25/2011

Proceed to Submit

Step 4: Affidavit Statement, Electronic signature, and NEV Submission

1) Prior to final submission, the Program Director will be requested to check the box related to the **AFFIDAVIT STATEMENT**.

2) The Director completes the electronic signature field and clicks on the **SUBMIT** button.

Name of Nursing Education Program: Montgomery County Community College
Location of Program   **City:** BLUE BELL **State:** PA
Type of Program: RN   **Degree Awarded:** BSN

Number of NEV forms selected: 2   **Modify selection**

Student Name	DOB	SSN	Program Completion Date
Heather, Weis	03/14/1976	1234	03/31/2011
Peter, Penn	02/14/1962	0032	03/25/2011

Affidavit Statement

- I verify that all information provided is correct and the graduate(s) of this program have completed all program requirements.
- I recognize the final responsibility for submission of the NEV is mine and NOT that of support staff assisting me in entering the information into the eppiccnurse system.
- In the event information is submitted in error to the Board, I will immediately notify the Board Office and follow all required steps for immediate correction of this error.

I certify that all of the above information is correct. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in sanctions of my license or certificate and/or disposition of civil penalties. I understand that a violation of nursing law and/or regulation may result in a civil penalty of up to $10,000.

☐ YES *

"I acknowledge that my typed name in the below box shall have the same legal effect as a handwritten signature."

Nursing Program Administrator's Name   Maria Toth

Submitted Date   4/18/2011

Submit

Step 5: Confirmation of NEV submission

1) On clicking the Submit button, the program director receives the following confirmation message box.
2) The director can choose to;

     a) Click **OK** to final submit the NEV or
     b) Click **CANCEL** and return to the NEV.

Windows Internet Explorer

Are you sure you want to final submit this form (s) since once final submission is done you will not be able to make any changes or corrections? Click OK to submit or Cancel to review.

OK   Cancel
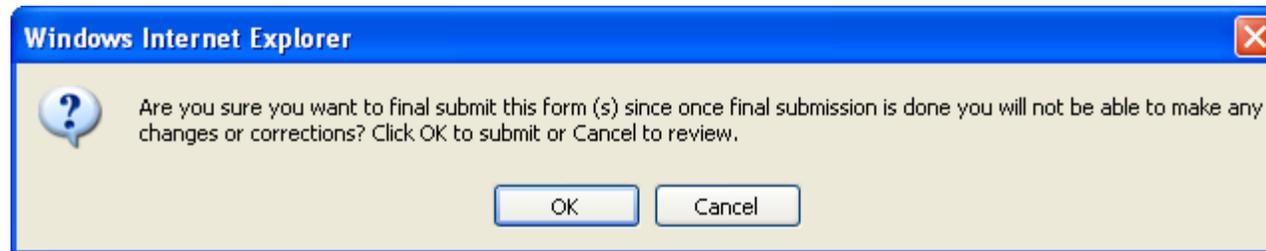
Step 6: Submission acknowledgement from Board Office

1. Once the **OK** button is clicked, the following message will display and an email will be sent to the nursing department contact email and the information can be retained by the program.

Name of Nursing Education Program: Montgomery County Community College
Location of Program   City: BLUE BELL   State: PA
Type of Program: RN   Degree Awarded: AD

Selected NEV Form(s) have been submitted successfully.

Sample email

From: ra-nurse-exam@state.pa.us
To: Petula, Susan
Cc: ST, Nurse-Exam
Subject: Test Email - Nursing Education Verification Submission

Program Name: Montgomery County Community College
Type of Program: RN
Degree Awarded: BSN

The following individual's Nursing Education Verification Form(s) have been successfully submitted to the Board of Nursing:

In the event information is submitted in error the Director is required to immediately notify the Board Office and follow all required steps for immediate correction of this error.

Number of Forms: 2

Student Name	DOB	SSN	Program Completion Date
Heather, Weis	03/14/1976	1234	03/31/2011
Peter, Penn	02/14/1962	0032	03/25/2011

Sincerely,
Nurse Board

Contact Page and Email Editor Function

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

CONTACT & User Guide

eppiccNURSE-Pre-Licensure

> **Email:** For general questions about the Pre-licensure portion of eppiccNURSE, email the helpdesk.
> **User Guide:** To download a copy of the Pre-licensure User Guide, click here.

Note: *You must have Adobe Reader installed to read the document.*

Click on helpdesk to email technical concerns to the Board and this will open the **"Email Editor"** function with the Board email address pre-populated.

To download a copy of the user manual click here.

Clicking on "Helpdesk" opens the BON "EMail Editor" portal. Once this portal is opened the Nursing Education Program can directly 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 Nursing Education Program 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.

EMail Editor

Mail From: *
Mail To: RA-eppiccnurse@state.pa.us   *
Subject: *
Mail Message:

    *

Mail Attachment (If any)

    Browse...
    Browse...

Send Email   Clear   Exit

Reports

Clicking on the Reports link opens the Program's faculty list page (below).
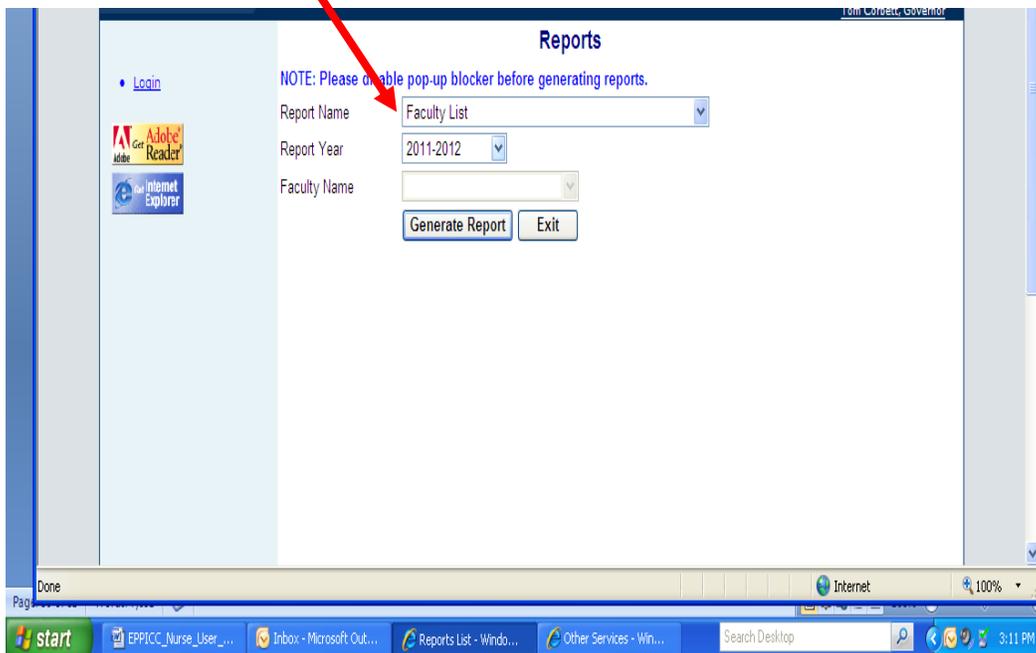
Addendum

Making changes to your PAPowerPort Profile

1. Return to the **PAPowerPort** website by entering http://www.pa.gov in your address bar.
2. Click either **"Customize the PAPowerPort. Click here..."** or **"Login to my PAPowerPort"** located at the top of the screen. The **Site Access** screen will appear.
3. Enter your user ID and password and click on **Login**.
4. The **Customize Right Navigation Bar** screen will appear.

5. On the **Customize Right Navigation Bar** screen, click the link "To change any of your Registration Settings use this link."

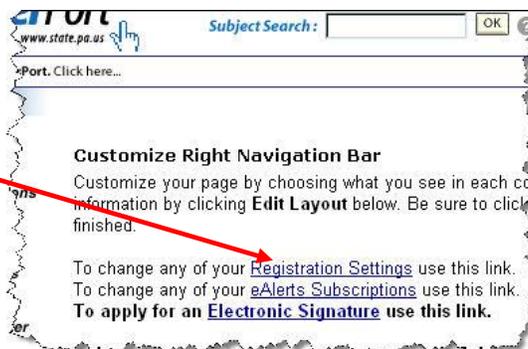This link will populate your **PAPowerPort** registration information. You will see the heading shown below on the screen:

You may now change your password or username or anything else in your profile.

After you have made your corrections, click **Submit** at the bottom of the screen. (To make any changes, click **Reset** and begin again.) If you wish to delete your profile from **PAPowerPort**, click **Delete Profile**. This last action will completely clear your profile from the database.

After you submit your changes, the "Saved" statement appears on the screen. Either click **Log out** in the upper right corner, or type in the link to the **eppiccNURSE Home Page**: http://www.eppiccnurse.pa.gov

Follow the instructions on page 5 *Step 2: Logging in–to eppiccNURSE*
of this guide, to login.

Allowing Popups (Annual Report and Glossary)

Internet Explorer 6.0 Service pack 2

1. From the Tools menu, select Pop-up Blocker proceed to Pop-up Blocker Settings. The Pop-up Blocker Settings window opens.
2. Click in the "Address of Web site to allow:" field, and then enter www.eppiccnurse.pa.gov .
3. Click Add. The selected website is added to the list of Allowed sites.
4. Click Close to close the Pop-up Blocker Settings dialog box.

Safari (Mac OS X)

1. From the Safari menu, ensure the Block Pop-Up Windows option is not checked. Unchecking this option will allow pop-ups.
2. To block pop-ups; check the Block Pop-Up Windows option in the Safari menu. You can use a keyboard shortcut: [Apple key]-K.

Mozilla 1.7.x (Windows/Mac OS X)

1. Open a new Mozilla browser window and navigate to www.eppiccnurse.pa.gov website.
2. From the Tools menu, select "Popup Manager" proceed to "Allow Popups from This Site". The Allowed Web Sites window appears.
3. Click the "Add" button to allow the current website to display pop-up windows.
   Note: Use this method to allow pop-ups for websites, rather than typing the generic main website address, since pages are often redirected to different web addresses.
4. Click "OK". The current website is now enabled for pop-up windows.

Firefox 2.x (Windows/Mac OS X)

1. Open Firefox and navigate to www.eppiccnurse.pa.gov.
2. Highlight the entire web address of the current page, and then choose the Copy command from the Edit menu.
3. Click the "Web Features" icon in the left sidebar.
4. Select "Options..." from the Tools menu, or "Preferences..." from the Firefox menu. A configuration window will open.
5. Click the Content icon
6. Click *Exceptions* beside Block Pop-up Windows
7. Right-click or control-click in the "Address of web site:" field, and then choose Paste. Click "OK". The selected website is added to the list of Allowed Sites.
8. Close any remaining dialogue boxes.