

Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

**INSTRUCTIONS AND INITIAL APPLICATION FOR
PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSES**

Application Fee - \$85.00

Use this application if:

- **You are an Advanced Registered Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse Midwife applying for prescriptive authority in Oklahoma and**
- **You have not been recognized previously in Oklahoma for prescriptive authority.**

The *Initial Application for Prescriptive Authority for Advanced Practice Nurses* form is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.

The *Oklahoma Nursing Practice Act* requires current licensure as a registered nurse and recognition as an advanced practice nurse with prescriptive authority recognition from the Oklahoma Board of Nursing *prior* to prescribing or ordering drugs or medical supplies or identifying oneself as an advanced practice nurse with prescriptive authority recognition. **Please note that prescriptive authority recognition is specific to the advanced practice recognition (ARNP, CNS, or CNM) and the specialty certification held by the advanced practice nurse. Advanced practice nurses with more than one recognition or specialty certification must hold separate prescriptive authority recognitions for each recognition or specialty certification.**

**REQUIREMENTS FOR PRESCRIPTIVE
AUTHORITY RECOGNITION**

Licensure and Advanced Practice Requirements: Approval for prescriptive authority requires current licensure as a registered nurse in Oklahoma and current recognition from the Oklahoma Board of Nursing as an Advanced Registered Nurse Practitioner (ARNP), Certified Nurse Midwife (CNM), or Clinical Nurse Specialist (CNS). The advanced practice nurse must hold a graduate degree at an advanced practice level, or a post-master's certificate at an advanced practice level if the master's degree is in nursing, in order to be eligible for initial application for prescriptive authority. Advanced Practice Nurses with temporary recognition are not eligible for prescriptive authority.

Educational Preparation: The advanced practice nurse applying for initial prescriptive authority recognition must submit documentation verifying completion of 45 contact hours of Category B continuing education or three academic credit hours of education within the last three years immediately preceding the date of receipt of the application for prescriptive authority, which are applicable to the scope of practice, in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness and the restoration and maintenance of health in a program beyond basic nursing preparation. The three year time period may be waived if the applicant has graduated from the advanced practice educational program within a time period of three years

immediately preceding the date of the application for prescriptive authority and submits official documentation from the advanced practice program that verifies integration of didactic and clinical hours in pharmacotherapeutic management content throughout the curriculum.

Continuing education equivalencies used are as follows:

One Contact Hour	=	50 Minutes
One Academic Semester Hour	=	15 Contact Hours
One Academic Quarter Hour	=	12.5 Contact Hours

Category B continuing education is defined in the Rules [485: 10-16-1] as follows:

- i) Onsite Seminar or lecture or workshop or course approved for contact hours, continuing education units or continuing medical education units through a recognized approver of continuing education ; or
- ii) Online continuing education for initial applications must be approved through a recognized approver of continuing education, and includes a minimum of thirty hours obtained from a single provider that is faculty-directed, with processes for interaction of the participant with faculty, evaluating the participant's learning through successful completion of case studies or written assignments and a comprehensive examination using a mechanism to ensure security of the evaluation process.

Please note that only Category A (academic credit hours) or Category B (as defined above) can be used to establish eligibility for prescriptive authority recognition.

Clinical Nurse Specialists applying for prescriptive authority must meet additional requirements, as follows:

- a. Documentation verifying completion of a course in pharmacotherapeutic management applicable to the Clinical Nurse Specialist's specialty area which must be a minimum of two academic credit hours or 30 contact hours of Category B continuing education. All didactic coursework in pharmacotherapeutics must be a prerequisite or co-requisite to the preceptorial experience and verified by official documentation of approval by the academic program that offers the preceptorial experience; **and**
- b. Documentation verifying successful completion of a minimum of 320 clock hours of preceptorial experience in providing direct care including demonstration of prescribing drugs and medicines. The preceptorial experience must be developed, overseen, and approved by an academic program that prepares Clinical Nurse Specialists.

Supervision by a Physician: The applicant for prescriptive authority recognition must document (through submission of an *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* form) supervision by a physician licensed to practice in Oklahoma by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners. Supervision of an advanced practice nurse with prescriptive authority means “overseeing and accepting responsibility for the ordering and transmission by an advanced registered nurse practitioner, a clinical nurse specialist, or a certified nurse midwife of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies, subject to a defined formulary” [59 O.S. § 567.3a.12].

DEA Registration: The advanced practice nurse with prescriptive authority who prescribes Schedule III-V drugs will comply with state and Federal Drug Enforcement Administration (DEA) and Form RS-07

Oklahoma Bureau of Narcotics and Dangerous Drug (OBNDD) requirements **prior to prescribing controlled substances**. Even after receiving DEA and OBNDD registration, the advanced practice nurse may not prescribe Schedule I or II drugs. Schedule III-V drugs may be prescribed for no more than a 30 day supply.

Use of Formulary: The advanced practice nurse with prescriptive authority recognition must refer to the *Exclusionary Formulary for Advanced Practice Nurses with Prescriptive Authority* (#P-50B) to identify medications that may **not** be prescribed or ordered. The current *Exclusionary Formulary* may be reviewed at: www.ok.gov/nursing. Click on the link for “Guidelines” to find the document.

Renewal Requirements: Prescriptive authority must be renewed concurrently with registered nurse and advanced practice recognition renewals in even-numbered years. The advanced practice nurse with prescriptive authority must meet established requirements for continuing education to be eligible for renewal. Please see the *Oklahoma Nursing Practice Act and Rules* for renewal requirements.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. **Completion of application:** Complete the application and affidavit accurately typed or in black ink. You must complete all sections of the application with the same name as the name on your nursing license. Please indicate “NMN” if you do not have a middle name. **You must provide a Social Security number on the application.** This information is mandatory, pursuant to 56 O.S. § 240.21A, for administration of the tax laws of the State of Oklahoma. **You may not use white-out on the application.** You may complete the application form online on our website: www.ok.gov/nursing. When you are finished entering your information, print the completed application form, attach your signed and dated photograph, and take the application to a Notary Public. You must sign the application LEGIBLY in the presence of a Notary Public, using your full legal name.

2. **Arrest, Disciplinary Action, or Judicial Declaration of Mental Incompetence:** If you answer “yes” to the arrest, discipline, or competency questions on the application, you must **submit a signed and dated letter, describing the date, location and circumstances of the incident, and the resulting action taken by the court or disciplinary board.** If you have more than one incident you are reporting, you must speak to every case/charge that has been filed. If you have reported a history of arrest, conviction, or a deferred sentence, you must submit **certified copies of the Information Sheet** (a brief summary of the incident prepared by the court), **Charges** (a listing of the charges brought against you), **Judgment and Sentencing** (findings of the court and sentence imposed), **and verification that sentencing requirements are complete.** Certified copies are copies of court records obtained from the courthouse in the county/state where the action occurred, dated and signed by the court clerk, and affixed with the court seal. If the offense has been expunged, please submit a certified copy of the Order of Expungement. You may obtain these documents from the courthouse in the county or in the federal court of the district in which the court action occurred. Internet court documents (such as OCIS case reports) and faxed records will not be accepted. **Please note that you must report all arrests and/or charges that have been brought against you.**

If you have reported a history of discipline on another nursing or health-related license, certificate, or recognition, please request that a certified copy of the Board order be submitted directly to the Board office. If you have reported a history of judicial declaration of

incompetence, please contact the Board office for further instructions. This information should accompany your application and fee. Please note that arrests, disciplinary action, and judicial declaration of incompetence that have previously been reported in writing to the Board do not have to be reported again.

3. ***Evaluation of Advanced Practice Credentials:*** Please complete the section on educational credentials accurately and completely. You must request that **an official transcript with verification of a master's or higher degree in nursing be submitted**, unless the official transcript was previously submitted for advanced practice recognition. If your advanced practice education was in a post-master's certificate program, you must submit an official transcript with your master's degree in nursing. In addition, you must submit a **current legible copy of your national certification card**.

4. ***Evaluation of Educational Preparation for Prescriptive Authority:*** Please submit the following documentation verifying 45 contact hours of Category B continuing education or three academic credit hours of education, or the equivalent, applicable to your specialty area of practice, in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health:
 - a. An official transcript and the course description from an institution of higher learning verifying a minimum of three academic credit hours in a pharmacotherapeutics course beyond basic nursing preparation.
 - b. Copies of certificates of completion (verifying date of completion, target audience, name of course, name of licensee, number of contact hours, and name of the recognized approver of continuing education) and course objectives verifying a minimum of 45 contact hours of onsite seminars, lectures, workshops, or courses approved for contact hours, continuing education units or continuing medical education units through a recognized approver of continuing education.

If you do not submit sufficient supporting documentation to verify your pharmacology education was applicable to your specialty area of practice, processing time will be delayed.

Clinical Nurse Specialists must additionally submit an official transcript verifying completion of a course in pharmacotherapeutic management applicable to the Clinical Nurse Specialist's specialty area which must be a minimum of two academic credit hours or 30 contact hours of Category B continuing education, **and** successful completion of a minimum of 320 clock hours of preceptorial experience in providing direct care including demonstration of prescribing drugs and medicines. The preceptorial experience must be developed, overseen, and approved by an academic program that prepares Clinical Nurse Specialists. Written verification of university approval of the course and oversight of the preceptorial experience must be submitted directly from the university.

5. ***Agreement for Physician Supervising Advanced Practice Prescriptive Authority:*** Authorize the physicians who will be supervising your prescriptive authority to complete and notarize the *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* form and submit the completed agreement(s) with your application. You must have a supervising physician agreement form on file for all physicians who are supervising your prescriptive authority. If any of your supervising physicians change or discontinue their agreement with you, you must notify the Board in writing **within 30 days of the change**, using the *Change in Physician(s) Supervising Advanced Practice Prescriptive Authority* form. Incomplete agreements or agreements with white-out will be returned to the applicant without review.

Please note: Supervising physicians must have a current Oklahoma M.D. or D.O. license and registrations from the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) and the Drug Enforcement Agency (DEA). Additionally, the supervising physician should contact the Oklahoma State Board of Medical Licensure and Supervision (MD's) or the Oklahoma State Board of Osteopathic Examiners (DO's) for the Rules governing physicians supervising advanced practice nurses with prescriptive authority.

6. **DEA and OBNDD Registration:** The advanced practice nurse with prescriptive authority who prescribes Schedule III-V drugs will comply with state and Federal Drug Enforcement Administration (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drug (OBNDD) requirements prior to prescribing controlled substances. Please complete the affidavit provided on the application form. The Oklahoma Board of Nursing must be notified immediately in writing when DEA and OBNDD registration is received. If either the OBNDD or the DEA registration lapses or is otherwise in an inactive status, the advanced practice nurse must immediately notify the Oklahoma Board of Nursing and cease prescribing Schedule III-V drugs.
7. **Submission of Fee:** Submit the required fee in the form of \$85.00 in the form of a personal check, money order, or certified check. Applications received without the required fee will be returned without review.

GENERAL INFORMATION

You are required to notify the Board in writing of any address changes within 30 days of the change. This notification must be signed and submitted in person, by mail, online, or by facsimile.

Your application to the Board for licensure is valid for one year after receipt. After that time, a new application and fee must be submitted. Please allow 14 days processing time from the date of receipt of your completed application in the Board office. Applications are processed in the order they are received. Repeated telephone calls will delay, rather than facilitate, the processing of your application. Please avoid calling the Board office to check on the status of your application until at least 14 days have passed since the date of receipt of your completed application in the Board office. **Fees submitted are not refundable.**

If it is necessary to submit additional information/documents after your application is received, please attach the form titled "Information to be Added to the Application" to the document (see page 13). If the document is coming directly from another individual or entity, please provide the form to that individual or entity. This will help to ensure the document is added to your application file without delay.

COMMON MISTAKES THAT DELAY APPLICATION PROCESSING

Common mistakes that delay the processing of your application include failure to:

- **Answer all application questions completely, or using white-out on the application**
- **Provide a Social Security number**
- **Provide the full name under which you were licensed (with the notation “NMN” if there is no middle name)**
- **Provide your RN license number**
- **Sign the application with the full legal name in the presence of a Notary Public, or signing illegibly**
- **Submit a current notarized national certification card in the area of your advanced practice specialty**
- **Submit required documentation of advanced practice education in pharmacotherapeutics**

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APPLICATION FOR PRESCRIPTIVE AUTHORITY FOR ARNP, CNS, AND CNM

Type or legibly print in black ink.

SECTION I: APPLICANT INFORMATION

Check One: ARNP CNM CNS

I HEREBY MAKE APPLICATION FOR PRESCRIPTIVE AUTHORITY AS AN ADVANCED PRACTICE NURSE IN ACCORDANCE WITH THE STATUS OF THE STATE OF OKLAHOMA (O.S. 567.3). PLEASE TYPE OR/PRINT IN BLACK OR DARK BLUE INK ONLY.

Social Security # _____ Birth Date: _____ mm dd yy OK RN License Number _____

Name on License _____
First Middle or Maiden Last

Mailing Address: _____
Box number or Street Address

_____ City _____ State _____ Zip _____ (____) _____ Telephone

OK License Pending? Yes No

SECTION II: ADVANCED PRACTICE CERTIFICATION AND EMPLOYMENT

Name of national certification _____

National certifying body: _____

List name and address of employer, your position title and date of employment

_____ Name of employer _____ Address

_____ Name of Supervisor _____ Supervisor's Telephone Number

_____ Position Title _____ Last date worked

Do you hold prescriptive authority in any other state? Yes No

If yes, please list states _____

SECTION V: HISTORY OF ARREST, DISCIPLINARY ACTION, OR DECLARATION OF INCOMPETENCE

1. Have you ever been arrested in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations, not previously reported in writing to this Board? Yes No
2. Have you ever been convicted of any offense in any state, territory, or country, including expunged Offenses, with the exception of minor traffic violations, not previously reported in writing to this Board? Yes No
3. Have you ever received a deferred sentence, for any offense in any state, territory, or country, Including expunged offenses, not previously reported in writing to this Board? Yes No
4. Have you ever been convicted of a felony in any state, territory, or country, not previously reported In writing to this Board? Yes No
5. Have you ever had disciplinary action taken against your nursing license, recognition, or certificate; any health-related license, recognition, or certificate, or any application for a nursing or health-related license, or certificate in any state, territory or country, not previously reported in writing to this Board? Yes No
6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported in writing to the Board? Yes No

If any answer to any question #1 through #4 is yes, please submit a letter of description and certified copies of the Information Sheet, Charges, Judgment and Sentence, and verification of completion of sentencing terms; or a certified copy of the Order of Expungment. If you answered yes, to question #5, please submit a letter of description and certified copies of charges/complaints, findings of facts, and order of the Board. If you answered yes to question #6, please submit a letter of description and a certified copy of the Court Order.

VI: APPLICANT'S STATEMENT

Please check each of the following to verify your understanding:

- I understand that I must complete all questions on the application form, typed or printed in black or dark blue ink, with no white-out.
- I understand that I must legibly sign the application using my full legal name in the presence of a Notary Public.
- I understand I must attach a personal check, cashier's check or money order for \$85.00 to my application form prior to submission.
- I understand that I must complete the section on education credentials to include all education to be reviewed for eligibility for prescriptive authority and attached or have mailed to the Board office documentation to support education credentials.
- I understand that I must submit a completed *Agreement for Physician Supervising Prescriptive Authority* for each of the physicians with whom I have an agreement. I understand that I must have at least one supervising physician to have active prescriptive authority.
- I understand that I must submit a current copy of my national certification/re-certification card.
- I understand that I must request that my advanced practice educational program submit an official transcript to include the conferral date of the degree, unless the official transcript is already on file at the Board office.
- I understand that if I am a Clinical Nurse Specialist, I must include supporting documentation of all three of the following initial prescriptive authority requirements.
 - 45 contact hours or 3 credit hours of pharmacology completed within the last three years.
 - 30 contact hours or 2 credit hours prerequisite/co-requisite courses at the advanced practice level in pharmacotherapeutics applicable to my specialty area of practice and approved by the university offering the preceptorial experience.
 - 320 clock hour preceptorial experience.

AFFIDAVIT

Sign full name legibly – No initials – DO NOT PRINT – If no middle name, indicate “NMN”

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure and/or recognition

I agree to contact my supervising physician(s) for consultation and referral as appropriate in relationship to prescriptive practices. I also agree to advise the Oklahoma Board of Nursing immediately in writing of receipt of my Drug Enforcement Agency (DEA) registration. I further agree to notify the Board office of any changes in this written agreement in writing within 30 days of the change in the written statement between myself and the physician(s) supervising prescriptive authority which shall be effective on filing. I agree to maintain current advanced practice recognition and national certification.

Signature of Applicant

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by comparing the applicant's signature made in the presence on this form with the signature of his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, _____.

Notary Public Signature: _____

My Commission expires: _____

AFFIDAVIT

Supervision of advanced practice nurses with prescriptive authority means overseeing and accepting responsibility for the ordering and transmission of written, telephonic, electronic or oral prescriptions for drugs and other medical supplies, subject to a defined formulary [O.S. 567.3a(11) and (12)].

I, _____ agree to supervise the prescriptive authority practice of
Name of supervising physician

_____ effective _____. I further agree to be available for
Name of advanced practice nurse Date

consultation, collaboration, assistance with medical emergencies, and patient referral through direct contact, telecommunications or other appropriate electronic means. I am not in training as an intern, resident or fellow. I have reviewed the Exclusionary Formulary approved by the Oklahoma Board of Nursing. I agree to remain in compliance with the Rules and Regulations promulgated by the Oklahoma State Board of Medical Licensure and Supervision (for MDs) or Oklahoma State Board of Osteopathic Examiners (for DOs). Further, I certify that the statements contained in this Agreement are true and correct.

Signature of Physician _____ MD/DO
(Circle One)

Subscribed to and sworn before me, this _____ day of _____, 2_____.

Commission Expires

Notary Public

(SEAL)

INFORMATION TO BE ADDED TO APPLICATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME ON APPLICATION _____

TYPE OF APPLICATION ON FILE (Please check one):

- _____ Application or Rewrite Application for Licensure by Examination
- _____ Application for Licensure by Endorsement
- _____ Application for Reinstatement of a License, Certificate or Recognition
- _____ Application for Renewal of a License, Certificate or Recognition
- _____ Application for Advanced Practice or Prescriptive Authority Recognition
- _____ Other: _____

------(DETACH HERE)-----

INFORMATION TO BE ADDED TO APPLICATION

DATE _____ SOCIAL SECURITY NUMBER _____

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- _____ Other: _____