

**REINSTATEMENT OR RETURN TO ACTIVE STATUS OF
PRESCRIPTIVE AUTHORITY RECOGNITION
INSTRUCTIONS AND APPLICATION**

Application fee = \$80.00 for reinstatement of prescriptive authority recognition only
Application fee for reinstatement of APN and prescriptive authority recognition = \$120.00
Application fee for reinstatement of license, APN recognition, and prescriptive authority = \$195.00

Use this application if:

- You have previously held prescriptive authority recognition for the same advanced practice recognition in Oklahoma; and
- Your prescriptive authority recognition is currently lapsed, inactive, suspended, voluntarily surrendered, or revoked.

Applications for return to active or reinstatement of prescriptive authority recognition must have a current Oklahoma RN license, certificate of recognition as an Advanced Practice Nurse, and current national certification.

Advanced practice nurses without valid prescriptive authority recognition are hereby notified to cease prescribing immediately until valid prescriptive authority recognition has been obtained. **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.** Prescribing drugs and medical supplies without a valid prescriptive authority recognition is considered in violation of the provisions of the *Oklahoma Nursing Practice Act*.

You may obtain a copy of the current *Exclusionary Formulary* on the Board's website: www.ok.gov/nursing. Click on the link to Practice/Advanced Practice to download a copy.

**REQUIREMENTS FOR REINSTATING OR RETURNING
YOUR PRESCRIPTIVE AUTHORITY RECOGNITION
TO ACTIVE STATUS**

Submission of an application and fee: You must submit a completed application, using a current application form. The application for reinstatement/return to active status of prescriptive authority recognition must be approved within three years of the expiration date of recognition or date the prescriptive authority was placed on inactive status; otherwise, you must meet current requirements for initial prescriptive authority recognition.

Verification of current Oklahoma licensure and advanced practice recognition: You must possess a current Oklahoma license to practice as a Registered Nurse and current recognition as an advanced practice nurse.

Review of criminal and licensure history: Applicants for reinstatement/return to active status of advanced practice recognition who have ever been arrested for or convicted of any offense, including a deferred sentence or expunged offense; **or** have ever had disciplinary action taken against another health-related license, recognition, or certification; **or** have ever been judicially declared incompetent are required to notify the Oklahoma Board of Nursing in writing, if the incident has not previously been reported in writing to the Board. Failure to report such action is a violation of the *Oklahoma Nursing Practice Act*.

Current Supervising Physician Agreements: An *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* must be submitted with the application for each physician listed on the application.

Current Continuing Education in Prescribing: The advanced practice nurse must have current education appropriate to their clinical specialty area in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation.

Current 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 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.

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 **using your name as it appears on your license card**. If you have had a name change since your license has not been in an active status, you must submit a *Name Change Request Form* and the required supporting documentation with the application. You may obtain the *Name Change Request* form on our website, by clicking on the link to “Forms”.

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 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. **Submission of fee:** Submit the application with the required fee (**\$80.00 total fee** = \$40.00 for renewal of recognition and \$40.00 processing fee for reinstatement or return to active status). The fee may be paid in the form of cash, a personal check, certified check or money order. If you are also reinstating your APN recognition, the fee is \$120.00. If

your nursing license is also lapsed, the total fee is \$195.00. Please note that separate applications must be completed to reinstate the nursing license, APN recognition, and prescriptive authority.

3. **Agreements with supervising physicians:**

An *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* must be submitted for your Oklahoma-licensed supervising physicians. The completed agreements must accompany the application.

4. **Educational Requirements for Reinstatement/Return to Active Status of Prescriptive Authority:**

A. Complete the section on educational experience in pharmacology to include all education being submitted for evaluation. You may attach additional pages if needed. Attach a photocopy of course content, including the course title, description, and objectives, and verification of your successful completion of educational requirements (such as a certificate of completion or transcript), and submit to Board office with required fees.

B. **Initial Educational Requirements** (Must be met **if the prescriptive authority recognition has been lapsed or inactive for three years or more** prior to receipt of a completed application in the Board office)

i. Three academic credit hours or 45 contact hours (obtained within the 3 years immediately preceding application for reinstatement of prescriptive authority).

ii. In addition to the above, Clinical Nurse Specialists must submit:

a. Documentation verifying completion of a course in pharmacotherapeutic management applicable to the specialty area which must be a minimum of two academic credit hours or 30 contact hours of Categories A or B continuing education categories. All didactic coursework in pharmacotherapeutics must be a prerequisite or co-requisite to the preceptorial experience verified by official documentation of approval by the academic program that offers the preceptorial experience.

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 CNSs.

C. **Educational Requirements for reinstatement or return to active status if the status has been lapsed or inactive for less than three years are the same as for renewal:** One academic credit hour or 15 contact hours obtained within the two year period immediately preceding the effective date of application for renewal of prescriptive authority.

D. Education shall be appropriate to your clinical specialty area and include pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation. **Please note that ACLS, PALS, and CPR courses do not meet the requirements for advanced practice prescriptive authority.** There are several methods of obtaining educational credits. **Acceptable methods for obtaining the required education are defined by category and the maximum number of credits accepted for each category is identified in the following table:**

<u>MAXIMUM CREDITS ALLOWED FOR</u>	<u>INITIAL</u>	<u>RENEWAL</u>
CATEGORY A: Academic Credit: Evidence of completion of coursework in pharmacotherapeutics appropriate for advanced practice nurses.	Up to 100% (3 credit hours)	Up to 100% (1 credit hour)
CATEGORY B: Onsite seminar, lecture, workshop, or course, approved for contact hours, continuing education units, or continuing medical education units by a recognized approver of continuing education. Evidence of attendance at an approved pharmacotherapeutic offering appropriate for advanced practice nurses.	Up to 100% (45 contact hours)	Up to 100% (15 contact hours)
CATEGORY C: Online seminars or workshops, or articles in professional journals or other professional references approved for contact hours, continuing education units, or continued medical education units by a recognized approver of continuing education: Evidence of satisfactory performance on an online seminar, workshop, or article related to pharmacotherapeutic continuing education appropriate for advanced practice nurses.	0%	Up to 100 (15 contact hours)
CATEGORY D: Published article in refereed journal, book, or research project. Evidence of publication of one article related to pharmacotherapy appropriate for advanced practice nurses. These will be evaluated on a case-by-case basis.	0%	Up to 20% (3 contact hours)
CATEGORY E: Presenter/Lecturer. Evidence of providing content related to pharmacotherapeutics at an advanced practice level. The presentation / lecture must be approved for contact hours or offered as part of an academic course with a target audience of advanced practice nurses.	0%	Up to 20% (3 contact hours)

F. Continuing Education Equivalences

i.	One continuing education unit (CEU)	=	10 contact hours
ii.	One contact hour	=	.1 CEU
iii.	One contact hour	=	50 minutes
iv.	One academic semester hour	=	15 contact hours
v.	One academic quarter hour	=	12.5 contact hours
vi.	One continuing medical education unit	=	60 minutes or 1.2 contact hours
vii.	One clock hour	=	60 minutes
viii.	One contact hour	=	50 minutes

5. **Notarized copy of national certification card**

Enclose a **notarized copy** of your current national certification/re-certification card from the national certifying body. Current national certification in the specialty area at an advanced practice level which is recognized by the Board is required. In order to change or add an area of specialty and national certification, you must meet initial requirements for advanced practice recognition, which requires submission of a new application. If you wish to change to a different certifying body **within the same specialty area**, please attach a letter of notification with the effective date of the change.

6. If you answer “yes” to the arrest, discipline, or competency questions on the application and you have not previously reported this in writing to the Oklahoma Board of Nursing, you must **submit a letter with your signature, describing the date, location and circumstances of the incident, and the resulting action taken by the court or disciplinary board**. If you have reported a history of arrest, conviction, or a deferred sentence, you must submit **certified copies of the Information Sheet, Charges, Judgment and Sentencing, and verification that sentencing requirements are complete**. If the offense has been expunged, please submit a certified copy of the Order of Expungment. 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 an OCIS case report) will not be accepted. If you have reported a history of discipline on another nursing or health-related license, certificate, or recognition, please submit a certified copy of the Board order. If you have reported a history of judicial declaration of mental incompetence, please contact the Board office for further instructions. This information should accompany your application and fee.

GENERAL INFORMATION

You are required to notify the Board in writing of any address changes occurring during the application process. This notification must be signed and submitted in person, by mail, 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.**

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 continuing education**

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524

Oklahoma City, OK 73106

(405) 962-1800

***APPLICATION FOR REINSTATEMENT OR RETURN TO ACTIVE STATUS
OF PRESCRIPTIVE AUTHORITY RECOGNITION***

MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

I hereby make application to reinstate or return to active status my prescriptive authority recognition in accordance with the statutes of the State of Oklahoma (59 O.S. 567.3a).

SECTION I: APPLICANT INFORMATION

ARNP CNM CNS

OK License Number _____

Social Security # _____ - _____ - _____

Name as it appears on license: (3 Full Names) _____

Mailing Address: _____
Box number or Street Address

_____ Telephone Number (____) _____
City State Zip

Email Address _____ Birth Date ____mm ____dd ____yyyy

SECTION II: ADVANCED PRACTICE CERTIFICATION AND EMPLOYMENT

Name of advanced practice specialty certification held for which prescriptive authority is being requested:

Name of national certifying body: _____

Certification number: _____ Expiration date of certification: _____

Have you prescribed any medications in Oklahoma since you placed your prescriptive authority on inactive or your prescriptive authority lapsed? Yes No

Will you be prescribing Schedule III-IV drugs? Yes No
If yes, please provide your DEA number _____.

If yes, but DEA number has not yet been obtained, please remember that you must obtain DEA and OBNDP registration prior to prescribing controlled substances and provide written confirmation of the DEA number to the Oklahoma Board of Nursing.

Name of Physician(s) supervising Prescriptive Authority:

_____	MD/DO (Circle One)
_____	MD/DO (Circle One)
_____	MD/DO (Circle One)
_____	MD/DO (Circle One)
_____	MD/DO (Circle One)

Please attach an Agreement for Physician Supervising Advanced Practice Prescriptive Authority for each supervising physician listed.

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

1. Have you ever been arrested for 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? (Minor traffic violations do not include DUI.) 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 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, recognition, 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 this 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, or a certified copy of the Order of Expungement. If you answered yes to question #5, please submit a letter of description and certified copies of charges/complaints, findings of fact, and orders of the Board. If you answered yes to question #6, please submit a letter of description and a certified copy of the Court Order.

Educational Experience in Pharmacology

Please list all education in pharmacology that you wish to have evaluated as meeting the requirements for prescriptive authority. **It is not acceptable to state "See Attached"**. Attach or make arrangements to have mailed to the Board office documentation that supports the education, as described in the application instructions.

DATE	TITLE OF EDUCATIONAL ACTIVITY	NAME OF CONTINUING EDUCATION PROVIDER	IDENTIFY CATEGORY A, B, C, D, OR E	# OF CONTACT HOURS/ACADEMIC HOURS

TOTAL NUMBER CONTACT HOURS = _____

TOTAL NUMBER ACADEMIC HOURS = _____

SECTION IV: 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 in black 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 \$80.00 to my application form prior to submission.
- I understand that if I answer "yes" to any question from #1 through #6, I must attach an original letter of description with my signature and certified copies of court records or the Board order.
- I understand that if the reinstatement of my prescriptive authority recognition is not approved within three years of the lapse/inactive status, I must meet the current requirements for initial prescriptive authority recognition.
- I understand that I must hold a current Oklahoma license to practice as a Registered Nurse and a current advanced practice recognition to obtain prescriptive authority recognition.
- I understand that I must submit a separate advanced practice reinstatement to reinstate my advanced practice recognition (if applicable).
- I understand that the section on educational credentials must be completed and the appropriate documentation submitted for review of continuing education or academic hours.
- I understand that a supervising physician agreement must be submitted for all physicians I have listed.
- I understand that I must attach a notarized copy of my current national certification/recertification card.

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

(SEAL)

Notary Public