

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

## INSTRUCTIONS AND INITIAL APPLICATION FOR PRESCRIPTIVE AUTHORITY FOR THE ADVANCED PRACTICE REGISTERED NURSE

*Application Fee - \$85.00*

Use this application if:

- You are a Certified 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 Registered 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 as an Advanced Practice Registered 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 Registered Nurse with prescriptive authority recognition. **Please note that prescriptive authority recognition is specific to the advanced practice recognition (CNP, CNS, or CNM) and the specialty certification held by the Advanced Practice Registered Nurse. An Advanced Practice Registered Nurse with more than one advanced practice license or specialty certification must hold a separate prescriptive authority recognition for each advanced practice license or specialty certification.**

## REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY RECOGNITION

***Licensure and Advanced Practice Requirements:*** Approval for prescriptive authority requires current licensure in Oklahoma as a Registered Nurse and as a Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), or Clinical Nurse Specialist (CNS). The Advanced Practice Registered 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.

***Educational Preparation:*** The Advanced Practice Registered 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 (Category A) 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 A education consists of academic credit hours at the advanced practice level earned in a college or university. Category B continuing education is defined in the *Rules of the Oklahoma Board of Nursing* [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 education earned in Category A or Category B 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 Registered Nurse with prescriptive authority means “overseeing and accepting responsibility for the ordering and transmission by a Certified 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 Registered 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**. Even after receiving DEA and OBNDD registration, the Advanced Practice Registered 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 Registered 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](http://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 renewals in even-numbered years. If you are applying for initial prescriptive authority recognition within 90 days prior to the expiration date of your license, you must renew your license prior to the date the prescriptive authority recognition is granted. The Advanced Practice Registered 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.

**Review of criminal history:** Applicants for prescriptive authority recognition who have ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pleaded guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or requested to appear before any prosecuting attorney or investigative agency in any matter; **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 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*.

## INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. ***Completion of application:*** Complete the application and affidavit accurately typed or in black or blue 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 correction fluid on the application.** When you are finished entering your information, print the completed application form and sign the application LEGIBLY, using your full legal name.

The application may also be completed and submitted online on our website: [www.ok.gov/nursing](http://www.ok.gov/nursing). Click on the link for “Online Applications”.

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 statement on the application form, 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 being summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pleaded guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or being requested to appear before any prosecuting attorney or investigative agency in any matter, you must submit **certified copies of the Information Sheet** (brief summary of the incident prepared by the court), **Affidavit of Probable Cause, Charges** (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/city where the action occurred, dated and signed by the court clerk, and affixed with the court seal. You may obtain these documents from the courthouse in the county/city 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 mental incompetence, please contact the Board office for further instructions. **This information should accompany your application and fee, unless you previously reported this information to the Oklahoma Board of Nursing in writing.**

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 graduate degree from an advanced practice**

**program be submitted**, unless the official transcript was previously submitted for advanced practice license. 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.

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 Category A 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. **For Category A education:** 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;
  - or
  - b. **For Category B education:** 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 correction fluid 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 (OBND) 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 OBND Registration:*** The Advanced Practice Registered 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 (OBND) 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 OBND registration is received. If either the OBND or the DEA registration lapses or is otherwise in an inactive status, the Advanced Practice Registered Nurse must immediately notify the Oklahoma Board of Nursing and cease prescribing Schedule III-V drugs.
7. ***Submission of Fee:*** Submit the required fee 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 recognition 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 attached form). 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.

In accordance with Oklahoma law (59 O.S. §567.7 (E)) , the Executive Director shall suspend the license or certificate of a person who submits a check, money draft, or similar instrument for payment of a fee which is not honored by the financial institution named. The suspension becomes effective ten (10) days following delivery by certified mail of written notice of the dishonor and the impending suspension to the person's address on file. Upon notification of suspension, the person may reinstate the authorization to practice upon payment of the fees and any and all costs associated with notice and collection. The suspension shall be exempt from the Administrative Procedures Act.

## **COMMON MISTAKES THAT DELAY APPLICATION PROCESSING**

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

- **Answer all application questions completely**
- **Provide a legible application with no correction fluid used**
- **Provide a Social Security number**
- **Provide the full name under which you were licensed (with the notation "NMN" if there is no middle name)**
- **Sign the application with the full legal name, or signing illegibly**
- **Submit required documentation of advanced practice education in pharmacotherapeutics**
- **Provide a complete description and documentation related to criminal charges, disciplinary action, or judicial declaration of incompetence**

**OKLAHOMA BOARD OF NURSING**

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***APPLICATION FOR PRESCRIPTIVE AUTHORITY FOR THE CNP, CNM, AND CNS***

**TYPE OR PRINT IN BLACK OR BLUE INK ONLY – DO NOT USE CORRECTION FLUID**

**I hereby make application for prescriptive authority as an Advanced Practice Registered Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. §567.3a).**

**SECTION I: APPLICANT INFORMATION**

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**This information is mandatory, pursuant to 56 O.S. § 240.21A, MM DD YYYY  
for administration of the tax laws of the State of Oklahoma.**

Name on nursing license: \_\_\_\_\_  
First Middle or Maiden Last

My mailing address is: \_\_\_\_\_  
Box number or Street Address

\_\_\_\_\_ City State Zip

Telephone (Day) (\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION II: CERTIFICATION AND EMPLOYMENT**

Name of certification \_\_\_\_\_

Certifying body \_\_\_\_\_

Certification number \_\_\_\_\_ Certification Expiration Date \_\_\_\_\_

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip

Telephone number \_\_\_\_\_ Position Title \_\_\_\_\_

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

If yes, please list state(s): \_\_\_\_\_  
\_\_\_\_\_

**SECTION III: ADVANCED PRACTICE AND PHARMACOLOGY EDUCATION**

Name of advanced practice educational program \_\_\_\_\_

Location \_\_\_\_\_ Date of Completion \_\_\_\_\_  
 City State MM/YYYY

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. Please attach an additional page if more space is needed.

DATE OF CE ACTIVITY	TITLE OF CE ACTIVITY	NAME OF CE PROVIDER	TYPE OF EDUCATION (ACADEMIC OR CEU)	# OF CONTACT OR ACADEMIC HOURS	OBN STAFF REVIEW

TOTAL NUMBER CONTINUING EDUCATION UNITS/ACADEMIC CREDIT HOURS = \_\_\_\_\_

**SECTION IV: SUPERVISING PHYSICIAN INFORMATION**

Supervising physician(s) \_\_\_\_\_ MD DO  
 Name (Circle one)

\_\_\_\_\_ MD DO  
 Name (Circle one)

\_\_\_\_\_ MD DO  
 Name (Circle one)

\_\_\_\_\_ MD DO  
 Name (Circle one)

Will you be prescribing Schedule III – V drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, you must notify the Board when DEA registration is received.



**SECTION 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 correction fluid. 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 attach or have mailed to the Board office documentation to support education credentials.
  
- \_\_\_\_\_ I understand that I must submit a completed *Agreement for Physician Supervising Advanced Practice 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 hold prescriptive authority.
  
- \_\_\_\_\_ 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 I can only prescribe medications consistent with my advanced practice specialty certification.
  
- \_\_\_\_\_ I understand that, if I answer "yes" to any question regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence, I must attach certified copies of court records or the Board Order.
  
- \_\_\_\_\_ I understand that if I am a Clinical Nurse Specialist, I must include additional documentation as described in the application instructions.

**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 any and all accompanying documents prepared by me, 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, certification, and/or recognition.

**Signature of Applicant:**

\_\_\_\_\_

**Print full legal name in the space below:**

\_\_\_\_\_

**FIRST**

**MIDDLE**

**LAST**

\_\_\_\_\_

**DATE**



AFFIDAVIT

Supervision of Advanced Practice Registered 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 Registered 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 Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_

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

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- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_

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

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- \_\_\_\_\_ Application for Renewal of a License, Certificate or Recognition
- \_\_\_\_\_ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- \_\_\_\_\_ Other: \_\_\_\_\_