

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)

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

*Application fee = \$80.00*

**Use this application if:**

- You have previously held prescriptive authority recognition for the same advanced practice license 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 current Oklahoma licensure as a Registered Nurse and as an Advanced Practice Registered Nurse (CNP, CNS, or CNM), and current national certification.

Advanced Practice Registered Nurses (APRNs) 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 Registered Nurse license (CNP, CNS, or CNM) and the specialty certification held by the Advanced Practice Registered Nurse. Advanced Practice Registered Nurses with more than one APRN license or specialty certification must hold separate prescriptive authority recognitions for each APRN license 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](http://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 and advanced practice licensure:** You must possess current Oklahoma licenses to practice as a Registered Nurse and as an Advanced Practice Registered Nurse. You must hold current certification in your advanced practice specialty area.

**Renewal Requirements:** Prescriptive authority must be renewed concurrently with Registered Nurse and Advanced Practice Registered Nurse renewals in even-numbered years. If you are applying for reinstatement of your prescriptive authority recognition within 90 days prior to the expiration date of your license, you must renew your license prior to the date the reinstatement of the prescriptive authority recognition is granted.

**Review of criminal and licensure history:** Applicants for reinstatement/return to active status of 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; **and/or** have ever had disciplinary action taken against another health-related license, recognition, certification, or application; **and/or** are currently under investigation; **and/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 Registered 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. These educational requirements may be met as follows:

- A. **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, the applicant must meet requirements for initial prescriptive authority recognition.** The requirements for initial prescriptive authority recognition are:
  - i. Three academic credit hours or 45 contact hours of Category A or B education (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.

**B. If the prescriptive authority recognition has been lapsed or inactive for less than three years, the applicant must meet the same education requirements as are in place for renewal of the prescriptive authority.** The requirements for renewal of prescriptive authority are: One (1) academic credit hour or 15 contact hours of continuing education obtained within the two year period immediately preceding the effective date of the application.

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:**

MAXIMUM CREDITS ALLOWED FOR	INITIAL	RENEWAL
<b>CATEGORY A:</b> Academic Credit: Evidence of completion of coursework in pharmacotherapeutics appropriate for Advanced Practice Registered Nurses.	Up to 100% (3 credit hours)	Up to 100% (1 credit hour)
<b>CATEGORY B:</b> (i) 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; (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. .	Up to 100% (45 contact hours)	Up to 100% (15 contact hours)
<b>CATEGORY C:</b> 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 Registered Nurses.	0%	Up to 100 (15 contact hours)

<b>CATEGORY D:</b> Published article in refereed journal, book, or research project. Evidence of publication of one article related to pharmacotherapy appropriate for Advanced Practice Registered Nurses. These will be evaluated on a case-by-case basis.	0%	Up to 20% (3 contact hours)
<b>CATEGORY E:</b> 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 Registered Nurses.	0%	Up to 20% (3 contact hours)

- F. Continuing Education Equivalences
- i. One contact hour = 50 minutes
  - ii. One academic semester hour = 15 contact hours
  - iii. One academic quarter hour = 12.5 contact hours

**Current 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 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.

<b>INSTRUCTIONS FOR COMPLETION OF THE APPLICATION</b>
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- Completion of application:** Complete the application and affidavit accurately, typed or in black or blue 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 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”.

- 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 your nursing and advanced practice licenses are not in an active

status, separate applications must be completed to reinstate the nursing and advanced practice licenses.

3. ***Agreements with supervising physicians:*** An *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* must be submitted for each supervising physician. The completed agreement(s) must accompany the application.
4. ***Educational Requirements for Reinstatement/Return to Active Status of Prescriptive Authority:*** 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 the application.
5. ***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/state 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 in writing to the Oklahoma Board of Nursing.**

## 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 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 continuing education**
- **Provide a complete description and documentation regarding a history of criminal charges, disciplinary action, or judicial declaration of incompetence**

**OKLAHOMA BOARD OF NURSING**

2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800

***APPLICATION FOR REINSTATEMENT OF 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 reinstatement of 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 \_\_\_\_\_

**Have you prescribed in Oklahoma since your prescriptive authority recognition lapsed or was placed on inactive status?** Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION III: PHARMACOLOGY EDUCATION**

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 used.
- \_\_\_\_\_ I understand that I must legibly sign the application using my full legal name.
- \_\_\_\_\_ 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 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 hold current national certification in my advanced practice specialty area.
- \_\_\_\_\_ I understand that I must hold current advanced practice licensure to be able to reinstate or return to active status my prescriptive authority recognition.
- \_\_\_\_\_ I understand that if I answer "yes" to any question regarding history of criminal charges, disciplinary action, or judicial declaration of incompetence, I must submit to the Board certified copies of the court records or Board Order.

**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**



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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 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\_\_\_\_\_.

\_\_\_\_\_ (SEAL) \_\_\_\_\_  
Commission Expires Notary Public

**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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- \_\_\_\_\_ Other: \_\_\_\_\_