



APPLICATION CHECKLIST FOR LICENSURE TO PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE AND TO HAVE PRESCRIPTIVE AUTHORITY

In accordance with AS 08.68 and 12 AAC 44.380-450, the Board of Nursing authorizes that an authorization to practice as an Advanced Practice Registered Nurse and/or to have prescriptive authority be issued to an applicant whose application meets the qualifications listed below. An application that does not meet the qualifications listed below must be reviewed further by the board to determine if the applicant is qualified for authorization to practice as an advanced practice registered nurse or to have prescriptive authority.

Name of Applicant: _____

Applying for:

- _____ authorization to practice as an advanced practice registered nurse. (receipt # _____)
- _____ temporary authorization to practice as an advanced practice registered nurse
- _____ prescriptive authority for legend drugs
- _____ prescriptive authority for controlled substances
- _____ HIPDB/NPDB discipline check

PART I. TEMPORARY AUTHORIZATION TO PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE

An applicant is qualified to receive temporary authorization to practice as an advanced practice registered nurse if the applicant

- _____ (1) has met the qualifications in (1), (2), (4), (5), (6), and (7) of the list in part II below;
- _____ (2) has been accepted to take the next specialty board examination, is awaiting certification results, or is currently certified as an advanced nurse practitioner in another state or jurisdiction; (state and license # _____)
- _____ (3) holds a current license as an registered nurse in this state (license # _____).

Comments: _____

Authorized Representative, Board of Nursing

Date Reviewed

APRN Permit Number: _____ Issue Date: _____ Expiration Date: _____

PART II. LICENSE TO PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE

An applicant is qualified to practice as an advanced practice registered nurse if the applicant has met the following requirements:

- _____ (1) provided an official transcript sent directly from the school of nursing showing the applicant has satisfactorily completed an education course that meets the requirements of 12 AAC 44.400(a)(1)(A);
- _____ (2) is currently licensed as a registered nurse in this state (license # _____);
- _____ (3) provided evidence of a current certificate as a nurse practitioner in a specialty area of nursing granted by a national certification body recognized by the board directly from the certifying body;
- _____ (4) in the absence of a continuing education requirement of the certifying body, submit documented evidence of having obtained 60 contact hours of continuing education in the population foci of the advanced practice nurse every two years.

- _____ (5) submitted a written plan that
 - _____ (A) describes the applicant's clinical practice;
 - _____ (B) identifies the expected category of clients, which is within the scope of practice of the applicant;
 - _____ (C) lists the applicant's method of routine consultations and referrals, the method of documenting routine consultations and referrals in the patient record; and the names and titles of health care providers that the applicant will use for routine consultations and referrals;
 - _____ (D) lists the applicant's method for emergency referrals,
 - _____ (E) describes the process for quality assurance the applicant will use to evaluate the applicant's practice, including
 - _____ (i) the use of national standards that apply to the area of practice;
 - _____ (ii) present or past review of the practice;
 - _____ (iii) use of preestablished criteria; and
 - _____ (iv) a written evaluation of the quality assurance review with a plan for corrective action, if indicated, and follow up;
- _____ (6) submitted a fully completed application form including;
 - _____ (i) the names and addresses of three professionals who may be contacted as references;
 - _____ (ii) one fully completed and signed reference form that indicates the applicant is competent; and
 - _____ (iii) the applicant's notarized signature certifying that the information on the form is correct to the best of the applicant's knowledge;
 - _____ (iv) A certified copy of CGFNS Credential Evaluation/Course by Course Evaluation if the applicant is a graduate of a foreign school of nursing.
 - _____ (v) if a foreign graduate: proof of attaining the minimum scores on the English language tests in 12 AAC 44.400(a)(6)(E)
- _____ (7) paid the application fee and initial biennial authorization fee required in 12 AAC 02.280.

PART III. PRESCRIPTIVE AUTHORITY FOR LEGEND DRUGS AND SCHEDULE II- V CONTROLLED SUBSTANCES

An applicant is qualified to receive authorization to prescribe legend drugs and controlled substances if the applicant

- _____ (1) is currently authorized or holds temporary authorization as an advanced nurse practitioner in the state;
- _____ (2) provides evidence of completion of 15 contact hours of education in advanced pharmacology and clinical management of drug therapy within the two year period immediately before the date of application;
- _____ (3) submits a completed, notarized application as required in (6) of the list in part II above;
- _____ (4) pays the prescriptive authority application fee required in 12 AAC 02.280.

Comments: _____

		Yes	No
Approved for:	APRN Authorization	_____	_____
	Legend Drug Authority &	_____	_____
	Controlled Substance Prescriptive Authority	_____	_____
	E-mail DEA	_____	_____

Authorized Representative, Board of Nursing

Date Reviewed