

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

**INSTRUCTIONS for  
PRESCRIPTIVE AUTHORITY RECOGNITION 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 held prescriptive authority recognition previously in Oklahoma.

PLEASE READ THESE INSTRUCTIONS CAREFULLY  
BEFORE COMPLETING THE APPLICATION.

**APPLICATIONS ARE AVAILABLE FOR SUBMISSION ONLINE THROUGH  
<https://www.ok.gov/nursing/licensing/app/index.php>.**

A paper copy may be requested by the individual applicant by submitting a written request for such to the Board office. The applicant must include a postage-paid (\$1.06 postage cost) 8 ½ x 11 inch return envelope for Board staff to return an application.

**Forms referenced may be found in the Forms / Applications link on the Board's website.**

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 role (CNP, CNS, or CNM) and the specialty certification for which the APRN is licensed in Oklahoma. An Advanced Practice Registered Nurse with more than one advanced practice license or specialty certification must hold 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:** Prescriptive authority recognition may be granted to the applicant who holds current prescriptive authority in the same role in another state or territory and wishes to endorse that recognition/licensure into Oklahoma and to the applicant who has never held prescriptive authority recognition in another state or territory and is applying for initial recognition. Please review the two options below and act accordingly.

- 1) The Advanced Practice Registered Nurse applying for **endorsement** of prescriptive authority recognition into Oklahoma may be issued prescriptive authority recognition provided the applicant submits documentation verifying successful completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management, and didactic and clinical preparation for prescribing incorporated throughout the program.
- 2) The Advanced Practice Registered Nurse who has never been granted prescriptive authority recognition in another state or territory and is applying for **initial** prescriptive authority recognition must:
  - a. have completed an advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management and didactic and clinical preparation for prescribing incorporated throughout the program.
  - b. 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, in a course or courses in pharmacotherapeutic management that targets Advanced Practice Registered Nurses or individuals enrolled in an advanced practice registered nursing education program and/or other authorized prescribers. The three year time period may be waived if the applicant has graduated from the advanced practice education program within a time period of three years immediately preceding the date of the application for prescriptive authority and submits evidence that didactic and clinical preparation for prescribing was incorporated throughout the program.
    1. 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
    2. Category A education consists of academic credit hours at the advanced practice level earned in a college or university.
    3. Category B continuing education is defined in the *Rules of the Oklahoma Board of Nursing* [OAC 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.
4. Please note that only education earned in Category A or Category B can be used to establish eligibility for **initial** prescriptive authority recognition.

Until January 1, 2016, a Clinical Nurse Specialist who verifies completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management may meet the following requirements in lieu of submitting verification of didactic and clinical preparation for prescribing incorporated throughout the advanced practice nursing education program:

- 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.

**Additional Requirements for Endorsement of prescriptive authority recognition from another state:**

In addition to meeting other requirements for endorsement established by the Board in the *Rules*, the applicant for endorsement of prescriptive authority recognition must demonstrate either of the following requirements within the last two (2) years prior to receipt of the completed application in the Board office:

- 1) Employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours; or
- 2) Documentation approved by the Board, verifying a minimum of fifteen (15) contact hours or one academic credit hour of education or the equivalent in pharmacotherapeutics and clinical application of use of pharmacological agents in the prevention of illness and in the restoration and maintenance of health, in a program approved by the Board that is more advanced than basic registered nurse preparation and that is applicable to the scope of practice and specialty certification

**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: <http://www.ok.gov/nursing/prac-exclusfrm.pdf>

**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 prescriptive authority recognition within 90 days prior to the expiration date of your Oklahoma RN license, you must renew your license prior to the date the prescriptive authority recognition is granted. The APRN 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 charges, disciplinary action, or judicial declaration of incompetence:** Applicants for prescriptive authority 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 a nursing license, certification or registration, any professional or occupational license, registration, or certification and/or any application for a nursing or professional or occupational license, registration, or certification or if there is currently any investigation of your nursing license, registration, or certification; and/or any professional or occupational license, registration, or certification; and/or any application for a nursing and/or professional or occupational license, registration, or certification in any state, territory or country, **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. A “report in writing” means that the applicant/licensee provided a signed and dated description stating in his/her own words the date, location, and circumstances of the incident, and if applicable, the resulting action taken by the court, agency, or disciplinary board. The report may be in the form of a letter or a statement in the provided space on the application. The report must be accompanied by certified court records or a board order. A verbal report does not constitute a “report in writing”. A written report not accompanied by a full set of certified court records or the board order(s) does not constitute a “report in writing”. Failure to report such action is a violation of the *Oklahoma Nursing Practice Act*.

## INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. **Completion of application:** The application should be completed and submitted online on the Board’s website: <https://www.ok.gov/nursing/licensing/app/index.php>. You must complete all sections of the application **using your name as it appears on your license card**.

**You must provide a Social Security number on the application.** This information is mandatory, pursuant to 56 O.S. § 240.21A.

**If submitting a hard copy application, you may NOT use correction fluid on the application.** When you are finished entering your information, sign the application LEGIBLY, using your full legal name.

2. ***Criminal Charges, Disciplinary Action, or Judicial Declaration of Mental Incompetence:*** If you answer “yes” to the criminal charge, 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 a nursing license, certification or registration, any professional or occupational license, registration, or certification and/or any application for a nursing or professional or occupational license, registration, or certification or if there is currently any investigation of your nursing license, registration, or certification; and/or any professional or occupational license, registration, or certification; and/or any application for a nursing and/or professional or occupational license, registration, or certification in any state, territory or country, please request that a certified copy of the order from the licensing agency 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.

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 licensure. 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. If the transcript does NOT verify an APRN role and specialty were conferred, additional information may be requested.
4. ***Evaluation of Educational Preparation for Prescriptive Authority Recognition:*** If you are applying for **endorsement** of your prescriptive authority recognition, if one is not already on file, please have an official transcript submitted to this office verifying successful completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management, and didactic and clinical preparation for prescribing incorporated throughout the program.

If you are applying for **initial** recognition, please submit documentation to verify three academic credit hours (Category A) of education or the equivalent, in a course or courses in pharmacotherapeutic management that targets Advanced Practice Registered Nurses or individuals enrolled in an advanced practice registered nursing education program and/or other authorized prescribers completed **within the last three (3) years of submission of this application** OR 45 contact hours of Category B continuing education completed **within the last three (3) years of submission of this application**

MAXIMUM CREDITS ALLOWED FOR	Initial Prescriptive Authority
<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)
<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)

**For Category A education:** submit an official transcript and the course description from an institution of higher learning.

**For Category B education:** submit 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 continuing education. *Please note that online continuing education contact hours can only be used if they fulfill the requirements of Category B ii education. Please ensure these requirements are met before enrolling in and/or submitting online continuing education.*

**Clinical Nurse Specialists who completed an advanced practice registered nursing education program that included an academic course in pharmacotherapeutics management, but did NOT include didactic and clinical preparation for prescribing incorporated throughout the program must additionally submit 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, **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. **Additional Requirements for Endorsement of prescriptive authority recognition from another state:**

- a. If you chose Option A from above, please provide to this office evidence of current prescriptive authority recognition in another state or territory and have the employer provide directly to this office an *Employment Verification Form* verifying at least 520 or more hours worked in a position requiring your APRN prescriptive authority.
- b. If you chose Option B from above, please provide evidence of completion of at least 15 contact hours or one academic credit hour according to the table below:

<b>CATEGORY A:</b> Academic Credit: Evidence of completion of coursework in pharmacotherapeutics appropriate for advanced practice nurses via an official transcript	Up to 100% (1 credit hour)
<b>CATEGORY B:</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% (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 article related to pharmacotherapeutic continuing education appropriate for advanced practice nurses.	Up to 100% (15contact 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 nurses. These will be evaluated on a case-by-case basis.	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 nurses.	Up to 20% (3 contact hours)

6. **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. 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.

*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 APRNs with prescriptive authority.

7. **DEA and OBNDD 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. If either the OBNDD or the DEA registration lapses or is otherwise in an inactive status, the APRN must cease prescribing Schedule III-V drugs.
8. **Fee:** Payment can be made in the form of VISA, MasterCard or electronic fund transfer when completing the application online in the License Registration link.

- If a hard copy application is submitted, attach to your application to the Board office the appropriate fee payable by cashiers check, money order, or personal check. If the fee is not submitted with the application or if the fee is incorrect, the application will be immediately returned without review. Fees submitted are not refundable

## 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. Applications are processed in the order they are received. You may view average processing times of a completed application on our website in the Agency Data / Statistics / Quarterly Statistics link. Repeated telephone calls to check on the status of your application will delay, rather than facilitate, the processing of your application.

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). 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**
- **Submit required documentation of advanced practice education in pharmacotherapeutics**
- **Verify that online continuing education for initial recognition meets the requirements identified for Category B (ii)**
- **Provide a complete description and documentation related to criminal charges, disciplinary action, or judicial declaration of incompetence**



**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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