

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

**INSTRUCTIONS for  
REINSTATEMENT or RETURN to ACTIVE STATUS of  
PRESCRIPTIVE AUTHORITY RECOGNITION**

*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.

**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.**

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.nursing.ok.gov](http://www.nursing.ok.gov). Click on the link for Practice/Advanced Practice to download a copy.

## **REQUIREMENTS for REINSTATING or RETURNING your PRESCRIPTIVE AUTHORITY RECOGNITION to ACTIVE STATUS**

**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 your Oklahoma Registered Nurse and Advanced Practice Registered Nurse licenses 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 RN & APRN licenses, you must renew your licenses prior to the date the reinstatement of the prescriptive authority recognition is granted.

**Review of criminal charges, disciplinary action, or judicial declaration of incompetence:** 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; 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*.

**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 submit evidence of either:

1. A minimum of fifteen (15) contact hours, or one academic credit hour of education, or the equivalent, 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, approved by the Board within the (2) two-year period immediately preceding the date of application for reinstatement of prescriptive authority which is applicable to the scope of practice and specialty certification.
  - Please see the “Continuing Education Categories” table below
2. Licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours during the past two (2) year period preceding receipt of this application.

**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:**

<b>CONTINUING EDUCATION CATEGORIES</b>	<b>Maximum Credits</b>
<b>CATEGORY A:</b> Academic Credit: Evidence of completion of coursework in pharmacotherapeutics appropriate for Advanced Practice Registered Nurses.	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% (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.	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.	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.	Up to 20% (3 contact hours)

#### Continuing Education Equivalencies

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 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 immediately notify the Oklahoma Board of Nursing and cease prescribing Schedule III-V drugs.

## 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**.
  - 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*, fee and the required supporting documentation. You may obtain the *Name Change Request* form on the Board’s website, by clicking on the link to “Forms/Applications” or at this link: <http://www.ok.gov/nursing/namechange.pdf>.

**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.

**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 cashier’s 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

2. ***Agreements with supervising physicians:*** An *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* must be submitted for each supervising physician.
3. ***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.
  - a. If choosing the option of completing at least 1 academic credit hour or 15 contact hours of education, you should attach additional pages if needed and submit 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 to Board office).
  - b. If you are choosing the option of having have licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition, please provide to this office evidence of current prescriptive authority in another state and have the employer provide directly to this office an *Employment Verification Form* verifying at least 520 work hours during the past two years
4. ***Criminal Charges, Disciplinary Action, or Judicial Declaration of Mental Incompetence:*** If you answer “yes” to the criminal charges, 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. If records are not found, have the county agency indicate so in a certified letter stating “no records found” from the date of the offense(s) to current. **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 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, please request that a certified copy of the Board order be submitted directly to the Board office from the licensing agency. If you have reported a history of judicial declaration of mental incompetence, please contact the Board office for further instructions.

## 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. 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. **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**