

Oklahoma Board of Nursing  
2501 N. Lincoln Boulevard, Suite 207  
Oklahoma City, OK 73105  
(405) 962-1800  
www.nursing.ok.gov

**REQUEST FOR CHANGE IN PHYSICIAN(S) SUPERVISING  
ADVANCED PRACTICE PRESCRIPTIVE AUTHORITY  
(for the CNP, CNM, and CNS)**

This *Request for Change* application is only needed for CNPs, CNSs and CNMs who hold current prescriptive authority recognition in Oklahoma and wish to make a change to his/her supervising physician(s).

**EXCEPTION: APRN-CNPs, APRN-CNSs, and APRN-CNMs are not required to have a supervising physician if they are working ONLY at a Veterans Affairs (VA) facility, has submitted written verification that the VA has granted the APRN full practice authority, AND will NOT be prescribing Controlled Dangerous Substances.**

CRNAs are not required to have a supervising physician on file with this Board.

**1. Application:**

Complete the *Request for Change in Physician(s) Supervising Advanced Practice Prescriptive Authority* for any changes (addition and/or deletion) of physician(s) supervising your advanced practice prescriptive authority. **This Request is found in the Other Applications link in your Nurse Portal account.**

- Per the Board's Rules, the change shall be filed with the Board within 30 days of the change and shall be effective upon filing [59 O.S. § 567.4a 1.].

**2. Addition of Supervising Physician(s):**

*An Agreement for Physician Supervising Advanced Practice Prescriptive Authority* (<http://nursing.ok.gov/pa-1.pdf>) must be completed and signed by each new supervising physician in front of a Notary Public. The *Agreement(s)* must be uploaded during submission of this *Request for Change* application.

**3. Deletion of Supervising Physician(s):**

Clearly indicate the full name(s) of the supervising physician(s) to be deleted in the appropriate section of the *Request for Change* application and note the effective date of the end of the supervisory activity.

**4. Fee:**

There is a fee of \$10.00 for each *Request for Change in Physician(s) Supervising Advanced Practice Prescriptive Authority form* submitted. Payment must be made at the end of the application process via an Electronic fund transfer from a bank or credit union, or credit card payment with VISA or MasterCard.

Please note that the Advanced Practice Registered Nurse must hold a separate prescriptive authority recognition for each advanced practice license and for each advanced practice specialty certification.