

Oklahoma Board of Nursing  
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Oklahoma City, OK 73105  
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[www.nursing.ok.gov](http://www.nursing.ok.gov)

**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.**

**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 either through an Oklahoma single state RN license or an active multistate RN license from another Compact state with Oklahoma multistate licensure privilege 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 Registered Nurse licensure with an Oklahoma single state RN license or an active multistate RN license from another Compact state with multistate privileges and Oklahoma licensure 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.

- Please note that you will only be able to submit an application for authority once your APRN license has been granted.

**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.

**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:

- (A) Employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours; or
- (B) 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].

**EXCEPTION** for APRN-CNPs, APRN-CNSs, and APRN-CNMs working **ONLY** at a Veterans Affairs facility, please see “Instructions for Completion of the Application”, #6A and #6B.

**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 Oklahoma Registered Nurse and Advanced Practice Registered Nurse renewals OR concurrent with the APRN-only Oklahoma license expiration date in even-numbered years.

- If you are applying for prescriptive authority recognition within 90 days prior to the expiration date of your Oklahoma RN/APRN license or your Oklahoma APRN-only 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:**

State law (59 O.S. § 567.18.B.) requires each applicant for licensure to have a fingerprint-based background check completed not more than ninety (90) days old at the time of submission of the application for licensure. The background check consists of fingerprint-based searches of the Oklahoma State Bureau of Investigation (OSBI) and Federal Bureau of Investigation (FBI) Criminal History Record Information databases and name index searches of computerized databases containing criminal history records. Please read the *Privacy Act Statement and Applicant Notification* found in the Appendix to this set of instructions. Please see the “Instructions” section for further information on obtaining a fingerprint-based background check.

In addition to the background check, applicants for licensure are required to notify the Oklahoma Board of Nursing, in writing, specific information related to criminal charges and/or convictions, investigations, disciplinary actions, and/or judicial declaration of mental competence. A “report in writing” means that the applicant/licensee provided a 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 should be in the form of a statement in the provided space on the application. Certified court records or a board order, as applicable, must be uploaded during the application process. 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 via your Nurse Portal account.  
You must complete all sections of the application **using your name as it appears on your nursing license.**

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

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. In addition, you will be required to upload certified copies of identified documents. If you have more than one incident you are reporting, you must speak to every case/charge that has been filed.

1. Have you ever had disciplinary action taken against a nursing license, recognition, certificate, or privilege to practice; any professional or occupational license, recognition, or certificate; and/or any application for a nursing or professional or occupational license, recognition, or certificate in any state, territory or country not previously reported in writing to the Oklahoma Board of Nursing?
  - a. If you answered “yes”, you must type in the space available a statement describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the disciplinary board.
  - b. If you are reporting more than one incident, you must describe every case that has been filed.
  - c. You will need to upload certified copies of the charges/complaints, findings of fact, and orders from the licensing agency.
  
2. Is there currently any investigation of your nursing license, recognition, certificate, or privilege to practice; and/or any professional or occupational license, recognition, or certificate; and/or any application for a nursing and/or professional or occupational license, recognition, or certificate in any state, territory or country not previously reported **in writing** to the Oklahoma Board of Nursing?
  - a. If you answered “yes”, you must type in the space available a statement describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the disciplinary board.
  - b. If you are reporting more than one incident, you must describe every case that has been filed.
  
3. Have you been charged and/or convicted in any criminal offense not previously reported in writing to the Oklahoma Board of Nursing, including those pending appeal? (You may exclude minor traffic violations, but must report all DUI/DWI charges and/or DUI/DWI convictions)  
Check all that apply:
  - been convicted of a misdemeanor?
  - been convicted of a felony?
  - pled nolo contendere, no contest, or guilty?
  - received deferred adjudication, to include but not limited to deferred prosecution agreement?
  - been placed on community supervision or court-ordered probation, whether or not adjudicated guilt?

- ] been sentenced to serve jail or prison time? Court-ordered confinement?
- ] been granted pre-trial diversion, to include but not limited to Drug Court?
- ] have any pending criminal charges?
- ] have any pending violation of the law?
- ] been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
- ] No, none of the above applies.

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

If you checked any of the above (except “No, none of the above applies”):

- a. If you answered “yes”, you must type in the space available a statement describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the court.
  - b. If you are reporting more than one incident, you must describe every case that has been filed.
  - c. You will need to upload certified copies of Court Records to include the Information Sheet, Incident Report, Complaint, and/or Charges; Affidavit of Probable Cause; Judgment and Sentence; and verification of completion of the Judgment and Sentence. The Court Records must be obtained from the Court(s) in which the offense(s) occurred.
4. Have you ever been judicially declared incompetent in any state, territory or country not previously reported **in writing** to the Oklahoma Board of Nursing?
    - a. If you answered “yes”, you must type in the space available a statement describing the date, location, and circumstances of the incident(s), and, if applicable, the resulting action(s) taken by the court or agency. If you are reporting more than one incident, you must describe every case that has been filed.
    - b. You will need to upload a certified copy of the Court Order.
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 master’s degree or higher in a clinical nurse specialty be submitted**, unless the official transcript was previously submitted for advanced practice licensure.
    - a. 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.
    - b. 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, please have an

official transcript submitted to this office, if one is not already submitted, 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 prior to 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> <b>(i)</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; <b>(ii)</b> 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:** cause submission of an official transcript and the course description from an institution of higher learning.

**For Category B education:** upload 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 be used only 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.***

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

- (A) If you chose Category A from above, please upload evidence of current prescriptive authority recognition in another state or territory and an *Employment Verification Form* verifying at least 520 or more hours worked in a position requiring your APRN prescriptive authority signed by your employer. Please ensure it is obvious that prescriptive authority was required.
- (B) If you chose Category B from above, please upload 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% (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 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:***  
Upload a notarized *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* form for each physician who will be serving as a supervising physician. 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 **submit via your Nurse Portal account within 30 days of the change**, 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.

- A. **EXCEPTION** for APRN-CNPs, APRN-CNSs, and APRN-CNMs working **ONLY** at a Veterans Affairs facility AND who will **NOT** be prescribing Controlled Dangerous Substances, please note the following:

In 38 C.F.R. § 17.415 which became effective January 13, 2017, the Department of Veterans Affairs (VA) were authorized to grant full practice authority to CNPs, CNSs and CNMs when they are acting within the scope of their VA employment. This rule established that clinical supervision by physicians is NOT required for full practice authority.

If this exception applies, you must,

- i. Upload written verification that VA has granted full practice authority; and



ii. Indicate on the application that the exception does apply to you, and the listing of a supervising physician(s) name and submission of an *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* form will not be required.

B. The full practice authority is subject to the limitations imposed by the Controlled Substances Act, 21 U.S.C. 801 et seq. In accordance with 63 O.S. §2-312(C), should an APRN-CNP, APRN-CNS, and/or an APRN-CNM **choose to prescribe controlled dangerous substances**, it becomes the APRN's responsibility to obtain a supervising physician, to submit the required *Agreement for Physician Supervising Advanced Practice Prescriptive Authority* form, and to comply with state and Federal Drug Enforcement Administration (DEA) requirements prior to prescribing controlled substances.

If your employment situation changes and you become employed at a non-VA facility in addition to or instead of a VA facility, or if your full practice authority granted through VA is rescinded, it is your responsibility to obtain a supervising physician and to notify this Board.

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 must be made in the form of VISA, MasterCard or electronic fund transfer when completing the application online.
  - 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 submitted via your Nurse Portal account.

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. Every effort is made to process applications expeditiously.

You may view average processing times of a completed application on our website in the Agency Data / Statistics / Quarterly Statistics link.

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**
- **Write in the space available for each question a complete description and upload documentation related to criminal charges, disciplinary action, or judicial declaration of incompetence**