NORTH DAKOTA BOARD OF NURSING
INSTRUCTIONS FOR INITIAL ADVANCED PRACTICE LICENSE
with or without PRESCRIPTIVE AUTHORITY
INITIAL APPLICATION (SFN 16151)

NDAC 54-05-03.1-04. INITIAL REQUIREMENTS FOR ADVANCED LICENSURE:
Applicants for advanced practice registered nurse licensure must:

1. Possess or submit one of the following:
    a. Have a current license to practice as a registered nurse in North Dakota. Make sure to include your current ND RN license number on the advanced practice application where indicated.
    b. Have a current compact RN license in another compact state.
    c. Submit an "Application for Registered Nurse License by Endorsement" if you do not currently have a ND RN license or an RN license from another compact state.
        i. The Nurse Licensure Compact (NLC) allows the multistate licensure privilege to practice in other compact states as an RN or LPN.
        ii. The APRN license is not currently part of the NLC.
        iii. For more information regarding the NLC and an up to date list of compact states, visit the National Council State Boards of Nursing (NCSBN) website at www.ncsbn.org.
2. Submit evidence of completion of an accredited graduate level advanced practice registered nurse program in one of the four roles and with at least one population focus (official transcripts from program);
3. Submit evidence of current certification by a national nursing certifying body in the advanced practice registered nurse role and population foci appropriate to educational preparation. Primary source verification of certification is required;
4. Provide proof of an unencumbered license or privilege to practice in any state or territory;
5. Submit a completed "Initial Advanced Practice License with or without Prescriptive Authority" application and pay the appropriate fee.
6. Certify that scope of practice is consistent with their nursing education and nursing certification by checking the appropriate box on this application;
7. An applicant for licensure as an APRN who completed an advanced nursing education program and was licensed or certified in advanced practice before December 31, 2015, may apply for and receive an APRN license if that applicant meets the requirements that were in effect at the time the applicant qualified for initial advanced practice licensure.
8. Complete a Criminal History Record Check (CHRC) per attached CHRC instructions.

54-05-03.1-05. TEMPORARY PERMIT:
An applicant for advanced licensure who possesses a current registered nurse license, and has submitted a complete application, the required fee, and evidence of meeting all educational requirements, may be issued a 90-day temporary APRN permit for practice if the applicant:

1. Is applying for licensure under section 54-05-03.1-04;
2. Has applied as a first-time candidate to the national nursing certification examination for the advanced practice registered nurse category;
3. Is awaiting certification results based upon initial application

A temporary permit **will not** include prescriptive authority.

The temporary permit will be listed on the ND Board of Nursing website at www.ndbon.org in the "Verify Permits, Licenses, Registrations, Discipline History" section.

1. No hard copy temporary permits will be issued.
2. If the applicant fails the certification examination for which the applicant is eligible, the individual may no longer practice in the advanced practice registered nurse role.

LICENSE ISSUED:

1. For nurses claiming ND or a non-compact state as their primary state of residence:
    a. The APRN license category is included on the ND RN license.
    b. The APRN license is renewed at the same time as the ND RN license.
    c. The license will be listed on the ND Board of Nursing website at www.ndbon.org in the "Verify Permits, Licenses, Registrations, Discipline History" section.
    d. No hard copy licenses will be issued.

2. For nurses claiming a compact state other than ND as their primary state of residence:
    a. The advanced practice license is the only license you will receive.
    b. The ND APRN license will be listed on the ND Board of Nursing website at www.ndbon.org in the "Verify Permits, Licenses, Registrations, Discipline History" section.
    c. No hard copy licenses will be issued.
    d. Verification of your compact RN license must be done with the compact state you claim as your primary state of residence or on www.nursys.com

PRESCRIPTIVE AUTHORITY:
An APRN who desires to include prescriptive authority within the practitioner's scope of practice may apply for prescriptive authority for an additional fee of $75.00 from the North Dakota Board of Nursing.

54-05-03.1-09. Requirements for prescriptive authority:
Applicants for prescriptive authority shall:

1. Complete the required portion of the application
2. Be currently licensed or applying for licensure as an APRN in North Dakota.
3. Submit a completed "Initial Advanced Practice License with or without Prescriptive Authority Application".
4. Pay the fee of $75.
5. Submit a completed transcript with degree posted from an accredited graduate level advanced practice registered nurse program which includes evidence of completion of advanced pharmacotherapy, physical assessment, and pathophysiology.
6. Provide evidence of completion of 30 contact hours of education or equivalent in pharmacotherapy related to the applicant's scope of advanced practice that:
    a. Have been obtained within a three-year period immediately prior to the date of application for prescriptive authority; or
    b. May otherwise be approved by the board.

54-05-03.1-10. Authority to prescribe:

1. A permanent APRN license with the addition of prescriptive authority shall be issued upon meeting all requirements.
2. The APRN with prescriptive authority may prescribe drugs as defined by chapter 43-15-01 pursuant to applicable state and federal laws.
3. A prescriptive authority APRN license does not include drug enforcement administration authority for prescribing controlled substances.
    a. Each licensee must apply for and receive a drug enforcement administration number before writing prescriptions for controlled substances.
4. An APRN with prescriptive authority who prescribes controlled substances has access to the North Dakota prescription drug monitoring program and shall utilize the prescription drug monitoring program in the following manner:
    a. Shall evaluate a prescription drug monitoring program report for a client in the following situations:
        i. New or unestablished client requiring prescription for controlled substance;
        ii. Every six months during treatment of client with a controlled substance;
        iii. Client requests early refills or engages in a pattern of taking more than prescribed dosage; and
        iv. Upon suspicion or known drug overuse, diversion, or abuse by client.
    b. Shall document evaluation of the prescription drug monitoring program reports made under this rule.
    c. May evaluate the prescription drug monitoring program report in the following situations:
        i. Long-term care settings;
        ii. Controlled settings in which controlled substances are locked and administered to client;
        iii. Treatment of client with terminal illness, cancer, or cancer-related disorders; and
        iv. Hospice or palliative care settings.
5. The APRN licensee may prescribe, administer, sign for, dispense over-the-counter, legend, and controlled substances, and procure pharmaceuticals, including samples following state and federal regulations.
6. The signature on documents related to prescriptive practices must clearly indicate that the licensee is an APRN.
7. The APRN with prescriptive authority may not prescribe, sell, administer, distribute, or give to oneself or to one's spouse or child any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug.
8. Notwithstanding any other provision, an APRN practitioner who diagnoses a sexually transmitted disease, such as chlamydia, gonorrhea, or any other sexually transmitted infection, in an individual patient may prescribe or dispense, and a pharmacist may dispense, prescription antibiotic drugs to that patient's sexual partner or partners, without there having been an examination of that patient's sexual partner or partners.

LICENSE ISSUED:
Prescriptive authority will be indicated along with the agreed upon advanced practice category.

1. The license will be listed on the ND Board of Nursing website at www.ndbon.org in the "Verify Permits, Licenses, Registrations, Discipline History" section.
2. No hard copy licenses will be issued.
3. Advanced Practice License expiration dates are the same as the ND RN license as they are the same license number.

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INITIAL ADVANCED PRACTICE APPLICATION with or without PRESCRIPTIVE AUTHORITY

NORTH DAKOTA BOARD OF NURSING
SFN 16151 (06-22)

FOR OFFICE USE ONLY	
Fee Received:	☐ Nursys
☐ DRP	☐ Disc Review
☐ AP Temp Permit	
☐ AP Full License	☐ RX Full License
APRN Title	

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Maiden Name (If Married)	Mother's Maiden Name	*Social Security Number	
Address	City	State	ZIP Code
County	ND RN License Number (if applicable)	Date of Birth	
Email address	Home Telephone Number	Work Telephone Number	
For Statistical Purposes ☐ Male ☐ Female	Primary Language Code ☐ English ☐ English and Another Language ☐ Another Language		
ETHNIC INFORMATION ☐ African American ☐ Native American ☐ Hispanic ☐ Asian Other ☐ White-Not of Hispanic Origin ☐ Pacific Islander ☐ Asian Indian ☐ Other			

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes. Failure to provide the social security number will cause the application to not be processed.

NURSE LICENSURE COMPACT INFORMATION – DECLARATION OF PRIMARY STATE OF RESIDENCE

Primary state of residence is where you hold a driver's license, pay taxes, and/or vote. This state is referred to as your "home state" under the Nurse Licensure Compact and means that it is your "declared fixed permanent and principal home for legal purposes". If your primary state of residence is a compact state, you must have a current compact RN license in that compact state. For an up to date list of compact states please go to www.ncsbn.org.

I declare my primary state of residence to be		
RN License Number in my compact primary state of residence (if applicable):		
RN license in my compact primary state of residence will expire (if applicable)		
Will you be changing your primary state of residence to North Dakota when you come to work in ND?	☐ YES	☐ NO
If you answered "yes" to the above question, what date will ND become your primary state of residence?		

RN LICENSURE INFORMATION (list ALL STATES in which you are/have been licensed as an RN- attach another sheet if necessary)

Original State of Licensure	Year Licensed	Name in which license was issued	License Number	Status of Licensure ☐ Active ☐ Inactive/Lapsed

Other States where Licensed	Year Licensed	Name in which license was issued	License Number	Status of Licensure
				☐ Active ☐ Inactive/Lapsed
				☐ Active ☐ Inactive/Lapsed

APRN LICENSURE BY ANOTHER STATE

STATE	INITIAL LICENSE DATE	STATE	INITIAL LICENSE DATE	STATE	INITIAL LICENSE DATE
Have you ever had approval to practice in an advanced role denied, limited, suspended, or revoked? If yes, attach a letter of explanation to this application.				☐ NO	☐ YES

BASIC NURSING PREPARATION (list complete information for basic RN nursing program)

Name of College/School of Nursing			
Address	City	State	ZIP Code
Certificate/Degree Granted ☐ Diploma(RN) ☐ Associate Degree(RN) ☐ Baccalaureate		Entry Date	Completion Date

ADVANCED PREPARATION

School/Institution		Name of Program		
Address		City	State	ZIP Code
Date of Entry	Date of Completion	Credential Awarded		

APRN Roles

☐ NP (choose specialty below)
- ☐ Adult
- ☐ Family
- ☐ Gerontology
- ☐ Neonatal
- ☐ Pediatric
- ☐ Psychiatric
- ☐ Women's Health Care

☐ CNS (choose specialty below)
- ☐ Adult
- ☐ Gerontology
- ☐ Child/Adolescent Psychiatric
- ☐ Adult Psychiatric

☐ CRNA

☐ CNM

CERTIFICATION – (verification must be submitted directly from certification organization)

Name of Certifying Organization			Certificate Number
Address	City	State	ZIP Code
Date of Original Certification	Date Scheduled for Examination	Expiration Date of Current Certification	

SCOPE OF PRACTICE VERIFICATION (please read and certify by checking the box for your application to be processed)

☐ I certify that my scope of practice is consistent with my education, certification and NDAC Section 54-05-03.1-03.2.

ALL QUESTIONS MUST BE COMPLETED

1.	Have you ever, for any criminal offense, including those pending appeal:		
a.	Been arrested and have a pending criminal charge for a felony or misdemeanor?	☐ YES	☐ NO
b.	Been convicted of a misdemeanor?	☐ YES	☐ NO
c.	Been convicted of a felony?	☐ YES	☐ NO
d.	Pled nolo contendere, no contest, or guilty to any offense?	☐ YES	☐ NO
e.	Received a deferred adjudication or deferred imposition of sentence?	☐ YES	☐ NO
f.	Had a criminal conviction pardoned, dismissed, expunged, sealed, stayed, deferred, or suspended?	☐ YES	☐ NO
g.	Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?	☐ YES	☐ NO
h.	Been sentenced to serve jail or prison time, or court-ordered confinement?	☐ YES	☐ NO
i.	Been granted a pre-trial diversion?	☐ YES	☐ NO
j.	Been cited or charged with any violation of the law?	☐ YES	☐ NO
k.	Been subject to a court martial; Article 15 violation, or received any form of military judgment/punishment/action?	☐ YES	☐ NO
l.	Received any charges related to immigration violations?	☐ YES	☐ NO
2.	Have you had an unlicensed assistive person registry or nurse aide registry listing marked for abuse, neglect or misappropriation or theft of property?	☐ YES	☐ NO
3.	Has any licensing authority refused to issue you a license/registration, denied you a license/registration, or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a nursing license, certificate or multi-state privilege or registration held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you?	☐ YES	☐ NO
4.	Have you been investigated or are you presently being investigated by any licensing authority, including the NDBON?	☐ YES	☐ NO
5.	Have you been terminated from a nursing, or nursing-related job due to issues or concerns related to your nursing practice or for conduct that may be grounds for disciplinary action?	☐ YES	☐ NO
6.	Do you currently have a diagnosis of chemical dependency or are you participating in chemical dependency treatment/rehabilitation or an alternative to discipline/monitoring program with another board?	☐ YES	☐ NO
7.	Are you currently experiencing a physical, emotional, or mental condition that may impair your ability to practice nursing with reasonable skill and safety?	☐ YES	☐ NO
If your answer is “YES” to any of the above questions, attach a detailed written explanation and related legal documents to the application.			

EMPLOYMENT INFORMATION -List all past employment as a nurse during the past four years, starting with your most recent employer.

PRACTICE YEAR	NURSING PRACTICE YES (Y) NO (N)	HOURS PRACTICED IN NURSING EACH YEAR	PLACE OF NURSING PRACTICE (NAME OF AGENCY, CITY, STATE)	POSITION IN NURSING
2022	☐ Y ☐ N			
2021	☐ Y ☐ N			
2020	☐ Y ☐ N			
2019	☐ Y ☐ N			
2018	☐ Y ☐ N			

ND PRACTICE

Name of ND Institution/Clinical Facility			Start Date
Address	City	State	ZIP Code

****PLEASE NOTE THAT YOU MAY <u>NOT</u> BEGIN PRACTICE AS AN APRN UNTIL YOU HAVE RECEIVED THE TEMPORARY PERMIT OR LICENSE FROM THE NORTH DAKOTA BOARD OF NURSING. "PRACTICE/EMPLOYMENT" DOES INCLUDE ORIENTATION.**

CRIMINAL HISTORY RECORD CHECK (CHRC)

1. Have you completed a Criminal History Record Check for the ND Board of Nursing in the past 180 days?	☐ YES	☐ NO
If you answered "Yes" to the above question #1, what was the month and year of completion of the CHRC?	Month	Year

If you answered "No" to the above question #1, you must submit to a Criminal History Record Check by checking below, including an additional $20 processing fee with this application, completing the attached Criminal History Record Check Process by following the CHRC Instructions.

☐ As part of this application process, I agree to submit to a Criminal History Record Check.

A nonrenewable temporary permit will be issued to applicants that have met all other requirements for licensure or registration and have agreed to submit to a criminal history record check according to NDCC 43-12.1-09.1. The temporary permit will be listed on the ND Board of Nursing website at www.ndbon.org in the "Verify" section. No hard copy temporary permits will be issued.

PRESCRIPTIVE AUTHORITY

Prescriptive authority is required for the APRN who plans and initiates a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostics and supportive services; and prescribes, administers, signs for, dispenses over-the-counter, legend, and controlled substances, and procures pharmaceuticals (ND Administrative Code 54-05-03.1-10).

- Prescriptive practices, as identified in NDAC 54-05-03.1-10, without prescriptive authority may be subject to double licensure fee for prescriptive authority plus administrative fees for non-disciplinary practice without a license which ranges from $400-800 depending on length of time unauthorized practice occurred.

As part of this application process, I am applying for Prescriptive Authority and will include an additional $75 nonrefundable fee.	☐ YES	☐ NO
I certify that I will utilize the Prescription Drug Monitoring Program (PDMP) consistent with ND Administrative Code 54-05-03.1-10 (4)	☐ YES	☐ NO

EDUCATIONAL EXPERIENCE IN PHARMACOTHERAPY

- A minimum of thirty contact hours or equivalent of pharmacotherapy **completed in the last three years** are required for initial prescriptive authority.
- Pharmacotherapy is the design, implementation, and monitoring of drug (pharmaceutical) therapy using specialized knowledge of pharmacokinetics, pharmacology, pathophysiology, and therapeutics.
- **ATTACH COPIES OF PHARMACOTHERAPY SPECIFIC CERTIFICATES OF CONTACT HOURS COMPLETED IN THE PAST THREE (3) YEARS. (not attaching these certificates when applying for prescriptive authority will delay the issuance of your license)**
- **Only certificates which itemize pharmacology CE will be accepted. UpToDate activity certificates do NOT meet the requirement for pharmacology specific CE.**

CE COMPARISON

1 Contact Hour = 60 Minutes
1.2 Contact Hours = 60 Minutes = 1 CME
10 Contact Hours = 1 CEU
15 Contact Hours = 1 Semester Academic Credit

APPLICANT CERTIFICATION (check each box to verify you have read and attest to the statement)

☐ I acknowledge that this form is a legal document.
☐ I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.
☐ I certify that the information provided is true, correct, and complete.
☐ I attest that I meet all the requirements to practice for the type of licensure requested, as listed in NDAC 54-02-06.
☐ I understand that submission of any false or incomplete information is a violation of NDCC 43-12.1-14 and may be grounds for disciplinary action.
☐ I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.
☐ I understand that a full license will not be issued until all CHRC requirements are met (if applicable).

Applicant Signature	Date

SUBMIT APPLICATION AND THE FOLLOWING TO THE BOARD OFFICE:

1. **Personal check or money order - amounts due can be combined on one check or money order.**
   - **$125 nonrefundable application fee**
   - **$75 nonrefundable prescriptive authority fee (*if you are also applying for prescriptive authority)***
   - **$20 nonrefundable processing fee (*if you answered "no" to the CHRC question*)**
2. **The CHRC form & fingerprint cards listed in CHRC instructions (if you answered "no" to the CHRC question).**
3. **Evidence of current certification from certification organization (*primary source verification is required*)**
4. **Official transcript (*view website - ndbon.org/NurseLicensure/APRN/Index.asp for submission options*)**

NORTH DAKOTA BOARD OF NURSING
919 S 7th STREET, SUITE 504
BISMARCK, ND 58504-5881
Website: www.ndbon.org

FOR OFFICE USE ONLY
ND License Number
Compact State
Compact RN License Number
Discipline History
Basic Nursing Preparation
AP Program & Completion Date
APRN Type
Certification Program & Expiration Date
☐ CHRC
☐ Certification Statement checked
☐ Pharmacotherapy 30 contact hrs

VERIFICATION OF PROGRAM COMPLETION ADVANCED PRACTICE REGISTERED NURSE

NORTH DAKOTA BOARD OF NURSING

- **Only to be completed by a new graduate whose graduate degree has yet to be posted on the official transcript.**

Applicant – Complete sections A and B; then attach the completed Request for Transcript form and send to your education program for completion ("Request for Release of Transcript" is on www.ndbon.org - choose Nurse Licensure/Advanced Practice Licensure/Initial License Requirements).

A.

Education Program			
Education Program Address	City	State	ZIP Code

B.

Name of Applicant			
Address	City	State	ZIP Code
Name of Program			
Program Location		Year Completed	

VERIFICATION (to be completed by Program Director)

C.

Name of Advanced Formal Nursing Education Program			
Address	City	State	ZIP Code
Inclusive Dates of Attendance			
Certificate or degree awarded that prepares for advanced practice			
Accredited By (Name of National Accrediting Agency)			

Program Director Signature	Date Verified

RETURN TO

North Dakota Board of Nursing
919 S 7th St, Suite 504
Bismarck, ND 58504-5881
www.ndbon.org

CRIMINAL HISTORY RECORD CHECK (CHRC) INSTRUCTIONS

1. Submit an online RN or LPN initial application by exam or endorsement OR include one of the following forms:
   - An RN or LPN Reactivation Form or;
   - An initial APRN application or;
   - A UAP/Technician/MAIII initial or reactivation form
2. Contact your local law enforcement agency or a private agency that provides fingerprinting services to make an appointment to be fingerprinted.
   a. Fee for fingerprinting will vary depending upon agency charges.
   b. Agencies and law enforcement are to use the standard FBI Applicant card (FD-258) for fingerprints.
3. Submit the following to North Dakota Board of Nursing (NDBON) - address is at bottom of this form:
   a. Criminal History Record Check form at:
      i. https://attorneygeneral.nd.gov/sites/ag/files/documents/CHR-Request-SFN60688.pdf - Complete the last section titled "To be Completed by Subject of Record Check" only. Also sign and date form.
   b. Completed fingerprint cards (from the law enforcement agency/private agency)
   c. TWO completed fingerprint cards if ink and roll
   d. ONE completed fingerprint card if electronic
   e. Do not fold fingerprint cards
   f. Money Order or Cashier Check for $41.25, with a current date, and must be made PAYABLE TO BCI. (No personal checks accepted)
4. NDBON will submit the completed form, fee, and fingerprint cards to Bureau of Criminal Investigations (BCI).
   a. BCI will return the background check results to NDBON.
   b. If fingerprints are rejected by BCI, NDBON will notify you.
5. Required fields to be completed at the top of the fingerprint card using BLACK ink:
   a. Last Name, First Name, Middle Name
   b. Signature of Person Fingerprinted (Your Signature)
   c. Aliases/AKA **(Do Not Leave Blank)**
   d. Maiden name
   e. Other names used by you
   f. Insert N/A if you have none
   g. Date of Birth (MM/DD/YYYY format)
   h. Residence of Person Fingerprinted (Your physical residence address NOT mailing address)
   i. Citizenship (US or other country)
   j. Sex (M for male; F for female)
   k. Race
      i. A - Asian/Pacific Islander
      ii. B – Black/African American
      iii. I - American Indian or Alaskan Native
      iv. W - White or Hispanic
      v. U - Unknown
   l. Height (Enter in feet & inches. Examples-if 5 feet 7 inches tall enter 507; if 5 feet 10 inches tall enter 510)
   m. Weight (in pounds)
   n. Eyes (color- use code from color code box below)
   o. Hair (color- use coed from color code box below)
   p. Place of birth (If in US, use 2 letter state abbreviation. If foreign country, enter full name)
   q. Date (date prints taken)
   r. Signature of Official Taking fingerprints
   s. Social Security Number (Use XXX-XX-XXX format)

Eye and Hair Color Codes	
BAL = Bald	BLN = Blonde or Strawberry
BLK = Black	BLU = Blue
BRO = Brown	GRY = Gray
GRN = Green	HAZ = Hazel
MAR = Maroon	ONG = Orange
MUL = Multicolored	PLE = Purple
PNK = Pink	RED = Red
SDY = Sandy	WHI = White

If fingerprint cards are incomplete you will be required to submit new cards

North Dakota Board of Nursing
919 S 7th St, Suite 504
Bismarck, ND 58504-5881
Email: chrc@ndbon.org

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