

## INSTRUCTIONS FOR APPLICATION (SFN 51009) FOR INITIAL PRESCRIPTIVE AUTHORITY

**This application is for those that have an Advanced Practice License in ND.**

**If you do not have an Advanced Practice license in ND please complete the form titled “Initial Advanced Practice License” SFN 16151**

**PRESCRIPTIVE AUTHORITY:** Prescriptive authority must be requested by the advanced practice registered nurse, and the required application must be submitted to the board office. The application process involves a review by board staff. When the application meets all the requirements established by the board the registered nurse/advanced practice license will be reissued with prescriptive authority. The authorization to prescribe will be communicated by the Board of Nursing to the North Dakota Board of Pharmacy.

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

1. Be currently licensed as an advanced practice registered nurse in North Dakota.
2. Submit a completed prescriptive authority application and pay the fee listed on the form.
3. Submit a completed transcript with degree posted from an accredited graduate level advanced practice registered nurse program and which includes evidence of completion of advanced pharmacotherapy, physical assessment, and pathophysiology.
4. Provide evidence of completion of thirty 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 of time 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.**

The advanced practice registered nurse plans and initiates a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic and supportive services including home health care, hospice, and physical and occupational therapy.

1. A permanent advanced practice registered nurse license with the addition of prescriptive authority shall be issued upon meeting all requirements.
2. The advanced practice registered nurse with prescriptive authority may prescribe drugs as defined by chapter 43-15-01 pursuant to applicable state and federal laws.
3. A prescriptive authority advanced practice registered nurse license does not include drug enforcement administration authority for prescribing controlled substances. Each licensee must apply for and receive a drug enforcement administration number before writing prescriptions for controlled substances.
4. An advanced practice registered nurse 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:
    - (1) New or unestablished client requiring prescription for controlled substance;
    - (2) Every six months during treatment of client with a controlled substance;
    - (3) Client requests early refills or engages in a pattern of taking more than prescribed dosage; and
    - (4) 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:
    - (1) Long-term care settings;
    - (2) Controlled settings in which controlled substances are locked and administered to client;
    - (3) Treatment of client with terminal illness, cancer, or cancer-related disorders; and
    - (4) Hospice or palliative care settings.
5. The 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 advanced practice registered nurse.
7. The advanced practice registered nurse 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, a 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. The license will be listed on the ND Board of Nursing website at [www.ndbon.org](http://www.ndbon.org) in the “Verify” tab. No hard copy licenses will be issued.



**INITIAL PRESCRIPTIVE AUTHORITY APPLICATION**  
**(for those that have an Advanced Practice License In ND)**  
 NORTH DAKOTA BOARD OF NURSING  
 SFN 51009 (06-22)

FOR OFFICE USE ONLY
Fee Received
<input type="checkbox"/> NURSYS
<input type="checkbox"/> Temp Permit
<input type="checkbox"/> Full License

Nonrefundable fee for initial prescriptive authority - \$75

**ALL QUESTIONS / SECTIONS MUST BE COMPLETED- incomplete applications will be returned**  
 This form is a legal document. No one else may submit this form on your behalf. You are accountable and responsible for the accuracy of any answer or statement on this form. Submission of a false statement or omission of truth is a violation of North Dakota Century Code 43-12.1 and North Dakota Administrative Code 54-02-06.

**PERSONAL INFORMATION**

Legal Name (Last, First, Middle)			Maiden Name (If Married)	*Social Security Number
Address	City	State	ZIP Code	Date of Birth
Home Telephone Number		Work Telephone Number		
ND RN/APRN License Number				Date of Expiration
APRN Certification Organization			Certificate Number	Date of Expiration
APRN Roles <input type="checkbox"/> NP (choose specialty below) <input type="checkbox"/> CNS (choose specialty below) <input type="checkbox"/> CRNA <input type="checkbox"/> CNM <input type="checkbox"/> Adult <input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Gerontology <input type="checkbox"/> Gerontology <input type="checkbox"/> Child/Adolescent Psychiatric <input type="checkbox"/> Neonatal <input type="checkbox"/> Adult Psychiatric <input type="checkbox"/> Pediatric <input type="checkbox"/> Psychiatric <input type="checkbox"/> Women's Health Care				

\*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.

**ND PRACTICE SETTING**

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

**EDUCATIONAL EXPERIENCE IN PHARMACOTHERAPY**

- A minimum of 30 contact hours or equivalent of pharmacotherapy **completed in the last three (3) years** are required for initial prescriptive authority.
- Pharmacotherapy in 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.** (absence of 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.**

Complete both pages →

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

**PRESCRIPTION DRUG MONITORING UTILIZATION CERTIFICATION**

I certify that I will utilize the Prescription Drug Monitoring Program (PDMP) consistent with ND Administrative Code 54-05-03.1-10 (4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**SCOPE OF PRACTICE VERIFICATION**

<input type="checkbox"/> I certify that my scope of practice is consistent with my education, certification and NDAC Section 54-05-03.1-03.2.
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**APPLICANT CERTIFICATION (check each box to verify you have read and attest to the statement)**

<input type="checkbox"/> I acknowledge that this form is a legal document.
<input type="checkbox"/> 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.
<input type="checkbox"/> I certify that the information provided is true, correct, and complete.
<input type="checkbox"/> I attest that I meet all the requirements to practice for the type of licensure requested, as listed in NDAC 54-02-06.
<input type="checkbox"/> 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.
<input type="checkbox"/> I agree that all licensure information may be submitted by law to Nursys, a national nurse licensure databank.
<input type="checkbox"/> I understand that a full license will not be issued until all CHRC requirements are met.
Applicant Signature
Date

Return completed form and fee to:

NORTH DAKOTA BOARD OF NURSING  
 919 S 7<sup>th</sup> STREET, SUITE 504  
 BISMARCK, ND 58504-5881  
 Website: [www.ndbon.org](http://www.ndbon.org)