

Division of Registrations
State Board of Nursing—Advanced Practice Nursing
 (303) 894-2430 / FAX (303) 894-2821
<http://www.dora.state.co.us/nursing>

PRESCRIPTIVE AUTHORITY
 Advanced Practice Nurse
FORM RXN-1

ATTESTATION OF DEVELOPMENT OF ARTICULATED PLAN

Submit this form if your prescriptive authority was granted **on or before July 1, 2010**, to document completion of development of an Articulated Plan. When processed, your Provisional Prescriptive Authority will be designated as Full Prescriptive Authority.

Mail the completed form with original signature to: State Board of Nursing, 1560 Broadway, Suite 1350, Denver, CO 80202.

PART 1—LICENSEE INFORMATION

Name: Last:	First:	Middle:	Suffix:
Mailing Address: <i>This is a <input type="checkbox"/> Home <input type="checkbox"/> Business</i>	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ()	E-mail Address: <i>Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail</i>		

PART 2—LICENSE INFORMATION

RN License Number:	Advanced Practice Authority Number(s):	Prescriptive Authority Number(s):
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PART 3—ATTESTATION – ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY

The Nurse Practice Act and the Colorado State Board of Nursing Chapter XV Rules require that Advanced Practice Nurses with Prescriptive Authority (RXN) issued prior to July 1, 2010, develop an articulated plan for safe prescribing that documents how the advanced practice nurse intends to maintain ongoing collaboration with physicians and other health care professionals in connection with the advanced practice nurse's practice of prescribing medication within his or her role and population focus.

The Articulated Plan shall be retained by the RXN, shall be reviewed annually and appropriately updated, and shall be available to the State Board of Nursing upon request.

I state under penalty of perjury, as defined in 18-8-503 C.R.S., that by signing this Attestation that I have developed an articulated plan in compliance with the requirements of Section 12-38-111.6(4.5)(c) of the Colorado Revised Statutes and the Chapter XV Rules.

Signature

Date

PART 4—ATTESTATION – PHYSICIAN or PHYSICIAN AND ADVANCED PRACTICE NURSE WITH PRESCRIPTIVE AUTHORITY

The development of the initial articulated plan may be attested to by a physician or a physician and an Advanced Practice Nurse with Prescriptive Authority

I state under penalty of perjury, as defined in 18-8-503 C.R.S., that by signing this Attestation I assisted in the development of the initial articulated plan for the above-named Advanced Practice Nurse in compliance with the requirements of Section 12-36-106.4(2) of the Colorado Revised Statutes and Rule 950 of the Board of Medical Examiners.

Physician Signature

License Number

Date

I state under penalty of perjury, as defined in 18-8-503 C.R.S., that by signing this Attestation I assisted in the development of the initial articulated plan for the above-named Advanced Practice Nurse in compliance with the requirements of Section 12-38-111.6 of the Colorado Revised Statutes and Chapter XV Rules of the State Board of Nursing.

RXN Signature (if applicable)

License Number

Date