

## Frequently Asked Questions

### Advanced Practice

1. How are the expiration dates of my Advanced Practice and Prescriptive Authorities determined?

*Expiration dates for Advanced Practice and Prescriptive Authorities are determined by the expiration date of your Colorado RN license, if you hold one. If your RN license is held in a compact state other than Colorado, Authorities expire on September 30 of either odd or even years and are dependent on the issue date. Authorities issued prior to June 1 of the current year will reflect an expiration date of September 30 of the current year; licenses issued after June 1 but before September 30 will reflect the next expiration date.*

2. Will I receive a wallet card for my Advanced Practice and Prescriptive Authorities?

*No, wallet cards are not issued for Advanced Practice and Prescriptive Authorities, and the authorities are not designated on your RN wallet card. You will receive a written verification of the approval of your authority, and you can verify your authority on-line at <https://www.doradls.state.co.us/alison.php>.*

3. Is national certification required for Advanced Practice Nurses?

*National certification is required of all Advanced Practice Nurses effective 7-1-10.*

*CRNA: Verification of current certification or recertification from the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, as may be appropriate, is required.*

*CNM: Verification of current certification by the American Midwifery Certification Board (AMCB) is required.*

*CNS and NP: Verification of current certification or recertification, as may be appropriate, by a national certifying body is required.*

4. Are there changes to the educational requirements for Advanced Practice effective 7/1/10?

*No. Chapter XIV Rules require "The successful completion of a graduate or post-graduate nursing degree in the Population Focus for which the Applicant seeks inclusion on the APR. Verification of educational requirements shall be evidenced by receipt of a sealed, official transcript from a graduate or post-graduate APN program accredited by a nursing Accrediting Body. The transcript shall verify date of graduation, credential conferred, and Population Focus of the program."*

5. I am currently an Advanced Practice Nurse in another state. How do I apply for the Advanced Practice Registry in Colorado?

*You may apply for the Advanced Practice Registry in Colorado by endorsement. The Nurse Practice Act and the State Board of Nursing Chapter XIV Rules allow for Advanced Practice Nurses with an active license/registration in another state or territory of the United States **and** two years of active practice in the last five years to apply for recognition on the Advanced Practice Registry by endorsement.*

*Endorsement applications will be available at [www.dora.state.co.us/nursing](http://www.dora.state.co.us/nursing) by 7/1/10.*

6. Are there any 'grandfather' provisions with regard to the Advanced Practice Registry?

*Yes. Advanced Practice nurses listed on the Registry prior to July 1, 2010, may retain their listing in an active status by renewing prior to the expiration date and do not need to qualify under the new criteria.*

### **Prescriptive Authority**

7. Why is my Prescriptive Authority being changed to Provisional and what does that mean?

- *Senate Bill 09-239 requires that prescriptive authority for nurses whose authority was issued prior to 7/1/10 be designated as 'provisional' (RXN-P) effective 7/1/10. Upon submission of an Attestation of Development of an Articulated Plan, the prescriptive authority will be designated as Full Prescriptive Authority (RXN). Provisional Prescriptive Authority does not alter the ability to prescribe; it is a designation that allows the State Board of Nursing to track completion of requirements.*

8. What are the changes that affect Prescriptive Authority Nurses beginning 7/1/10?

- *Collaborative Agreements will no longer be required.*
- *Prescriptive Authority for nurses whose authority was granted prior to 7/1/10 will automatically be designated as Provisional Prescriptive Authority. To receive Full Prescriptive Authority, the Advanced Practice Nurse with Prescriptive Authority must submit an Attestation of Development of an Articulated Plan by 7/1/11 (Form RXN-1 available at <http://www.dora.state.co.us/nursing/applications/FormRXN-1AttestationofDevelopmentofArticulatedPlan.pdf>).*
- *New applicants for Prescriptive Authority may be granted Provisional Prescriptive Authority (RXN-P) upon verification of educational requirements and 1800 hours of precepted prescribing experience. To receive Full Prescriptive Authority, the RXN-P must submit verification of completion of an 1800-hour Mentorship and verification of development of an Articulated Plan. The Mentorship and the development of the Articulated Plan must be completed within five (5) years of the issue date of the Provisional Prescriptive Authority.*
- *The APN with Provisional Prescriptive Authority may prescribe upon entering into a Mentorship agreement with a physician or a physician plus an Advanced Practice Nurse with Prescriptive Authority.*
- *APNs with Prescriptive Authority in another state or territory of the United States and 3600 hours of prescribing experience may apply for and receive Provisional Prescriptive Authority (RXN-P) upon verification of Board requirements and 3600 hours of prescribing experience. To receive Full Prescriptive Authority, the Endorsement RXN-P must submit an Attestation of Development of an Articulated Plan within one year from the date the Provisional Prescriptive Authority is granted.*
- *APNs with Prescriptive Authority in another state or territory of the United States and 3600 hours of prescribing experience may apply for and receive Full Prescriptive Authority (RXN) upon verification of Board requirements, 3600 hours of prescribing experience, and submission of an Attestation of Development of an Articulated Plan.*

9. What is the difference between a Collaborative Agreement and an Articulated Plan?

*A collaborative agreement indicates an ongoing required relationship between the Advanced Practice Nurse with Prescriptive Authority and the Physician concerning prescribing practices and a specific referral to that physician when needed.*

*An articulated plan allows for a prescribing education plan and quality assurance plan for the Advanced Practice Nurse, approved initially by a physician, and referral to any appropriate physician when needed.*

10. I have a current collaborative agreement with a physician. What happens with that agreement?

*The collaborative agreement may be dissolved effective 7/1/10.*

11. How do the changes to the Nurse Practice Act and the Chapter XV Rules affect the application process?

*Please review the response above and the Chapter XV Rules as well as the application instructions. Revised applications will be posted no later than 7/1/10.*

12. What are the differences in prescribing capabilities between Provisional Prescriptive Authority and Full Prescriptive Authority?

*To prescribe with Provisional Prescriptive Authority, a Mutually Structured Mentorship must exist between the RXN-P and a Physician Mentor or Physician Mentor and RXN Mentor.*

*The RXN-P has prescribing capabilities under the Nurse Practice Act and the Board's Chapter XV Rules and is eligible to apply for a DEA Registration.\**

*\*DEA is a division of the US Department of Justice. Registration information is available at <http://www.deadiversion.usdoj.gov/drugreg/index.html>.*

### **Guidelines – Preceptorship:**

- *A Preceptorship is a Mutually Structured, individualized period of practical experience and training between an Applicant and a Physician Preceptor (or Physician Preceptor and RXN Preceptor) designed to further the Applicant's knowledge, skill, and experience. The Preceptorship shall occur in a clinical setting and shall include, but not be limited to, precepted experience in pharmacological management; advanced pharmacology; and precepted experience with specific drugs relevant to the Role/Specialty, Population Focus and scope of practice of the Applicant.*
- *Physician Preceptor: A physician whose license to practice in Colorado is active and in good standing (or exempted from licensure pursuant to Section 12-36-106, C.R.S.) The Physician Preceptor's practice corresponds with, but need not be identical to, the Role/Specialty and Population Focus of the Applicant. The Physician Preceptor must also have an unrestricted DEA registration.*
- *RXN Preceptor: A professional nurse who is included on Colorado's APR, has Full Prescriptive Authority in Colorado, has experience prescribing medications, and whose licenses/authorities are in good standing. The RXN Preceptor shall have an active practice in Colorado that corresponds with, but need not be identical to, the Role/Specialty and Population Focus of the Applicant.*
- *Interaction between the Applicant and the preceptor(s) shall occur at least weekly, and more often if needed to provide for patient safety.*

- *To obtain Provisional Prescriptive Authority, the Applicant must complete an 1800-hour Mutually Structured post-graduate Preceptorship within the five (5) year period immediately preceding the filing of the application for Provisional Prescriptive Authority.*

13. Can I sign prescriptions during the 1800 hour Preceptorship? Does the physician sign every prescription?

*During the Preceptorship all Prescription Orders must be signed or otherwise legally authorized by a preceptor or another person with full prescriptive authority.*

14. Do I submit the preceptor agreement to the Board?

*No, you will retain the preceptor agreement in your files.*

15. Can I get a DEA number with Provisional Prescriptive Authority?

*Yes. Registration information is available at <http://www.deadiversion.usdoj.gov/drugreg/index.html>.*

### **Guidelines – Mentorship:**

- *A Mentorship is a formal, documented relationship between an Advanced Practice Nurse with Provisional Prescriptive Authority and a Physician Mentor, or Physician Mentor and RXN Mentor, to further the RXN-P's knowledge, skill, and experience.*
- *Physician Mentor: A physician whose license to practice in Colorado is active and in good standing (or exempted from licensure pursuant to Section 12-36-106, C.R.S.) The physician shall have education, training, experience and a practice that corresponds with but need not be identical to the Role/Specialty and Population Focus of the RXN-P. The Physician Mentor must also have an unrestricted DEA registration for the same controlled substance schedules as the RXN-P being mentored.*
- *RXN Mentor: A professional nurse who is included on Colorado's APR, has Full Prescriptive Authority in Colorado, has experience prescribing medications, and whose licenses/authorities are in good standing. The RXN Mentor shall have an active practice in Colorado that corresponds with, but need not be identical to, the Role/Specialty and Population Focus of the RXN-P. The RXN Mentor must also have an unrestricted DEA registration for the same controlled substance schedules as the RXN-P.*
- *To obtain Full Prescriptive Authority, the RXN-P must complete an 1800-hour Mutually Structured Mentorship and must submit an Attestation of Development of an Articulated Plan within five years of receiving Provisional Prescriptive Authority.*

16. What happens if the requirements for obtaining Full Prescriptive Authority are not completed within the time allowed?

*Your Provisional Prescriptive Authority will expire, and you will be required to reapply for Prescriptive Authority to begin the process again.*

17. Where can I find guidelines for an Articulated Plan? Is there a sample available?

*The basic requirements for an articulated plan are outlined in statute, 12-38-111.6 C.R.S., and in the Board's Chapter XV Rules. Sample templates are available at [http://www.dora.state.co.us/nursing/licensing/CNA\\_Sample\\_Articulated\\_plan.pdf](http://www.dora.state.co.us/nursing/licensing/CNA_Sample_Articulated_plan.pdf) and <http://www.dora.state.co.us/npatch/index.htm>.*

18. Does the Board approve the Articulated Plan?

*No, the Articulated Plan is maintained by the RXN and produced at the request of the State Board of Nursing if chosen for an audit.*

19. When will audits relating to Articulated Plans begin and what will the requirements be?

*The Nurse Practice Act requires that the State Board of Nursing conduct random audits beginning one year after the implementation of the Act and the Board's Chapter XV Rules. Audits of Articulated Plans to determine compliance with the Board's Rules will begin after July 1, 2011.*

*Retain your Articulated Plan in your files. When audited, the State Board of Nursing will request a copy of your plan.*

20. What are the requirements for updating the Articulated Plan?

*Chapter XV Rules require that the Plan be reviewed and updated annually by the RXN.*