

For Office Use Only:	120-Day Approved: _____
Amount: _____	Issued: _____
Date Rcvd: _____	Expires: _____
Cert Rcvd: _____	Full Approval: _____
RN Lic #: _____	Date: _____
State: _____	Rx Approved: _____
APRN # _____	Date: _____
	Rx Number: _____

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701 Agency Telephone: (512)305-7400

Advanced Practice Office: apn@bon.texas.gov or (512)305-6843

APRN Web Site: www.bon.texas.gov/practice/gen-apn.html

Part 1

Application for Licensure as an Advanced Practice Registered Nurse and Prescriptive Authority

(Prescriptive Authority Optional)

PLEASE PRINT

1. First Name _____ Middle Name _____ Last Name _____
All other names previously used: _____ E-mail address: _____
2. Mailing Address _____ City _____ State _____ Zip Code _____
3. Telephone Number: Home: () _____ Cell: () _____ Work: () _____
4. Social Security # _____ Date of Birth: _____ RN License # _____ State: _____
If "compact" RN license other than TX, attach photocopy of license
5. Check **only one** title per application. Some titles may require an exemption. Please see "Specific Information for Completing the APRN Application" on APRN web site for additional information.

<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Nurse- Midwife	Nurse Practitioner: <input type="checkbox"/> Acute Care Adult <input type="checkbox"/> Acute Care Pediatric <input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Gerontological <input type="checkbox"/> Neonatal <input type="checkbox"/> Pediatric <input type="checkbox"/> Psychiatric/Mental Health <input type="checkbox"/> Women's Health <input type="checkbox"/> Other: _____	Clinical Nurse Specialist: <input type="checkbox"/> Adult Health Nursing <input type="checkbox"/> Community Health Nursing <input type="checkbox"/> Critical Care Nursing <input type="checkbox"/> Gerontological Nursing <input type="checkbox"/> Medical-Surgical Nursing <input type="checkbox"/> Pediatric Nursing <input type="checkbox"/> Psychiatric/Mental Health Nursing <input type="checkbox"/> Other: _____
--	---	---	--

6. Information regarding your advanced practice nursing education that prepared you to function in this role and population focus area:

Name of Institution _____ Location (City and State) _____

Completion Date _____ Program Length _____ Program Type: [] Certificate [] Masters
In credit hours [] Post-Masters [] Practice Doctorate
Check only one program type

7. [] Yes [] No Do you hold current CERTIFICATION from a national certifying organization (e.g., American Nurses Credentialing Center, Council on Certification of Nurse Anesthetists) **in the advanced role and population focus area indicated in question 5 above?** If "yes," enclose a photocopy of your **current** national certification (must bear expiration date). If no, you may not be eligible for licensure at this time.
8. [] Yes [] No Do you wish to have your application evaluated for 120-Day Interim Approval?
9. [] Yes [] No Do you wish to have your application evaluated for prescriptive authority in the advanced role and population focus area indicated in question 5 above? **If yes,** please continue with questions 11-12 before completing the rest of the application. Please send the additional \$50 review fee (for a total of \$150). **If no,** skip questions 10-11 and continue with the rest of the application.
10. Please indicate your **clinical** area of practice (e.g., pediatrics, adult health, gerontology) _____
Please do NOT list a title (e.g., family nurse practitioner) or physical location (e.g., hospital, long term care, rural health clinic).

Application for Licensure as an Advanced Practice Registered Nurse and Prescriptive Authority

(Page 2 of 3)

11. If you are a Clinical Nurse Specialist, please indicate the course number and title of the course(s) that you completed in diagnosis and management within your specialty area. _____

12. I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes in accordance with the Nursing Practice Act, §§ 304.001 through 304.011, and 22 Tex. Admin. Code, § 220.2. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile). **If you indicate a Compact state as the answer to this question, you must hold a license with a Compact privilege from that Compact state and you must indicate the license number from that Compact state in question #4.**

13. Upon licensure in Texas, in which state(s) do you intend to practice? _____

14. [] Yes [] No *For any criminal offense, including those pending appeal, have you:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, 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. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Government Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

15. [] Yes [] No *Are you currently the target or subject of a grand jury or governmental agency investigation?

16. [] Yes [] No Has **any** professional or occupational licensing authority (including Texas) refused to issue you a license (at any level), ever fined, censured, reprimanded or otherwise disciplined you, or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to renew a nursing or other professional or occupational license, certificate or multi-state privilege held by you now or previously?

17. [] Yes [] No *Within the past five (5) years, have you been addicted to and/or treated for the use of alcohol or any other drug?

Application for Licensure as an Advanced Practice Registered Nurse and Prescriptive Authority

(Page 3 of 3)

18. Yes No *Within the past five (5) years, have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If "YES" indicate the condition: schizophrenia and/or psychotic disorders, bipolar disorder, paranoid personality disorder, antisocial personality disorder, borderline personality disorder

* Pursuant to *Occupations Code § 301.207*, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the *Occupations Code § 301.466*. If you are licensed as an LVN or RN in the state of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer "NO" to questions # 17 and # 18.

(NOTE: If you answered "Yes" to questions 14 - 18 above, attach a letter of explanation that is dated and signed indicating the circumstance(s) you are reporting to the board).

19. Yes No Have you completed a minimum of 400 hours of practice in the advanced role and population focus area indicated in question five (5) within the last two (2) years? (If you cannot answer "yes," you are not eligible to apply at this time. Please note: If you are applying for licensure within 24 calendar months of your advanced practice nursing educational program completion date, you may answer "yes". You do not need to provide documentation verifying your practice hours unless audited. The board reserves the right to audit any applicant for compliance with this requirement, including those applicants who completed their programs within the last 24 months.)

20. Yes No Have you completed a minimum of 20 contact hours of continuing education in the advanced role and population focus area indicated in question five (5) within the last two (2) years? (If you cannot answer "yes," you are not eligible to apply at this time. Please note: If you are applying for licensure within 24 calendar months of your advanced practice nursing educational program completion date, you may answer "yes". You do not need to provide photocopies of your continuing education certificates unless audited. The board reserves the right to audit any applicant for compliance with this requirement including those applicants who completed their programs within the last 24 months.)

ATTESTATION:

I, the undersigned applicant whose name appears below, attest that I am the person referred to in this application. I acknowledge that this application is a legal document and attest that:

- the statements herein contained are true in every respect;
- I understand that it is a violation of 22 Tex. Admin. Code § 217.12(6)(l) and the Penal Code § 37.10 to submit a false statement to a governmental agency;
- I have met the requirements for licensure as an advanced practice registered nurse in the role and population focus area indicated in question 5 as stated in 22 Tex. Admin. Code, §§ 221.3 through 221.6;
- I have submitted Part II of this application to the education program and requested an official transcript be sent to the board; and
- I have read, understood, and will abide by the rules and regulations relating to advanced practice registered nurses as specified in 22 Tex. Admin. Code, Ch. 221.

If I am also applying for prescriptive authority, I further attest that:

- Prescriptive authority will only be utilized in an eligible site; and
- I have read, understood, and will abide by the rules and regulations relating to advanced practice registered nurses with prescriptive authority as specified in 22 Tex. Admin. Code, Ch. 222.

Applicant's Signature: _____ License # _____ Date: ____/____/____