



## APRN APPLICATION PREPARATION CHECKLIST

The following check list will guide you in the preparation of your application. This list is for your use only. Please do not return it with your application.

- \_\_\_\_\_ Read the instructions for completing the application and Rule 221 in their entirety. Read Rule 222 in its entirety if you are also applying for prescriptive authority. Both Rules are enclosed for your convenience.
- \_\_\_\_\_ Complete Questions 1 through 20 on **Part I** of the application. If you are applying for advanced practice licensure and prescriptive authority, all questions must be answered. If you are not applying for prescriptive authority at this time, you do not need to answer questions 11 and 12. Do NOT use correction fluid or tape. If you make a mistake, place a single line through the error, note the correction, and place your initials by the correction. Incomplete applications and applications that appear altered by the use of correction fluid will be returned to the applicant and may result in a delay in reviewing the application.
- \_\_\_\_\_ Carefully read the "Attestation" portion of **Part I** of the application before signing the document.
- \_\_\_\_\_ Submit an **official** final transcript relating to your advanced practice nursing education (photocopies are not acceptable). The transcript must show the date that the degree/certificate was awarded (if applicable). If you completed portions of your advanced practice nursing education program at more than one institution, you must provide an official transcript from each institution. Notations that transfer credit was awarded for courses completed at another institution is not sufficient.
- \_\_\_\_\_ If you currently hold national certification, enclose evidence of **current** certification in the advanced role and population focus area for which you are applying (must show expiration date). *If you have not obtained national certification in the appropriate role and population focus area, you may not be eligible for any level of approval at this time.* If you have questions, please call the APRN office during regular business hours.
- \_\_\_\_\_ If applicable, please enclose a copy of your compact RN license—refer to Page 1 of the instructions (note: Applicants who hold a valid TX RN license are NOT required to send a copy of that license).
- \_\_\_\_\_ Sign the "Consent to Release Information" section of **Part II** of the application. Mail the consent and Part II to the program director for completion.
- \_\_\_\_\_ Enclose a check or money order (in US dollars) for the appropriate fee made payable to the Texas Board of Nursing.
- \_\_\_\_\_ Mail Part I of the application, evidence of current national certification (if applicable), and the fee to: Texas Board of Nursing, ATTN: APRN Application Office, 333 Guadalupe, Suite 3-460, Austin, Texas, 78701.

### NEW GRADUATE ADVANCED PRACTICE REGISTERED NURSES:

Please note that the Texas Board of Nursing no longer issues interim approval to new graduates who have not yet taken and passed their national certification examinations. You must submit evidence of current national certification (must show expiration date) before you will be eligible for interim approval or full advanced practice licensure.

## Texas Board of Nursing

333 Guadalupe Street, Suite 3-460, Austin, TX 78701

Web Site: [www.bon.texas.gov](http://www.bon.texas.gov)

### Advanced Practice Office Contact Information:

E-Mail: [apn@bon.texas.gov](mailto:apn@bon.texas.gov) Telephone (512) 305-6843 Fax: (512) 305-8101

Advanced Practice Information Website: [www.bon.texas.gov/practice/gen-apn.html](http://www.bon.texas.gov/practice/gen-apn.html)

**This application packet has been developed for the registered nurse who wishes to be licensed by the Texas Board of Nursing (BON) as an Advanced Practice Registered Nurse (APRN) with or without prescriptive authority. Please read the instructions carefully PRIOR to completing the application.** Errors on the application increase the length of time necessary to review your application.

There are two parts to this application, labeled Part I and II respectively. Each part of the application is a LEGAL DOCUMENT. Therefore, each part of the application must be complete (all questions answered unless otherwise indicated) and legible. Correction fluid (such as white-out) is not acceptable. If you make a mistake, place a single line through the error, make the correction, and place your initials by the correction.

## FEES

Please submit a check or money order for the appropriate amount payable (in US dollars) to the Texas Board of Nursing. Fees are not refunded if it is determined you did not meet the requirements for licensure and/or prescriptive authority in the State of Texas. The fees are as follows:

Advanced Practice Licensure only: \$100

OR

Advanced Practice Licensure with Prescriptive Authority: \$150

Please note: If you are requesting licensure (with or without prescriptive authority) in more than one role and/or population focus area, you must submit a separate application and review fee for each license.

If you already have prescriptive authority in one role/population focus area and you are applying for licensure in another role and population focus area, you must apply for prescriptive authority in that additional role and population focus area if you intend to authorize or issue prescription drug orders when functioning in that role/population focus area. For example, if you are licensed as an adult nurse practitioner with prescriptive authority and you wish to obtain licensure as a family nurse practitioner, you will not be able to write prescriptions as a family nurse practitioner if you do not apply for and receive prescriptive authority as a family nurse practitioner.

## PRIOR TO COMPLETING THIS APPLICATION

You must have a current, valid Texas RN license (temporary or permanent) or a current privilege to practice in Texas at the time you sign the application. Therefore, if you do not hold one of these types of licenses, you are not eligible to complete this application at this time. Please be aware that if you obtain a license to practice in a compact state, you must meet certain eligibility requirements to exercise the multi-state privilege at the time you submit this application. For information related to obtaining a Texas RN license or additional information regarding the Nurse Licensure Compact for RNs and LVNs, visit our web site at [www.bon.texas.gov](http://www.bon.texas.gov) (available 24 hours/ 7 days) or contact our office at (512) 305-6809 during regular business hours. Please note: Texas has not implemented the Compact for advanced practice registered nurses at this time.

You must have completed an accredited advanced practice nursing education program at the time you sign the application. Do not request an official transcript or sign any of the documents in this application packet prior to your program completion date. Applications signed prior to the completion date will NOT be approved.

## APPLICATION PACKET MATERIALS

In addition to the application forms, this packet includes a copy of Board Rules 221 and 222, relating to Advanced Practice Nurses and Advanced Practice Registered Nurses with Prescriptive Authority. Advanced practice registered nurses must comply with the Texas Nursing Practice Act and the rules and regulations governing advanced practice nursing (refer to Rules 221 and 222) as well as the rules and regulations governing the practice of registered nursing (including Rules 217.11 and 217.12). It is your responsibility as an advanced practice registered nurse to be familiar with all laws and regulations relating to your practice (including those imposed by other entities) and to practice accordingly.

If you are a nurse anesthetist and intend to provide general anesthesia, regional anesthesia, or monitored anesthesia care in certain outpatient settings, you may be required to register with the board. Please review Section 221.16 of Rule 221 very carefully. If you are required to register with the board, you may obtain the application materials by downloading the application from the Advanced Practice Information page of our web site [www.bon.texas.gov/practice/gen-apn.html](http://www.bon.texas.gov/practice/gen-apn.html).

**If you are already licensed as an advanced practice registered nurse in Texas and wish to obtain prescriptive authority, this is not the correct application.** The appropriate application materials are available on the Advanced Practice Information page of our web site.

## REVIEWING APPLICATIONS

It is not possible to specify a time frame for reviewing and responding to your application because of the volume of applications received and variations in individual circumstances. We make every effort to complete the initial review and prepare a response within thirty days of the date on which your application is received in the board office. Applications and supporting documentation are reviewed in the date order in which they are received. If any of the information on your application is incorrect, incomplete or illegible, review of the application may be delayed. You will be notified in writing that your application has been approved. **Please note: all levels of approval may also be verified via the “Online Verification” section of the Texas Board of Nursing’s web site.** Due to the high volume of applications received, we cannot call you to advise you if additional information is required. However, you may check the status of your application online. From our home page ([www.bon.texas.gov](http://www.bon.texas.gov)), click on the link to Verify a License Online. Next, click on the link to Check the Status of an Application for Initial Licensure (Endorsement, Examination, or Advanced Practice Registered Nurse). Enter your name and date of birth in the appropriate boxes and select Advanced Practice Registered Nurse as the application type. Then click the submit button. Please note that the dates reflected on the online status check are the dates the documents were **received** in the board office. Verification of receipt of a document does not imply that the document has been reviewed. It is not possible to review all documents on the date they are received. We are reviewing documents as quickly as we can in the date order in which they are received. We truly appreciate your patience with the review process.

## INTERIM APPROVAL

If you anticipate employment within the next 60 days, we strongly suggest you request 120-Day Interim Approval by answering “yes” to question nine (9). 120-Day Interim Approval allows eligible applicants to obtain temporary authorization to practice in the advanced role and population focus area while the application is reviewed for full licensure. 120-Day Interim Approval cannot be extended or renewed. **PLEASE NOTE: If we have reason to believe that you may not meet the requirements for full APRN licensure, 120-Day Interim Approval will NOT be granted or will be delayed.** Examples of situations in which 120-Day Interim Approval is not granted or is delayed include, but are not limited to, situations in which the applicant has eligibility issues or a history of disciplinary action or situations in which we have prior knowledge that graduates of a particular advanced practice nursing education program did not meet the requirements outlined in Board rule. The board reserves the right to require that you provide detailed course descriptions and/or course syllabi as needed for verification that the content of a particular course(s) meets the requirements outlined in Rule 221.3.

Although you may *apply* for prescriptive authority at the time you apply for 120-Day Interim Approval, you will not be *granted* prescriptive authority if you hold only 120-Day Interim Approval. Prescriptive authority will be granted to qualified applicants at the time full APRN licensure is granted.

## GENERAL INSTRUCTIONS FOR COMPLETING AND FILING THIS APPLICATION

You (the applicant) must complete Part I of the application **in its entirety**. Part II will be completed by the program director of your advanced practice nursing education program. Part II and an official transcript are used to verify that you have met the board's educational requirements for licensure in your role and population focus area. It is your responsibility to send Part II to the school. The program director should send the form directly to the board once it is completed. It is also your responsibility to request an **official** final transcript. The final transcript must show the degree that was awarded. Please note: the program completion dates listed on Parts I and II must match. If you are uncertain of your completion date, contact your program director prior to completing Part I of the application to confirm the date. The completion date is the date when the program/program director determines you have met all requirements and finished/exited the program. If your advanced practice nursing education program is permanently closed, an appropriate official designated by the academic institution must complete Part II. In most cases, this will be the institution's registrar.

Additional detailed information regarding specific questions on the application and FAQs can be found by visiting the advanced practice page of our web site: [www.bon.texas.gov/practice/gen-apn.html](http://www.bon.texas.gov/practice/gen-apn.html). If you are uncertain how to answer a question, please check the information on the website first. If you are still uncertain how to answer the question, you may contact our office during regular business hours. Please keep in mind that board staff cannot answer the question for you. We can only help clarify what information is required.

**PLEASE NOTE: Part I of the application is three pages in length. All pages must be completed in their entirety and submitted for consideration of your application. You must sign and date the bottom of each page of the application. When you sign the application, you are attesting that the information contained on ALL pages is true and correct.**

**Eligibility Questions:** Questions 14 through 18 require you to provide information related to your eligibility for licensure at any level in the State of Texas. Please read these questions **very carefully**. *You may exclude Class C misdemeanor traffic violations.* If you answer "yes" to one or more of these questions, you must attach a letter of explanation indicating the circumstance(s) you are reporting to the board. The letter must be signed and dated. If it is determined that the issue being reported meets the criteria for opening a case according to our current rules, you may be required to pay a \$150 review fee and/or a \$39 fee for completion of a criminal background check. Once we have your completed application form (Part I), required documents, and fee, if applicable, your file will be transferred to our Enforcement Department for review. This review **may** take a minimum of three months. We cannot provide a specific time line for the review because of variation in situations and individual circumstances. **No level of approval will be granted until a decision has been rendered by our Enforcement Department.**

**\*PLEASE NOTE:** 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*.

You must sign Part I of the application. When you sign the application, you are attesting that:

- the information contained on the application is true and correct;
- you understand it is unlawful to provide false information on any aspect of your application;
- you have met the licensure requirements as stated in Rule 221;
- you have requested an official final transcript be submitted to the BON and mailed Part II of the application to the advanced practice nursing education program or designated organization for completion; and
- you have read and agree to abide by the rules and regulations outlined in Rule 221.

If you indicated that you also wish to apply for prescriptive authority, you are further attesting that:

- you will only utilize prescriptive authority in an eligible site; and
- you have read and agree to abide by the rules and regulations outlined in Rule 222.

## A WORD ABOUT PRESCRIPTIVE AUTHORITY

Prescriptive authority may only be granted to eligible candidates who meet the criteria outlined in Rule 222.2. Please review this section of the rule very carefully if you wish to apply for prescriptive authority. **Prescriptive authority is NOT granted automatically, nor is it granted to individuals holding only 120-Day Interim Approval.** Although you may *apply* for prescriptive authority at the time you apply for APRN licensure, the Texas Board of Nursing will not *issue* prescriptive authority to you until you receive full APRN licensure.

Prescriptive authority is specific to each advanced practice role and population focus area. If you already have prescriptive authority in one role/population focus area and you are applying for licensure in another role and population focus area, you must apply for prescriptive authority in that additional role and population focus area if you intend to authorize or issue prescription drug orders when functioning in that role/population focus area. For example, if you are licensed as an adult nurse practitioner with prescriptive authority and you wish to obtain licensure as a family nurse practitioner, you will not be able to write prescriptions as a family nurse practitioner if you do not apply for and receive prescriptive authority as a family nurse practitioner.

**Controlled Substances:** You must have **FULL** licensure as an advanced practice registered nurse with prescriptive authority from the BON before you may proceed with the review to obtain appropriate permits (see next paragraph) and prescribe controlled substances. It is your responsibility to ensure our office receives all necessary documentation for full licensure. You must also verify that you and your delegating physician(s) have met all requirements for delegation of prescriptive authority to an advanced practice registered nurse that have been set forth by the Texas Medical Board (TMB). For questions regarding TMB requirements, contact the TMB by telephone (512/305-7030) or via their web site ([www.tmb.state.tx.us](http://www.tmb.state.tx.us)).

If you have full APRN licensure and prescriptive authority from the BON, you must comply with the following requirements prior to authorizing or issuing a prescription for controlled substances: Once you and the physician have complied with TMB requirements, you must submit an application for controlled substances registration to the Texas Department of Public Safety (TX DPS). **You must have a prescriptive authority number that has been issued by the Texas Board of Nursing and delegation of prescriptive authority filed with the Texas Medical Board before you may submit the controlled substances registration form.** Applications may be obtained by calling (512/424-7293) or contacting the TX DPS via its website ([www.txdps.state.tx.us/RegulatoryServices/prescription\\_program/precontact.htm](http://www.txdps.state.tx.us/RegulatoryServices/prescription_program/precontact.htm)). After the controlled substances permit has been issued, you may apply for a DEA registration number. DEA applications may be obtained by calling one of the DEA's regional offices or via the DEA's web site at [www.deadiversion.usdoj.gov/](http://www.deadiversion.usdoj.gov/). The BON can provide interested advanced practice registered nurses with applications for prescriptive authority only. The applications for TX DPS and DEA registration must be obtained from the appropriate resource as indicated above. You may not legally prescribe any controlled substances in Texas unless you hold **both** a current TX DPS permit **and** DEA registration.

A note to CRNAs: The BON does not require that you have prescriptive authority to write orders for drugs and devices for the purpose of administering anesthesia or anesthesia-related services.

## INSTRUCTIONS FOR VERIFICATION OF EDUCATIONAL PREPARATION TO THE BON

You must submit an **official** final transcript relating to your advanced practice nursing educational preparation (photocopies are not acceptable). The final transcript must show the degree that was awarded (if applicable). If you completed portions of your advanced practice nursing educational program at more than one institution, you must provide an official transcript from each institution. You must also request that your program director complete Part II of the application.

Complete and sign the "Consent to Release Information" section on Part II of the application. Mail Part II of the application to the program director of the advanced practice nursing education program and request that the "Verification of Completion of a Program in an Advanced Practice Nurse Role" section be completed appropriately. The program director must sign the form and mail it to:

Texas Board of Nursing  
333 Guadalupe Street, Suite 3-460  
Austin, TX 78701

If your program has closed, the authorized person where your records are archived must complete this document. This is usually the registrar for the academic institution. Do NOT send this form to an individual who is no longer affiliated with the program/academic institution. Please note: If you are a nurse anesthetist and your program has closed, send Part II of the application and your request for an official transcript to the following address:

Karen Zaglaniczny Plaus, CRNA, PhD  
Council on Certification of Nurse Anesthetists  
222 South Prospect Ave  
Park Ridge, IL 60068-4001



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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?

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR LICENSURE AS AN ADVANCED PRACTICE REGISTERED NURSE (PART 2)**

The director of the program or designated official (only if program is permanently closed) must complete this section after the completion date and indicate information regarding the applicant's advanced practice nursing education program of study. *Please do not use a signature stamp. **Do not use white-out for corrections.*** All blanks must be completed or marked NA/Not Applicable unless otherwise noted. Send the signed form directly to the Texas Board of Nursing, 333 Guadalupe, Suite 3-460, Austin, Texas 78701, Attn: APRN Office. Note: The "completion date" is the date when the program/program director deems the student to have finished and met all the requirements of the program and exited the program. It may not necessarily be the same as the formal date of graduation.

**VERIFICATION OF COMPLETION OF A PROGRAM IN AN ADVANCED PRACTICE NURSE ROLE**

1. Full Name of Graduate (first/last): \_\_\_\_\_
2. Advanced Role & Population Focus Area in which Applicant was Educated (e.g., Family Nurse Practitioner) \_\_\_\_\_
3. Name of University/Institution \_\_\_\_\_ Location of Program (city, state) \_\_\_\_\_
4. Type of Program (check one):  Certificate Program  Master's Degree  Post-Master's Certificate  Practice Doctorate
5. Program Completion Date \_\_\_\_\_
6. Length of Didactic (credit or clock hours) \_\_\_\_\_ Number of Clinical Hours (**in clock hours only**) \_\_\_\_\_  
(Include only clinical hours completed for academic credit from the university/institution identified in question 3. Do not include clinical hours for which transfer credit or credit by exam was awarded)
7. **At the time the applicant completed the program**, the program was accredited by (check one):  
 Accreditation Commission for Midwifery Education  NLN/National League for Nursing Accrediting Commission  
 Council on Accred. of Nurse Anesthesia Educational Programs  National Assoc. of Nurse Practitioners in Women's Health  
 Commission on Collegiate Nursing Education  Texas Board of Nursing  
Other (please specify) : \_\_\_\_\_
8. For all Nurse Practitioner and Clinical Nurse Specialist programs, please indicate the course number(s) in which the above named individual completed the following content:  
Advanced Assessment (didactic and clinical) \_\_\_\_\_ Pharmacotherapeutics \_\_\_\_\_  
Pathophysiology and/or psychopathology \_\_\_\_\_ Role Preparation \_\_\_\_\_

**AFFIDAVIT**

I, (print director's name), hereby certify that the above statement of information is true and correct and that the applicant named above has met all requirements for completion of the advanced practice nursing education program for which I am the program director or authorized designated official.

**AFFIX SCHOOL SEAL BELOW**

Director's original signature \_\_\_\_\_

Please do not use a signature stamp

Title/Position \_\_\_\_\_

Date Signed \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

APPLICATION FOR LICENSURE AS AN ADVANCED PRACTICE REGISTERED NURSE (Part 2)

CONSENT TO RELEASE INFORMATION

Applicant must complete the following information and forward Part 2 of the APRN Application to the program director or designated official (only if the program is permanently closed) authorized to certify that the individual has completed an advanced practice nursing education program of study congruent with the role and population focus title for which the applicant seeks licensure in Texas.

I, (print name) \_\_\_\_\_, have applied to the Texas Board of Nursing for licensure as an Advanced Practice Registered Nurse using the title \_\_\_\_\_. After I have completed all requirements of the program of study, please complete the information on the verification of completion form and forward the signed form directly to the Texas Board of Nursing, 333 Guadalupe, Suite 3-460 Austin, TX 78701, ATTN: APRN Application Office. I grant permission for Texas Board of Nursing staff to discuss my education with representatives of the advanced practice nursing education program.

Student ID/SSN \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

INFORMATION FOR THE PROGRAM DIRECTOR

The following requirements apply to ALL applicants seeking licensure as advanced practice registered nurses who completed nurse practitioner (NP) or clinical nurse specialist (CNS) programs on or after January 1, 1998. Graduates from **any** jurisdiction must present evidence of successful completion of these requirements. The curricular requirements in their entirety may be found in 22 Tex. Admin. Code § 221.3.

SELECTED OPERATIONAL DEFINITIONS

1. Advanced Assessment Course: A course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status, and formulate effective clinical management plans.
2. Pharmacotherapeutics: A course that offers content in pharmacokinetics and pharmacodynamics, pharmacology of current/commonly used medications, and the application of drug therapy to the treatment of disease and/or the promotion of health.
3. Pathophysiology: A course that offers content that provides a comprehensive, system-focused pathology course that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span.
4. Role Preparation: Formal didactic and clinical experiences/content that prepare nurses to function in an advanced nursing role.
5. Clinical Learning Experiences: An opportunity for students to apply knowledge by managing patient/client care in a healthcare setting. Clinical learning experiences are planned and monitored by either a designated faculty member or qualified preceptor.
6. Practicum/Preceptorship/Internship: A designated portion of a formal educational program that is offered in a healthcare setting and affords students the opportunity to integrate theory and role in both the clinical specialty/practice area and advanced nursing practice through direct patient care/client management. Practicums, preceptorships, and internships are planned and monitored by either a designated faculty member or qualified preceptor.

SELECTED CURRICULAR REQUIREMENTS

A program designed to prepare NPs and CNSs for advanced practice roles shall include the following:

1. **Separate courses** in Pharmacotherapeutics, Advanced Assessment and Pathophysiology and/or Psychopathology (integrated content, including content integrated in medical management courses, is NOT accepted in lieu of separate courses in these content areas);
2. Evidence of theoretical and clinical role preparation;
3. Evidence of clinical major courses in the population focus area;
4. Evidence of a practicum/preceptorship/internship to integrate clinical experiences as reflected in essential content and the clinical major courses; and
5. Faculty prepared in appropriate roles and population focus areas.

**NOTE:** All NP and CNS applicants who completed their programs on or after January 1, 2003 shall demonstrate completion of a minimum of 500 unduplicated clinical clock hours in each advanced role and population for which they have applied within their advanced educational programs.

## Recognized National Certification Examinations

Rule 221.4(c) requires **current** national certification for all applicants who completed their advanced practice nursing education programs on or after 1/1/1996 unless the applicant is eligible to apply for a waiver of this requirement under the provisions of Rule 221.7(c). The following is a table delineating specific examination(s) recognized by the Texas Board of Nursing for specific advanced practice roles and population focus areas. **This is not an exhaustive list**; rather, this list contains the advanced practice titles most commonly recognized by the board and the examinations accepted by the Board as meeting the national certification requirement for advanced practice registered nurses in those roles and population focus areas. If you do not see your advanced role and population focus area or certification listed, please contact the APRN application office at [apn@bon.texas.gov](mailto:apn@bon.texas.gov) or (512) 305-6843 during regular business hours to obtain additional information.

Advanced Practice Role and Population Focus Area	National Certification Examinations Recognized by the Texas Board of Nursing
Nurse Anesthetist	NBCRNA Council on Certification of Nurse Anesthetists' Certification Examination
Nurse-Midwife	American Midwifery Certification Board Examination—must take examination for certification as a CNM
Acute Care Nurse Practitioner (ACNP) (May take either examination)	American Nurses Credentialing Center's ACNP examination <b>OR</b> AACN Certification Corporation's ACNP examination
Acute Care Pediatric Nurse Practitioner (ACPNP)	Pediatric Nursing Certification Board's <u>Acute Care</u> -CPNP examination
Adult Nurse Practitioner (ANP) (May take either examination)	American Nurses Credentialing Center's ANP examination <b>OR</b> American Academy of Nurse Practitioners' ANP examination
Family Nurse Practitioner (FNP) (May take either examination)	American Nurses Credentialing Center's FNP examination <b>OR</b> American Academy of Nurse Practitioners' FNP examination
Gerontological Nurse Practitioner (GNP)	American Nurses Credentialing Center's GNP examination
Neonatal Nurse Practitioner (NNP)	National Certification Corporation's NNP examination
Pediatric Nurse Practitioner (PNP) (May take either examination)	Pediatric Nursing Certification Board's <u>Primary Care</u> -CPNP examination <b>OR</b> American Nurses Credentialing Center's PNP examination
Psychiatric/Mental Health Nurse Practitioner (PMHNP) (May take examination appropriate to education)	American Nurses Credentialing Center's Adult PMHNP examination <b>OR</b> American Nurses Credentialing Center's Family PMHNP examination
Women's Health Nurse Practitioner (WHNP)	National Certification Corporation's WHNP examination
Clinical Nurse Specialist in Adult Health Nursing	American Nurses Credentialing Center's Adult Health Clinical Nurse Specialist examination
Clinical Nurse Specialist in Critical Care Nursing	AACN Certification Corporation's CCNS examination
Clinical Nurse Specialist in Gerontological Nursing	American Nurses Credentialing Center's Gerontological Clinical Nurse Specialist examination
Clinical Nurse Specialist in Medical/Surgical Nursing	American Nurses Credentialing Center's Adult Health Clinical Nurse Specialist (formerly Med-Surg Clinical Nurse Specialist) examination
Clinical Nurse Specialist in Pediatric Nursing	American Nurses Credentialing Center's Pediatric Clinical Nurse Specialist examination
Clinical Nurse Specialist in Psychiatric/ Mental Health Nursing (May take examination appropriate to education)	American Nurses Credentialing Center's Adult Psychiatric & Mental Health Clinical Specialist examination <b>OR</b> American Nurses Credentialing Center's Child/Adolescent Psychiatric & Mental Health Clinical Specialist examination

**Texas Board of Nursing**

333 Guadalupe Street, Suite 3-460, Austin, TX 78701

Web Site: [www.bon.texas.gov](http://www.bon.texas.gov)

Advanced Practice Office Contact Information:

E-Mail: [apn@bon.texas.gov](mailto:apn@bon.texas.gov) Telephone (512) 305-6843 Fax: (512) 305-8101

Advanced Practice Information Website: [www.bon.texas.gov/practice/gen-apn.html](http://www.bon.texas.gov/practice/gen-apn.html)

**NOTICE REGARDING**

**PRESCRIPTIVE AUTHORITY**

Prescriptive authority is an optional authority for those who qualify and wish to write prescriptions. Prescriptive authority may only be granted to eligible candidates who meet the criteria outlined in Rule 222.2.

Prescriptive authority is ***not*** granted with 120-Day Interim Approval. Prescriptive authority will not be granted until the eligible applicant holds full Advanced Practice Registered Nurse (APRN) licensure.

Prescriptive authority from the Texas Board of Nursing is for categories of dangerous drugs only. It does not include authority to prescribe controlled substances. To prescribe controlled substances, you must complete the registration process for physician delegation of prescriptive authority with the Texas Medical Board, and obtain controlled substances registration from ***both*** the Texas Department of Public Safety ***and*** the United States Drug Enforcement Administration. Additional information on these processes is included with these application materials.

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**Board's Policy Regarding Academic Courses  
for Prescriptive Authority**

In reference to Rule 222.2(a)(2)(A) and (A)(ii), CNSs are required to have completed graduate level courses in advanced pharmacotherapeutics, advanced health assessment, advanced pathophysiology, and diagnosis and management of diseases and conditions within the population focus area. These courses shall be academic courses with a minimum of 45 clock hours per course (equivalent to a 3-semester credit hour course) from a nursing program accredited by an organization recognized by the Board. As a policy, the Board recognizes, as equivalent to an academic course, those courses offered by an academic institution through its continuing education department when the courses are ***identical*** to the courses offered in the academic institution's Advanced Practice Registered Nurse track, including hours, clinical components, passing standard, and all outcome measures (examinations, assignments, projects, etc.).

In reference to Rule 222.2(a)(2)(A)(iii), as a Board policy, *Clinical Nurse Specialists in Psychiatric/Mental Health Nursing* who completed their CNS programs prior to 1/1/1998 and are certified in this role and population focus area by the American Nurses Credentialing Center will be considered to have met course requirements for advanced pathophysiology and diagnosis and management of diseases and conditions within the clinical specialty. CNSs in Psychiatric/Mental Health must complete additional courses in advanced health assessment and advanced pharmacotherapeutics.

## **Authority to Prescribe Controlled Substances:**

Advanced practice registered nurses with full licensure and prescriptive authority must comply with the following requirements prior to authorizing or issuing a prescription for controlled substances:

The advanced practice registered nurse must submit an application for a controlled substances registration to the Texas Department of Public Safety (TX DPS). Applications may be obtained by calling (512/424-7293) or contacting the TX DPS via its website ([www.txdps.state.tx.us/RegulatoryServices/prescription\\_program/precontact.htm](http://www.txdps.state.tx.us/RegulatoryServices/prescription_program/precontact.htm)). **You must have a prescriptive authority number that has been issued by the Texas Board of Nursing and have registered physician delegation of prescriptive authority with the Texas Medical Board before you may submit the controlled substances registration form.** After the controlled substances permit has been issued, the advanced practice registered nurse may apply for a DEA registration number. DEA applications may be obtained via the DEA's web site at [www.dea.gov](http://www.dea.gov). You may also call your local DEA office. Telephone numbers can be found on [www.usdoj.gov/dea/pubs/states/texas.html](http://www.usdoj.gov/dea/pubs/states/texas.html). **The BON can provide interested advanced practice registered nurses with applications and information regarding prescriptive authority only.** The applications for TX DPS and DEA registration **must** be obtained from the appropriate resource as indicated above. If you have a DEA registration issued in another jurisdiction, you must still obtain a TX DPS registration before prescribing controlled substances in Texas.

***Effective 9/1/2008, prescriptions for controlled substances must contain the prescriber's TX DPS number in addition to the DEA number.***

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### **§222.5. Prescriptions for Dangerous Drugs.**

Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to sign prescription drugs orders for dangerous drugs in accordance with the standards and requirements set forth in this chapter.

### **§222.6. Prescriptions for Controlled Substances.**

(a) Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to obtain authority to prescribe certain categories of controlled substances. The advanced practice registered nurse must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

(b) Advanced practice registered nurses who authorize or issue prescriptions for controlled substances shall:

(1) Limit prescriptions for controlled substances to those medications listed in Schedules III through V as established by the commissioner of public health under Chapter 481, Health and Safety Code (Texas Controlled Substances Act);

(2) Issue prescriptions, including a refill of the prescription, for a period not to exceed 90 days;

(3) Not authorize the refill of a prescription for a controlled substance beyond the initial 90 days prior to consultation with the delegating physician and notation of the consultation in the patient's chart; and

(4) Not authorize the prescription of a controlled substance for a child less than two years of age prior to consultation with the delegating physician and notation of the consultation in the patient's chart

(c) Advanced practice registered nurses with valid prescription authorization must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

## Advanced Practice Nurses

### §221

§221.1. Definitions. The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

(1) Accredited program - A program which has been deemed to have met certain standards set by the board or by a national accrediting body recognized by the board.

(2) Advanced educational program - A post-basic advanced practice nurse program at the certificate or master's degree, or higher level. Beginning January 1, 2003, a master's degree in the advanced practice role and population focus area will be required for recognition as an Advanced Practice Registered Nurse.

(3) Advanced practice nurse - A registered nurse approved by the board to practice as an advanced practice nurse based on completing an advanced educational program acceptable to the board. The term includes a nurse practitioner, nurse-midwife, nurse anesthetist, and a clinical nurse specialist. The advanced practice nurse is prepared to practice in an expanded role to provide health care to individuals, families, and/or groups in a variety of settings including but not limited to homes, hospitals, institutions, offices, industry, schools, community agencies, public and private clinics, and private practice. The advanced practice nurse acts independently and/or in collaboration with other health care professionals in the delivery of health care services.

(4) Authorization to practice -The process of reviewing the educational, licensing, certification and other credentials of the registered nurse to determine compliance with the board's requirements for approval as an advanced practice nurse.

(5) Board -The Texas Board of Nursing.

(6) Current certification - Initial certification and maintenance of certification by national certifying bodies recognized by the board.

(7) Current practice - Maintaining competence as an advanced practice nurse by practicing in the advanced role and specialty in the clinical setting, practicing as an educator in the clinical and/or didactic portion of an advanced educational program of study, or practicing as a consultant or an administrator within the advanced specialty and role.

(8) Graduate advanced practice nurse - A registered nurse who has completed an advanced educational program of study and has been granted provisional or interim authorization by the board to practice in the advanced specialty and role.

(9) Monitored anesthesia care - refers to situations where a patient undergoing a diagnostic or therapeutic procedure receive doses of medication that create a risk of loss of normal protective reflexes or loss of consciousness and the patient remains able to protect the airway for the majority of the procedure. If, for an extended period of time, the patient is rendered unconscious and/or loses normal protective reflexes, then anesthesia care shall be considered a general anesthetic.

(10) Outpatient setting - Any facility, clinic, center, office, or other setting that is not a part of a licensed hospital or a licensed ambulatory surgical center with the exception of all of the following:

(A) clinic located on land recognized as tribal land by the federal government and maintained or operated by a federally recognized Indian tribe or tribal organization as listed under 25 U.S.C. Section 479-1 or as listed under a successor federal statute or regulation;

(B) a facility maintained or operated by a state or governmental entity;

(C) a clinic directly maintained or operated by the United States or by any of its departments, officers, or agencies;

and

(D) an outpatient setting accredited by either the Joint Commission on Accreditation of Healthcare Organizations relating to ambulatory surgical centers, the American Association for the Accreditation of Ambulatory Surgery Facilities, or the Accreditation Association for Ambulatory Health Care.

(11) Party state - Any state that has entered into the Nurse Licensure Compact

(12) Protocols or other written authorization - Written authorization to provide medical aspects of patient care which are agreed upon and signed by the advanced practice nurse and the physician, reviewed and signed at least annually, and maintained in the practice setting of the advanced practice nurse. Protocols or other written authorization shall be defined to promote the exercise of professional judgment by the advanced practice nurse commensurate with his/her education and experience. Such protocols or other written authorization need not describe the exact steps that the advanced practice nurse must take with respect to each specific condition, disease, or symptom and may state types or categories of drugs which may be prescribed rather than just list specific drugs.

(13) Shall and must - Mandatory requirements

(14) Should - A recommendation

(15) Unencumbered - A license to practice registered nursing which does not have stipulations against the license.

§221.2 Authorization and Restrictions to Use of Advanced Practice Titles.

(a) Effective January 1, 2006, a registered nurse holding him or herself out to be an advanced practice nurse shall be authorized to practice and hold a title in the following categories:

(1) nurse anesthetist;

(2) nurse-midwife;

(3) nurse practitioner in the following specialties:

- (A) Acute Care Adult;
- (B) Acute Care Pediatric;
- (C) Adult;
- (D) Family;
- (E) Gerontological;
- (F) Neonatal;
- (G) Pediatric;
- (H) Psychiatric/Mental Health;
- (I) Women's Health; and/or

(4) clinical nurse specialist in the following specialties:

- (A) Adult Health/Medical-Surgical Nursing;
- (B) Community Health Nursing;
- (C) Critical Care Nursing;
- (D) Gerontological Nursing;
- (E) Pediatric Nursing; and
- (F) Psychiatric/ Mental Health Nursing

(b) A registered nurse who holds current authorization to practice as an advanced practice nurse issued by the board in any of the categories indicated in the previous subsection shall use that title when functioning in the advanced practice role. A registered nurse who was granted authorization to practice in an advanced role and specialty not indicated in the previous subsection prior to January 1, 2006 may continue to use the advanced practice title approved by the Board provided all requirements for maintenance of advanced practice authorization are met. "Advanced practice nurse" shall not be used as a title.

(c) Unless authorized as an advanced practice nurse by the board as provided for by §§221.4 -.8 of this chapter (relating to Full Authorization, Provisional Authorization; Interim Approval; Petitions for Waiver; and Maintaining Active Authorization as an Advanced Practice Nurse), a registered nurse shall not:

and/or (1) claim to be an advanced practice nurse or hold himself/herself out to be an advanced practice nurse in this state;

(2) use a title or any other designation tending to imply that the person is authorized as an advanced practice nurse.

(d) A registered nurse who violates subsection (c) of this section may be subject to an administrative penalty under §301.501 of the Nursing Practice Act.

### §221.3. Education.

(a) In order to be eligible to apply for authorization as an advanced practice nurse, the registered nurse must have completed a post-basic advanced educational program of study appropriate for practice in an advanced nursing specialty and role recognized by the Board. RN to BSN programs shall not be considered post-basic programs for the purpose of this rule.

(b) Individuals prepared in more than one advanced practice role and/or specialty (including blended role or dual specialty programs) shall be considered to have completed separate advanced educational programs of study for each role and/or specialty area.

(c) Applicants for licensure to practice in an advanced role and population focus area recognized by the Board must submit verification of completion of all requirements of an advanced educational program that meets the following criteria:

(1) Advanced educational programs in the State of Texas shall be approved by the Board or accredited by a national accrediting body recognized by the Board.

(2) Programs in states other than Texas shall be accredited by a national accrediting body recognized by the board or by the appropriate licensing body in that state. A state licensing body's accreditation process must meet or exceed the requirements of accrediting bodies specified in board policy.

(3) Programs of study shall be at least one academic year in length and shall include a formal preceptorship.

(4) Beginning January 1, 2003, the program of study shall be at the master's degree or higher level.

(5) Applicants prepared in more than one advanced practice role and/or specialty shall demonstrate that all curricular requirements set forth in this subsection have been met for each role and/or specialty.

(d) Applicants for authorization as clinical nurse specialists must submit verification of the following requirements in addition to those specified in subsection (c) of this section:

(1) completion of a master's degree or higher level in the discipline of nursing, and

(2) completion of a minimum of nine semester credit hours or the equivalent in a specific clinical major. Clinical major courses must include didactic content and offer clinical experiences in a specific clinical specialty/practice area.

(e) Those applicants who completed nurse practitioner or clinical nurse specialist programs on or after January 1, 1998 must demonstrate evidence of completion of the following curricular requirements:

(1) separate, dedicated courses in pharmacotherapeutics, advanced assessment and pathophysiology and/or psychopathology (psychopathology accepted for advanced practice nurses prepared in the psychiatric/mental health specialty only). These must be graduate level academic courses;

(2) evidence of theoretical and clinical role preparation;

(3) evidence of clinical major courses in the specialty area; and

(4) evidence of a practicum/preceptorship/internship to integrate clinical experiences as reflected in essential content and the clinical major courses.

(5) In this subsection, the following terms have the following definitions:

(A) Advanced Assessment Course means a course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status and formulate effective clinical management plans.

(B) Pharmacotherapeutics means a course that offers content in pharmacokinetics and pharmacodynamics, pharmacology of current/commonly used medications, and the application of drug therapy to the treatment of disease and/or the promotion of health.

(C) Pathophysiology means a course that offers content that provides a comprehensive, system-focused pathology course that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span.

(D) Role preparation means formal didactic and clinical experiences/content that prepare nurses to function in an advanced nursing role.

(E) Clinical major courses means courses that include didactic content and offer clinical experiences in a specific clinical specialty/practice area.

(F) Clinical specialty area means specialty area of clinical practice based upon formal didactic preparation and clinical experiences.

(G) Essential content means didactic and clinical content essential for the educational preparation of individuals to function within the scope of advanced nursing practice. The essential content includes but is not limited to: advanced assessment, pharmacotherapeutics, role preparation, nursing specialty practice theory, physiology/pathology, diagnosis and clinical management of health status, and research.

(H) Practicum/Preceptorship/Internship means a designated portion of a formal educational program that is offered in a health care setting and affords students the opportunity to integrate theory and role in both the clinical specialty/practice area and advanced nursing practice through direct patient care/client management. Practicums/Preceptorships/Internships are planned and monitored by either a designated faculty member or qualified preceptor.

(f) Those applicants who complete nurse practitioner or clinical nurse specialist programs on or after January 1, 2003 must demonstrate evidence of completion of a minimum of 500 separate, non-duplicated clinical hours for each advanced role and specialty within the advanced educational program.

#### §221.4. Advanced Practice Registered Nurse Licensure Requirements

(a) Advanced practice registered nurse licensure is issued for the purpose of authorizing a registered nurse to practice in a specific advanced practice role and population-focus area.

(b) The applicant for licensure as an advanced practice registered nurse shall:

(1) Hold a current, valid, unencumbered license or privilege to practice as a registered nurse in the State of Texas;

(2) Submit to the board such evidence as required by the board to insure compliance with the advanced practice educational requirements set forth in this chapter. Such evidence shall include official documentation verifying graduation from a graduate level advanced practice registered nurse educational program accredited by a national nursing education accrediting body that is recognized by the U.S. Department of Education and the Board. This documentation shall verify the date of graduation, credential conferred and provide evidence of meeting the standards of advanced practice registered nursing education in this state as described in this chapter. All applicants, including those seeking licensure by endorsement, must demonstrate that the educational requirements set forth in this chapter have been met. A transcript is required prior to the issuance of a permanent license.

(3) Attest, on forms provided by the board, to having completed a minimum of 400 hours of current practice within the last 24 calendar months in the advanced practice role and population-focus area for which the applicant is applying unless the applicant has completed an advanced practice registered nursing educational program in this advanced practice role and population-focus area within the last 24 calendar months.

(A) If less than four years but more than two years have lapsed since completion of the advanced practice nursing educational program and/or the applicant does not have 400 hours of current practice in the advanced practice role and population focus area during the previous 24 calendar months, the advanced practice registered nurse shall be required to demonstrate proof of completion of 400 hours of current practice obtained under the direct supervision of an advanced practice registered nurse licensed by the board in the same role and population focus area or by a physician in the same specialty.

(B) If more than four years have lapsed since completion of the advanced practice nursing educational program and/or the applicant has not practiced in the advanced practice role during the previous four years, the applicant shall successfully complete a refresher course or extensive orientation in the appropriate advanced practice role and population focus area that includes a supervised clinical component by a qualified instructor/sponsor.

(i) The course(s)/orientation shall be of sufficient length to satisfy the learning needs of the applicant and to assure that he/she meets the minimum standard for safe, competent care and include a minimum of 400 hours of current practice as described in subparagraph (A) of this paragraph. The course(s)/orientation shall cover the entire scope of the authorized advanced practice role and population focus area. Content shall include, but not be limited to that which is specified in board guidelines.

(ii) The instructor/sponsor must provide written verification of satisfactory completion of the refresher course/extensive orientation on forms provided by the board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced practice role and population focus area.

(4) Attest, on forms provided by the board, to having obtained 20 contact hours of continuing education within the last 24 calendar months appropriate for the advanced practice role and population-focus area for which the applicant is applying. Continuing education in the advanced practice role and population-focus area must meet the requirements of Chapter 216 of this title (relating to Continuing Education). The 20 contact hours required for RN licensure may be met by the 20 hours required by this subsection; and

(5) Respond to questions regarding personal background, including, but not limited to, information relating to:

(A) Disciplinary action or investigation regarding any professional license or credential;

(B) Criminal offenses, including those pending appeal;

(C) Current investigation by a grand jury or governmental agency;

(D) Any chemical, physical or mental impairment and/or disability or treatment for such that impacts the advanced practice registered nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any;

(E) Any current substance use, misuse, or abuse; and,

(F) A detailed explanation and supporting documentation regarding any background information disclosed.

(6) Submit the required, non-refundable application fee.

(c) Applicants who completed their advanced practice nursing educational programs on or after January 1, 1996 must submit evidence of current certification in an advanced practice role and population focus area recognized by the Board that is congruent with the advanced practice nursing educational preparation. The certification examination shall be recognized by the Board for the role and population-focus area. If a specific certification examination does not exist for the role and population focus area, the board reserves the right to designate a national certification examination in a closely related population focus area. If the Board has not designated an alternate examination, the applicant may petition the board for waiver from the certification requirement, according to the exceptions specified in this chapter.

(d) Advanced practice registered nurse applicants who wish to practice in more than one role and/or population-focus area shall complete additional education in the desired area(s) of licensure in compliance with the educational requirements set forth in this chapter and meet all requirements for licensure in each additional role or population-focus area. To apply for licensure for more than one title, the applicant shall submit a separate application and fee for each desired title. Additional licensure is required for those licensed advanced practice registered nurses seeking to include an additional:

- (1) Advanced practice role and population-focus area,
- (2) Population-focus area within the same advanced practice role, or
- (3) Advanced practice role within the same population focus area.

(e) After review by the board and verification that all requirements have been met, a certificate verifying licensure shall be sent to the advanced practice registered nurse.

#### §221.6. Interim Approval.

(a) Interim approval is a time-limited permit to practice nursing in a specific advanced practice role and population-focus area. The Board may grant interim approval to eligible advanced practice registered nurse applicants.

(b) Interim approval permits the advanced practice registered nurse applicant to practice without prescriptive authority while the application is reviewed.

(1) The advanced practice registered nurse applicant who meets all requirements and applies for interim approval must complete documents provided by the Board attesting that:

(A) He/She meets all requirements for full licensure in an advanced practice registered nurse role and population-focus area in the state of Texas; and

(B) Has completed and submitted the appropriate documents to the advanced practice nursing educational program or designated organization for completion.

(2) Unless otherwise indicated in this chapter, evidence of current national certification in the advanced practice role and population focus area shall be provided before interim approval may be granted.

(3) Interim approval may be granted for a period of up to 120 days. An eligible applicant may be granted interim approval one time only per role and population-focus area. Extensions or renewals of the interim approval period shall not be granted.

(c) An advanced practice registered nurse applicant who submits a request for waiver from the requirements for licensure set forth in this chapter shall not be eligible for interim approval unless otherwise indicated in this chapter.

(d) If an advanced practice registered nurse applicant is deemed ineligible for licensure, the interim approval will be rescinded immediately, effective on the date the notice is sent by mail. The applicant must cease practicing as an advanced practice registered nurse and may no longer use any titles that imply to the public that he/she is an advanced practice registered nurse.

§221.7. Petitions for Waiver.

(a) A registered nurse who submits a request for waiver from requirements of the rules must submit documentation as required by the board to support his or her petition and assure the board that he or she possesses the knowledge, skills and abilities appropriate for the role and specialty desired. Those petitioners who are under investigation or current board order are not eligible for waiver.

(b) Petitions for waiver from the program accreditation requirements of §221.3 of this chapter (relating to Education), may be granted by the board for individuals who completed their educational programs on or before December 31, 1996. Petitioners must meet the length of academic program requirements of §221.3 of this chapter and obtain national certification in the advanced role and specialty area.

(c) Petitions for waiver from the current certification requirements of §221.4 of this chapter (relating to Requirements for Full Authorization to Practice) and §221.8 of this chapter (relating to Maintaining Active Authorization as an Advanced Practice Nurse) may be granted by the board.

(1) Under this section, only those petitioners for which no national certification examination within the advanced role and specialty or a related advanced specialty exists will be considered for waiver by the board.

(2) The board may determine that an available national certification examination in a related specialty and/or role must be taken in lieu of an examination specific to the advanced specialty area.

(d) Waivers from the master's degree requirement will be granted to qualified certificate-prepared nurse-midwives and women's health care nurse practitioners who complete their programs on or after January 1, 2003 through December 31, 2006. Applicants must meet all other requirements as stated in §221.4 of this chapter.

(1) Those individuals approved on the basis of this waiver shall be limited to providing advanced practice nursing care within the geographical boundaries of the State of Texas. This shall not prevent the individual from utilizing Nurse Licensure Compact privileges to function as a registered nurse.

(2) The applicant must submit all required documentation necessary to demonstrate that the requirements (except for the master's degree) for authorization to practice have been met.

(3) The applicant must submit a written request for waiver of the master's degree requirement.

(4) Interim, provisional or full authorization may be granted to qualified certificate-prepared nurse-midwives and women's health care nurse practitioners.

(e) Exemptions granting authorization to utilize titles not authorized by section 221.2 of this chapter may be granted to qualified applicants who complete their advanced educational programs prior to January 1, 2010. Applicants must meet all other requirements as stated in section 221.4 of this chapter,

(1) The following specialty titles may be considered for exemption if the individual is not qualified for authorization to utilize a title authorized by section 221.2 of this chapter:

- (A) Acute Care Clinical Nurse Specialist,
- (B) Critical Care Nurse Practitioner,
- (C) Cardiovascular Clinical Nurse Specialist,
- (D) Emergency Nurse Practitioner or Clinical Nurse Specialist,
- (E) Family Clinical Nurse Specialist,
- (F) Home Health Clinical Nurse Specialist,
- (G) Maternal (Parent)-Child Health Clinical Nurse Specialist (with or without subspecialization),
- (H) Neonatal Clinical Nurse Specialist,
- (I) Oncology Nurse Practitioner or Clinical Nurse Specialist,
- (J) Pediatric Critical Care Nurse Practitioner,

- (K) Perinatal Nurse Practitioner or Clinical Nurse Specialist,
- (L) School Nurse Practitioner, and
- (M) Women's Health Clinical Nurse Specialist.

(2) Those individuals authorized on the basis of this exemption shall be limited to providing advanced practice nursing care within the geographical boundaries of the State of Texas. This shall not prevent the individual from utilizing Nurse Licensure Compact privileges to function as a registered nurse.

(3) The applicant must submit all required documentation necessary to demonstrate that all requirements for authorization to practice have been met.

(4) The applicant must submit a written request for exemption to section 221.2 of this chapter and indicate the desired title

(5) Interim, provisional or full authorization may be granted to qualified applicants.

(6) Advanced practice nurses authorized to practice on the basis of this exemption shall use the advanced practice title specified on the authorization to practice document provided by the board.

#### §221.8. Maintaining Active Authorization as an Advanced Practice Nurse.

(a) In conjunction with RN license renewal, the advanced practice nurse seeking to maintain active advanced practice authorization(s) shall:

(1) attest on forms provided by the board to maintaining current national certification by the appropriate certifying body recognized by the board. This requirement shall apply to advanced practice nurses who:

- (A) completed an advanced educational program on or after January 1, 1996, or
- (B) were authorized as advanced practice nurses based upon obtaining national certification.

(2) attest, on forms provided by the board, to having a minimum of 400 hours of current practice within the preceding biennium;

(3) attest, on forms provided by the board, to having obtained 20 contact hours of continuing education in the advanced specialty area and role within the preceding biennium. Continuing education in the advanced practice specialty and role must meet requirements of Chapter 216 of this title (relating to Continuing Education). The 20 contact hours required for RN licensure may be met by the 20 hours required by this subsection; and

(4) submit the required fee, which is not refundable.

(b) Failure to renew the registered nurse license or to provide the required fee and documentation for maintaining authorization shall result in expiration of the board's authorization as an advanced practice nurse and limited prescriptive authority where applicable. The individual whose advanced practice authorization has expired may not practice as or use titles to imply that he/she is an advanced practice nurse.

#### §221.9. Inactive Status.

(a) The advanced practice nurse may choose to change advanced practice nurse status to inactive by providing a written request for such change.

(b) Inactive advanced practice status means that the registered professional nurse may not practice in the advanced practice specialty and role and may not hold himself/ herself out to be an advanced practice nurse by using titles which imply that he/she is an advanced practice nurse. The inactive advanced practice nurse may not utilize his/her limited prescriptive authority.

#### §221.10. Reinstatement or Reactivation of Advanced Practice Nurse Status.

(a) To reinstate an authorization which has expired due to non-payment of renewal fees for registered nurse licensure and/or advanced practice authorization, the advanced practice nurse shall meet the requirements as stated in §221.8 of this chapter (relating to Maintaining Active Authorization as an Advanced Practice Nurse) and pay all required fees.

(b) If less than four years but more than two years have lapsed since completion of the advanced educational program and/or the applicant does not have 400 hours of current practice in the advanced role and specialty during the previous biennium, the advanced practice nurse shall meet the requirements as stated in §221.8 of this chapter and pay all required fees. The applicant shall be required to demonstrate proof of completion of 400 hours of current practice as well as the continuing education requirement as outlined in Chapter 216 of this title (relating to Continuing Education). The 400 hours of current practice shall be obtained under the direct supervision of an advanced practice nurse authorized by the board in the same role and specialty or by a physician the same specialty.

(c) If more than four years have lapsed since completion of the advanced practice educational program and/or the applicant has not practiced in the advanced role during the previous four years, the applicant shall apply for reactivation and meet current requirements for maintaining authorization to practice under §221.8 of this chapter and shall:

(1) hold a current, valid, unencumbered license as a registered nurse in the State of Texas or reside in any party state and hold a current, valid, unencumbered registered nurse license in that state; and

(2) successfully complete a refresher course or extensive orientation in the appropriate advanced practice specialty and role which includes a supervised clinical component by a qualified instructor/sponsor.

(A) The course(s)/orientation shall be of sufficient length to satisfy the learning needs of the inactive advanced practice nurse and to assure that he/she meets the minimum standard for safe, competent care. The course(s)/orientation shall cover the entire scope of the authorized advanced specialty area. Content shall include, but not be limited to that which is specified in board guidelines.

(B) The instructor/sponsor must provide written verification of satisfactory completion of the course/orientation on forms provided by the board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced specialty and role.

#### §221.11. Identification.

When providing advanced practice nursing care to patients, the advanced practice nurse shall wear clear identification which indicates the individual is a registered nurse with the appropriate advanced practice designation authorized by the board.

#### §221.12. Scope of Practice.

The advanced practice nurse provides a broad range of health services, the scope of which shall be based upon educational preparation, continued advanced practice experience and the accepted scope of professional practice of the particular specialty area. Advanced practice nurses practice in a variety of settings and, according to their practice specialty and role, they provide a broad range of health care services to a variety of patient populations.

(1) The scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board. The advanced practice nurse may perform only those functions which are within that scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas.

(2) The advanced practice nurse's scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse.

§221.13. Core Standards for Advanced Practice.

(a) The advanced practice nurse shall know and conform to the Texas Nursing Practice Act; current board rules, regulations, and standards of professional nursing; and all federal, state, and local laws, rules, and regulations affecting the advanced role and specialty area. When collaborating with other health care providers, the advanced practice nurse shall be accountable for knowledge of the statutes and rules relating to advanced practice nursing and function within the boundaries of the appropriate advanced practice category.

(b) The advanced practice nurse shall practice within the advanced specialty and role appropriate to his/her advanced educational preparation.

(c) The advanced practice nurse acts independently and/or in collaboration with the health team in the observation, assessment, diagnosis, intervention, evaluation, rehabilitation, care and counsel, and health teachings of persons who are ill, injured or infirm or experiencing changes in normal health processes; and in the promotion and maintenance of health or prevention of illness.

(d) When providing medical aspects of care, advanced practice nurses shall utilize mechanisms which provide authority for that care. These mechanisms may include, but are not limited to, Protocols or other written authorization. This shall not be construed as requiring authority for nursing aspects of care.

(1) Protocols or other written authorization shall promote the exercise of professional judgment by the advanced practice nurse commensurate with his/her education and experience. The degree of detail within protocols/policies/practice guidelines/clinical practice privileges may vary in relation to the complexity of the situations covered by such Protocols, the advanced specialty area of practice, the advanced educational preparation of the individual, and the experience level of the individual advanced practice nurse.

(2) Protocols or other written authorization:

(A) should be jointly developed by the advanced practice nurse and the appropriate physician(s),

(B) shall be signed by both the advanced practice nurse and the physician(s),

(C) shall be reviewed and re-signed at least annually,

(D) shall be maintained in the practice setting of the advanced practice nurse, and

(E) shall be made available as necessary to verify authority to provide medical aspects of care.

(e) The advanced practice nurse shall retain professional accountability for advanced practice nursing care.

§221.14. Nurse-Midwives Providing Controlled Substances.

(a) In this section "provide" means to supply, for a term not to exceed 48 hours, one or more unit doses of a controlled substance for the immediate needs of a patient;

(b) An advanced practice nurse recognized by the board as a nurse-midwife may provide one or more unit doses of a controlled substance during intra-partum or immediate post-partum care subject to the following conditions:

(1) Physician delegation of authority to provide controlled substances must be made through a physician's order, medical order, standing delegation order, or protocol that requires adequate and documented availability for access to medical care. Delegation may not include the use of a prescription sticker or the use or issuance of an official prescription form under § 481.075, Health and Safety Code;

(2) The nurse-midwife's protocols or other orders must require the reporting of or monitoring of each patient's progress, including complications of pregnancy and delivery and the administration and provision of controlled substances to the patient;

(3) delegation is limited to three full-time equivalent nurse-midwives at the designated facility where the nurse-midwife practices; and

(4) the controlled substance must be supplied in a suitable container that is labeled in compliance with the applicable drug laws and must include:

- (A) the patient's name and address;
- (B) the drug to be provided;
- (C) the name, address, and telephone number of the physician;
- (D) the name, address, and telephone number of the nurse-midwife; and
- (E) the date.

§221.15. Provision of Anesthesia Services by Nurse Anesthetists in Licensed Hospitals or Ambulatory Surgical Centers.

(a) In a licensed hospital or ambulatory surgical center, consistent with facility policy or medical staff bylaws, a nurse anesthetist may select, obtain, and administer drugs including determination of appropriate dosages, techniques and medical devices for their administration and in maintaining the patient in sound physiologic status pursuant to a physician's order for anesthesia or an anesthesia-related service. This order need not be drug specific, dosage specific, or administration-technique specific.

(b) Pursuant to a physician's order for anesthesia or an anesthesia-related service, the nurse anesthetist may order anesthesia-related medications during perianesthesia periods in the preparation for or recovery from anesthesia. Another RN may carry out these orders.

(c) In providing anesthesia or an anesthesia-related service, the nurse anesthetist shall select, order, obtain and administer drugs which fall within categories of drugs generally utilized for anesthesia or anesthesia-related services and provide the concomitant care required to maintain the patient in sound physiologic status during those experiences.

§221.16. Provision of Anesthesia Services by Nurse Anesthetists in Outpatient Settings

(a) Purpose. The purpose of these rules is to identify the roles, and responsibilities of certified registered nurse anesthetists authorized to provide anesthesia services in outpatient settings and to provide the minimum acceptable standards for the provision of anesthesia services in outpatient settings.

(1) On or after August 31, 2000 certified registered nurse anesthetists shall comply with subsections (b)(2)-(e) of this section in order to be authorized to provide general anesthesia, regional anesthesia, or monitored anesthesia care in outpatient settings. This requirement shall include certified registered nurse anesthetists administering any inhaled anesthetic agents, including, but not limited to, nitrous oxide, due to the significant variability in patient response to such drugs.

(2) Subsections (b)(2)-(e) do not apply to the registered nurse anesthetist who practices in the following:

- (A) an outpatient setting in which only local anesthesia, peripheral nerve blocks, or both are used;
- (B) an outpatient setting in which only anxiolytics and analgesics are used and only in doses that do not have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes;
- (C) a licensed hospital, including an outpatient facility of the hospital that is separately located apart from the hospital;
- (D) a licensed ambulatory surgical center;
- (E) a clinic located on land recognized as tribal land by the federal government and maintained or operated by a federally recognized Indian tribe or tribal organization as listed by the United States secretary of the interior under 25 U.S.C. Section 479-1 or as listed under a successor federal statute or regulation

(F) a facility maintained or operated by a state or governmental entity;

agencies; and  
(G) a clinic directly maintained or operated by the United States or by any of its departments, officers, or

(H) an outpatient setting accredited by

centers;  
(i) the Joint Commission on Accreditation of Healthcare Organizations relating to ambulatory surgical

(ii) the American Association for the Accreditation of Ambulatory Surgery Facilities,

(iii) the Accreditation Association for Ambulatory Health Care.

#### (b) Roles and Responsibilities

(1) Certified registered nurse anesthetists shall follow current, applicable standards and guidelines as put forth by the American Association of Nurse Anesthetists (AANA) and other relevant national standards regarding the practice of nurse anesthesia as adopted by the AANA or the Board.

(2) Certified registered nurse anesthetists shall comply with all building, fire, and safety codes. A two-way communication source not dependent on electrical current shall be available. Each location should have sufficient electrical outlets to satisfy anesthesia machine and monitoring equipment requirements, including clearly labeled outlets connected to an emergency power supply. Sites shall also have a secondary power source as appropriate for equipment in use in case of power failure.

(3) In an outpatient setting, where a physician has delegated to a certified registered nurse anesthetist the ordering of drugs and devices necessary for the nurse anesthetist to administer an anesthetic or an anesthesia-related service ordered by a physician, a certified registered nurse anesthetist may select, obtain and administer drugs, including determination of appropriate dosages, techniques and medical devices for their administration and in maintaining the patient in sound physiologic status. This order need not be drug-specific, dosage specific, or administration-technique specific. Pursuant to a physician's order for anesthesia or an anesthesia-related service, the certified registered nurse anesthetist may order anesthesia-related medications during perianesthesia periods in the preparation for or recovery from anesthesia. In providing anesthesia or an anesthesia-related service, the certified registered nurse anesthetist shall select, order, obtain and administer drugs which fall within categories of drugs generally utilized for anesthesia or anesthesia-related services and provide the concomitant care required to maintain the patient in sound physiologic status during those experiences.

#### (c) Standards

(1) The certified registered nurse anesthetist shall perform a pre-anesthetic assessment, counsel the patient, and prepare the patient for anesthesia per current AANA standards. Informed consent for the planned anesthetic intervention shall be obtained from the patient/legal guardian and maintained as part of the medical record. The consent must include explanation of the technique, expected results, and potential risks/ complications. Appropriate pre-anesthesia diagnostic testing and consults shall be obtained per indications and assessment findings.

(2) Physiologic monitoring of the patient shall be determined by the type of anesthesia and individual patient needs. Minimum monitoring shall include continuous monitoring of ventilation, oxygenation, and cardiovascular status. Monitors shall include, but not be limited to, pulse oximetry and EKG continuously and non-invasive blood pressure to be measured at least every five minutes. If general anesthesia is utilized, then an O<sub>2</sub> analyzer and end-tidal CO<sub>2</sub> analyzer must also be used. A means to measure temperature shall be readily available and utilized for continuous monitoring when indicated per current AANA standards. An audible signal alarm device capable of detecting disconnection of any component of the breathing system shall be utilized. The patient shall be monitored continuously throughout the duration of the procedure by the certified registered nurse anesthetist. Postoperatively, the patient shall be evaluated by continuous monitoring and clinical observation until stable by a licensed health care provider. Monitoring and observations shall be documented per current AANA standards. In the event of an electrical outage which disrupts the capability to continuously monitor all specified patient parameters, at a minimum, heart rate and breath sounds will be monitored on a continuous basis using a precordial stethoscope or similar device, and blood pressure measurements will be reestablished using a non-electrical blood pressure measuring device until electricity is restored.

(3) All anesthesia-related equipment and monitors shall be maintained to current operating room standards. All devices shall have regular service/maintenance checks at least annually or per manufacturer recommendations. Service/ maintenance checks

shall be performed by appropriately qualified biomedical personnel. Prior to the administration of anesthesia, all equipment/ monitors shall be checked using the current FDA recommendations as a guideline. Records of equipment checks shall be maintained in a separate, dedicated log which must be made available upon request. Documentation of any criteria deemed to be substandard shall include a clear description of the problem and the intervention. If equipment is utilized despite the problem, documentation must clearly indicate that patient safety is not in jeopardy. All documentation relating to equipment shall be maintained for a period of time as determined by board guidelines.

(4) Each location must have emergency supplies immediately available. Supplies should include emergency drugs and equipment appropriate for the purpose of cardiopulmonary resuscitation. This must include a defibrillator, difficult airway equipment, and drugs and equipment necessary for the treatment of malignant hyperthermia if “triggering agents” associated with malignant hyperthermia are used or if the patient is at risk for malignant hyperthermia. Equipment shall be appropriately sized for the patient population being served. Resources for determining appropriate drug dosages shall be readily available. The emergency supplies shall be maintained and inspected by qualified personnel for presence and function of all appropriate equipment and drugs at intervals established by protocol to ensure that equipment is functional and present, drugs are not expired, and office personnel are familiar with equipment and supplies. Records of emergency supply checks shall be maintained in a separate, dedicated log and made available upon request. Records of emergency supply checks shall be maintained for a period of time as determined by board guidelines.

(5) Certified registered nurse anesthetists shall maintain current competency in advanced cardiac life support and must demonstrate proof of continued competency upon re-registration with the Board. Competency in pediatric advanced life support shall be maintained for those certified registered nurse anesthetists whose practice includes pediatric patients. Certified registered nurse anesthetists shall verify that at least one person in the setting other than the person performing the operative procedure maintains current competency in basic life support (BLS) at a minimum.

(6) Certified registered nurse anesthetists shall verify that the appropriate policies or procedures are in place. Policies, procedures, or protocols shall be evaluated and reviewed at least annually. Agreements with local emergency medical service (EMS) shall be in place for purposes of transfer of patients to the hospital in case of an emergency. EMS agreements shall be evaluated and re-signed at least annually. Policies, procedures, and transfer agreements shall be kept on file in the setting where procedures are performed and shall be made available upon request. Policies or procedures must include, but are not limited to:

(A) Management of outpatient anesthesia—At a minimum, these must address:

- (i) Patient selection criteria
- (ii) Patients/providers with latex allergy
- (iii) Pediatric drug dosage calculations, where applicable
- (iv) ACLS algorithms
- (v) Infection control
- (vi) Documentation and tracking use of pharmaceuticals: including controlled substances, expired drugs and wasting of drugs
- (vii) Discharge criteria

(B) Management of emergencies to include, but not be limited to:

- (i) Cardiopulmonary emergencies
- (ii) Fire
- (iii) Bomb threat
- (iv) Chemical spill
- (v) Natural disasters
- (vi) Power outage

(C) EMS response and transport - Delineation of responsibilities of the certified registered nurse anesthetist and person performing the procedure upon arrival of EMS personnel. This policy should be developed jointly with EMS personnel to allow for greater accuracy.

(D) Pursuant to § 217.11(16) of this title (relating to Standards of Professional Nursing Practice), adverse reactions/events, including but not limited to those resulting in a patient’s death intraoperatively or within the immediate postoperative

period shall be reported in writing to the Board and other applicable agencies within 15 days. Immediate postoperative period shall be defined as 72 hours.

(d) Registration.

(1) Beginning April 1, 2000, each certified registered nurse anesthetist who intends to provide anesthesia services in an outpatient setting must register with the board and submit the required registration fee, which is non-refundable. The information provided on the registration form shall include, but not be limited to, the name and business address of each outpatient setting(s) and proof of current competency in advanced life support.

(2) Registration as an outpatient anesthesia provider must be renewed and the registration renewal fee paid on a biennial basis, at the time of registered nurse licensure renewal.

(e) Inspections and Advisory Opinions.

(1) The Board may conduct on-site inspections of outpatient settings, including inspections of the equipment owned or leased by a certified registered nurse anesthetist and of documents that relate to provision of anesthesia in an outpatient setting, for the purpose of enforcing compliance with the minimum standards. Inspections may be conducted as an audit to determine compliance with the minimum standards or in response to a complaint. The Board may contract with another state agency or qualified person to conduct these inspections. Unless it would jeopardize an ongoing investigation, the board shall provide the certified registered nurse anesthetist at least five business days' notice before conducting an on-site inspection.

(2) The Board may, at its discretion and on payment of a fee, conduct on-site inspections of outpatient settings in response to a request from a certified registered nurse anesthetist for an inspection and advisory opinion.

(A) The Board may require a certified registered nurse anesthetist to submit and comply with a corrective action plan to remedy or address current or potential deficiencies with the nurse anesthetist's provision of anesthesia in an outpatient setting.

(B) A certified registered nurse anesthetist who requests and relies on an advisory opinion of the board may use the opinion as mitigating evidence in an action or proceeding by the board to impose an administrative penalty or assess a monetary fine. The board shall take proof of reliance on an advisory opinion into consideration and mitigate the imposition of administrative penalties or the assessment of a monetary fine accordingly.

(C) An advisory opinion issued by the board is not binding on the board and the board, except as provided for in subsection (a) of this section, may take any action in relation to the situation addressed by the advisory opinion that the Board considers appropriate.

§221.17 Enforcement.

(a) The board may conduct an audit to determine compliance with §221.4 of this chapter (relating to Requirements for Full Authorization to Practice), §221.8 of this chapter (relating to Maintaining Active Authorization as an Advanced Practice Nurse), and §221.16 of this chapter (relating to Provision of Anesthesia Services by Nurse Anesthetists in Outpatient Settings).

(b) Any nurse who violates the rules set forth in this chapter shall be subject to disciplinary action and/or termination of the authorization by the board under Texas Occupations Code, §301.452.

**ADVANCED PRACTICE REGISTERED NURSES WITH PRESCRIPTIVE AUTHORITY.**

**CHAPTER 222.**

§222.1. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

(1) Advanced health assessment course—A course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments, including histories and physical examinations, to make diagnoses and formulate effective clinical management plans.

(2) Advanced pathophysiology course—A course that offers content that provides a comprehensive, systems-based study of pathophysiology that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathophysiological phenomena.

(3) Advanced pharmacotherapeutics course—A course that offers advanced content in pharmacokinetics and pharmacodynamics, encompassing a broad range of drug classifications, including the application of drug therapy to the treatment of disease and/or the promotion of health.

(4) Advanced practice registered nurse—A registered nurse who:

(A) has completed a graduate-level education program accredited by an organization recognized by the Board that prepares him/her for one of the four following recognized advanced practice roles:

- (i) nurse anesthetist,
- (ii) nurse-midwife,
- (iii) nurse practitioner; or
- (iv) clinical nurse specialist;

(B) has demonstrated current competence by:

(i) passing a national certification examination recognized by the Board that measures advanced practice role and population-focused competencies and demonstrating continuing competence as evidenced by certification maintenance/recertification in the role and population through a national certification program; or

(ii) meeting requirements set forth by the Board for those advanced practice registered nurses not required by §221.7 of this title (relating to Petitions for Waiver and Exemptions) to hold national certification;

(C) has acquired advanced clinical knowledge and skills preparing him/her to provide direct and indirect care to patients with greater role autonomy;

(D) has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems that includes the use and prescription of pharmacologic and non-pharmacologic interventions;

(E) has clinical experiences of sufficient depth and breadth to reflect the area of licensure; and

(F) holds current licensure in one of the four advanced practice roles and a Board-approved population focus area.

(5) Alternate site—A practice site:

and (A) where the services provided are similar to the services provided at the delegating physician's primary practice site;

(B) located within 75 miles of the delegating physician's residence or primary practice site.

(6) Board—The Texas Board of Nursing.

(7) Controlled substance—A substance, including a drug, an adulterant, and a dilutant, listed in Schedules I through V or Penalty Groups 1, 1-A, or 2 through 4 of chapter 481 Texas Health and Safety Code (Texas Controlled Substances Act). The term includes the aggregate weight of any mixture, solution, or other substance containing a controlled substance.

(8) Dangerous drug—A device or a drug that is unsafe for self medication and that is not included in schedules I-V or penalty groups I-IV of chapter 481 Texas Health and Safety Code (Texas Controlled Substances Act). The term includes a device or a drug that bears or is required to bear the legend: "Caution: federal law prohibits dispensing without prescription" or "RX only" or another legend that complies with federal law.

(9) Diagnosis and management course—A course offering both didactic and clinical content in clinical decision-making and aspects of medical diagnosis and medical management of diseases and conditions. Supervised clinical practice must include the opportunity to provide pharmacological and non-pharmacological management of diseases and conditions considered within the scope of practice of the advanced practice registered nurse's population focus area and role.

(10) Eligible sites—Sites serving medically underserved populations; a physician's primary practice site; an alternate site; or a facility-based practice site.

(11) Facility-based practice site—A licensed hospital or licensed long term care facility that serves as the practice location for the advanced practice registered nurse.

(12) Health Manpower Shortage Area—An urban or rural area, population group, or public or nonprofit private medical facility or other facility that the Secretary of the United States Department of Health and Human Services (USDHHS) designates as having a health manpower shortage, as described by 42 USC Section 254e(a)(1) or a successor federal statute or regulation.

(13) Medically Underserved Area (MUA)—

(A) An urban or rural area or population group that the Secretary of the United States Department of Health and Human Services (USDHHS) designates as having a shortage of those services as described by 42 USC Section 300e-1(7) or a successor federal statute or regulation; or

(B) an area defined as medically underserved by rules adopted by the Texas Department of State Health Services based on demographics specific to this state, geographic factors that affect access to health care, and environmental health factors.

(14) Physician's primary practice site—

(A) the practice location at which the physician spends the majority of his/her time;

(B) a licensed hospital, a licensed long-term care facility, or a licensed adult care center where both the physician and the advanced practice registered nurse are authorized to practice;

(C) a clinic operated by or for the benefit of a public school district to provide care to the students of that district and the siblings of those students, if consent to treatment at that clinic is obtained in a manner that complies with Chapter 32, Family Code;

(D) the residence of an established patient;

(E) another location at which the physician is physically present with the advanced practice registered nurse; and

(F) provided an advanced practice registered nurse spends at least 50 percent of the time in a setting with the delegating physician, she/he may also prescribe in the following settings:

(i) a site in which health care services are provided for established patients only;

(ii) a clinic run or sponsored by a nonprofit organization that provides voluntary charity health care services where the advanced practice registered nurse is not remunerated; or

(iii) a setting where voluntary health care services are provided during a declared emergency or disaster at a temporary facility operated or sponsored by a governmental entity or nonprofit organization and established to serve persons in this state where the advanced practice registered nurse is not remunerated.

(15) Population focus area—The section of the population with which the advanced practice registered nurse has been licensed to practice by the Board.

(16) Prescribing—Determining the dangerous drugs or controlled substances that shall be used by or administered to a patient exercised in compliance with state and federal law.

(17) Protocols or other written authorization—Written authorization to provide medical aspects of patient care that are agreed upon and signed by the advanced practice registered nurse and the physician, reviewed and signed at least annually, and maintained in the practice setting of the advanced practice registered nurse. Protocols or other written authorization shall be defined to promote the exercise of professional judgment by the advanced practice registered nurse commensurate with his/her education and experience. Such protocols or other written authorization need not describe the exact steps that the advanced practice registered nurse must take with respect to each specific condition, disease, or symptom and may state types or categories of drugs that may be prescribed rather than just list specific drugs.

(18) Shall and must—Mandatory requirements.

(19) Should—A recommendation.

(20) Signing a prescription drug order—Completing a prescription drug order presigned by the delegating physician or the signing of a prescription by an advanced practice registered nurse. The advanced practice registered nurse must be designated to the Texas Medical Board by the delegating physician as a person delegated to sign a prescription.

(21) Site serving a medically underserved population—

(A) a site located in a medically underserved area;

(B) a site located in a health manpower shortage area;

(C) a clinic designated as a rural health clinic under 42 USC 1395x(aa);

(D) a public health clinic or a family planning clinic under contract with the Texas Health and Human Services Commission or the Texas Department of State Health Services;

(E) a site located in an area in which the Texas Department of State Health Services determines there is an insufficient number of physicians providing services to eligible clients of federal, state, or locally funded health care programs; or

(F) a site that the Texas Department of State Health Services determines serves a disproportionate number of clients eligible to participate in federal, state, or locally funded health care programs.

§222.2. Approval for Prescriptive Authority.

(a) Credentials: To be approved by the Board to sign prescription drug orders and issued a prescription authorization number, a Registered Nurse (RN) shall:

(1) have full licensure from the Board to practice as an advanced practice registered nurse. RNs with Interim Approval to practice as advanced practice registered nurses are not eligible for prescriptive authority.

(2) file a complete application for Prescriptive Authority and submit such evidence as required by the Board to verify the following educational qualifications:

(A) To be eligible for Prescriptive Authority, advanced practice registered nurses must have successfully completed graduate level courses in advanced pharmacotherapeutics, advanced pathophysiology, advanced health assessment, and diagnosis and management of diseases and conditions within the role and population focus area.

(i) Nurse Practitioners, Nurse-Midwives and Nurse Anesthetists will be considered to have met the course requirements of this section on the basis of courses completed in the advanced practice nursing educational program.

(ii) Clinical Nurse Specialists shall submit documentation of successful completion of separate, dedicated, graduate level courses in the content areas described in subparagraph (A) of this paragraph. These courses shall be academic courses with a minimum of 45 clock hours per course from a nursing program accredited by an organization recognized by the Board.

(iii) The Board, by policy, may determine that certain specialties of Clinical Nurse Specialists meet one or more of the course requirements on the basis of the advanced practice nursing educational program.

(B) Clinical Nurse Specialists who were previously approved by the Board as advanced practice registered nurses by petition on the basis of completion of a non-nursing master's degree shall not be eligible for prescriptive authority.

(b) Sites: Prescribing privileges are limited to eligible sites to include sites serving certain medically underserved populations, physician's primary practice sites, alternate sites, and facility-based practice sites.

(c) Exceptions Granted by the Texas Medical Board: Requirements for utilizing prescriptive authority may be modified or waived if a delegating physician has received a modification or waiver from the Texas Medical Board of any site or supervision requirements for a physician to delegate the carrying out or signing of prescription drug orders to the advanced practice registered nurse.

§222.3. Renewal of Prescriptive Authority.

(a) The advanced practice registered nurse shall renew the privilege to sign prescription drug orders in conjunction with the RN and advanced practice license renewal application.

(b) The advanced practice registered nurse seeking to maintain prescriptive authority shall attest, on forms provided by the Board, to completing at least five contact hours of continuing education in pharmacotherapeutics within the preceding biennium.

(c) The continuing education requirement in subsection (b) of this section, shall be in addition to continuing education required under Chapter 216 of this title (relating to Continuing Competency).

§222.4. Minimum Standards for Signing Prescriptions.

(a) The advanced practice registered nurse with a valid prescription authorization number:

(1) shall sign prescription drug orders for only those drugs that are:

(A) authorized by Protocols or other written authorization for medical aspects of patient care; and

(B) prescribed for patient populations within the accepted scope of professional practice for the advanced practice registered nurse's license; and

(2) shall comply with the requirements for adequate physician supervision published in the rules of the Texas Medical Board relating to Delegation of the Carrying Out or Signing of Prescription Drug Orders to Physician Assistants and Advanced Practice Nurses as well as other applicable laws.

(b) Protocols or other written authorization shall be defined in a manner that promotes the exercise of professional judgement by the advanced practice registered nurse commensurate with the education and experience of that person.

(1) A protocol or other written authorization:

(A) is not required to describe the exact steps that the advanced practice registered nurse must take with respect to each specific condition, disease, or symptom; and

(B) may state types or categories of medications that may be prescribed or contain the types or categories of medications that may not be prescribed.

(2) Protocols or other written authorization shall be:

(A) written, agreed upon and signed by the advanced practice registered nurse and the physician;

(B) reviewed and signed at least annually; and

(C) maintained in the practice setting of the advanced practice registered nurse.

(c) Prescription Information: The format and essential elements of the prescription shall comply with the requirements of the Texas State Board of Pharmacy. The following information must be provided on each prescription:

(1) the patient's name and address;

(2) the name, strength, and quantity of the drug to be dispensed;

(3) directions to the patient regarding taking of the drug and the dosage;

(4) the intended use of the drug, if appropriate;

(5) the name, address, telephone number, and, if the prescription is for a controlled substance, the United States Drug Enforcement Administration number of the delegating physician;

(6) address and telephone number of the site at which the prescription drug order was carried out or signed;

(7) the date of issuance;

(8) the number of refills permitted; and

(9) the name, prescription authorization number, original signature, and, if the prescription is for a controlled substance, the Texas Department of Public Safety and United States Drug Enforcement Administration numbers of the advanced practice registered nurse signing or co-signing the prescription drug order.

(d) Generic Substitution. The advanced practice registered nurse shall authorize or prevent generic substitution on a prescription in compliance with the current rules of the Texas State Board of Pharmacy relating to Generic Substitution.

(e) An advanced practice registered nurse may prescribe medications for sexually transmitted diseases for partners of an established patient, if the advanced practice registered nurse assesses the patient and determines that the patient may have been infected with a sexually transmitted disease. Nothing in this subsection shall be construed to require the advanced practice registered nurse to issue prescriptions for partners of patients.

(f) Advanced practice registered nurses may prescribe only those medications that are FDA approved unless done through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial. "Off label" use, or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:

- (1) within the current standard of care for treatment of the disease or condition, and
- (2) supported by evidence-based research.

#### §222.5. Prescriptions for Dangerous Drugs.

Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to sign prescription drug orders for dangerous drugs in accordance with the standards and requirements set forth in this chapter.

#### §222.6. Prescriptions for Controlled Substances.

(a) Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to obtain authority to prescribe certain categories of controlled substances. The advanced practice registered nurse must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

(b) Advanced practice registered nurses who authorize or issue prescriptions for controlled substances shall:

(1) Limit prescriptions for controlled substances to those medications listed in Schedules III through V as established by the commissioner of public health under Chapter 481, Health and Safety Code (Texas Controlled Substances Act);

(2) Issue prescriptions, including a refill of the prescription, for a period not to exceed 90 days;

(3) Not authorize the refill of a prescription for a controlled substance beyond the initial 90 days prior to consultation with the delegating physician and notation of the consultation in the patient's chart; and

(4) Not authorize the prescription of a controlled substance for a child less than two years of age prior to consultation with the delegating physician and notation of the consultation in the patient's chart.

(c) Advanced practice registered nurses with valid prescription authorization must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

#### §222.7. Prescribing at Sites Serving Certain Medically Underserved Populations.

When signing prescription drug orders at a site serving a medically underserved population, the advanced practice registered nurse shall:

(1) maintain Protocols or other written authorization that must be reviewed and signed by both the advanced practice registered nurse and the delegating physician at least annually;

(2) have access to the delegating physician or alternate delegating physician for consultation, assistance with medical emergencies, or patient referral;

(3) provide a daily status report to the physician on any problems or complications encountered that are not covered by protocol; and

(4) shall be available during on-site visits by the physician which shall occur at least once every 10 business days that the advanced practice registered nurse is on site providing care.

#### §222.8. Prescribing at Physicians' Primary Practice Sites.

When signing prescription drug orders at a physician's primary practice site, the advanced practice registered nurse shall:

(1) maintain Protocols or other written authorization that must be reviewed and signed by both the advanced practice registered nurse and the delegating physician at least annually; and

(2) sign or co-sign prescription drug orders only for those patients with whom the physician has established or will establish a physician-patient relationship although the physician is not required to see the patient within a specified time period.

#### §222.9. Prescribing at Alternate Sites.

When signing prescription drug orders at an alternate site, the advanced practice registered nurse shall:

(1) maintain Protocols or other written authorization that must be reviewed and signed by both the advanced practice registered nurse and the delegating physician at least annually;

(2) be available on-site with the physician at least 10 percent of the hours of operation of the site each month that the advanced practice registered nurse is acting with delegated prescriptive authority; and

(3) have access to the delegating physician through direct telecommunication for consultation, patient referral, or assistance with a medical emergency.

#### §222.10. Prescribing at Facility-based Practice Sites.

When signing prescription drug orders at a facility-based practice site, the advanced practice registered nurse shall:

(1) maintain Protocols or other written authorization developed in accordance with facility medical staff policies and review the authorizing documents with the appropriate medical staff at least annually;

(2) sign or co-sign prescription drug orders in the facility in which the delegating physician is the medical director, the chief of medical staff, the chair of the credentialing committee, or a department chair; or a physician who consents to the request of the medical director or chief of the medical staff to delegate; and

(3) sign or co-sign prescription drug orders for the care or treatment of only those patients for whom physicians have given their prior consent.

#### §222.11. Conditions for Obtaining and Distributing Drug Samples.

The advanced practice registered nurse with a valid prescription authorization number may request, receive, possess and distribute prescription drug samples provided:

(1) all requirements for the advanced practice registered nurse to sign prescription drug orders are met;

(2) Protocols or other physician orders authorize the advanced practice registered nurse to sign the prescription drug orders;

(3) the samples are for only those drugs that the advanced practice registered nurse is eligible to prescribe in accordance with the standards and requirements set forth in this chapter; and

(4) a record of the sample is maintained and samples are labeled as specified in the Dangerous Drug Act (Health and Safety Code, Chapter 483) or the Controlled Substances Act (Health and Safety Code, Chapter 481) and 37 Texas Administrative Code, Chapter 13.

§222.12. Enforcement.

(a) Any advanced practice registered nurse who violates these sections or prescribes in a manner that is not consistent with the standard of care shall be subject to removal of the authority to prescribe under this rule and disciplinary action by the Board under Texas Occupations Code §301.452.

(b) The Board shall report to the Texas Department of Public Safety and the United States Drug Enforcement Administration any of the following:

(1) Any significant changes in the status of the RN license or advanced practice license, or

(2) Disciplinary action impacting an advanced practice registered nurse's ability to authorize or issue prescription drug orders.

(c) The practice of the advanced practice registered nurse approved by the board to sign prescription drug orders is subject to monitoring by the Board on a periodic basis.