

**APRN
Compact**

Texas Board of Nursing
333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.texas.gov

For Office Use Only:

Amount _____

Date Rec'd _____

Renewal of APRN Licensure

For RN holding multi-state privileges under the Nurse Licensure Compact

Please refer to the enclosed detailed instructions, APRN checklist and statistical codes to assist in completing this form. You must answer all questions, sign and return this renewal form and all additional requirements. The national certification document must bear an expiration date. Normal processing time is within ten (10) business days. If your APRN recognition is **not** renewed by the expiration date, you must cease practice until the recognition has been renewed. Therefore, it is your responsibility to submit the renewal form, supporting documents and the required fee early to allow sufficient time for processing.

Continuing Competency Certificates must accompany reactivations. Fees are non-refundable.

Make check or money order payable to the Texas Board of Nursing. The application and payment are valid for one year from the date of receipt in the Board's office and all licensure requirements must be met within that timeframe.

RENEWAL APRN:

APRN RENEWAL

Fee: \$50.00

PRESCRIPTIVE AUTHORITY (Rx Auth.)

RENEW PRESCRIPTIVE AUTHORITY

No fee is required

ADDITIONAL REQUIREMENTS:

1. Copies of Continuing Competency Certificates or Supporting Documents -- please see instructions
2. Copy of current national certification, if required
3. Copy of current RN license from Compact State, if applicable

INACTIVATE

Inactivate ALL Licensure Recognitions

Inactivate ONLY APRN Licensure Recognitions indicated below:

**Multi-State License Requirement: Include a copy of the current Registered Nurse License for the declared state of: _____. Include a copy of the current national certification for each advanced practice title that is renewed.

Name(Last): _____ (First): _____ (M): _____

Legal documentation is required for a name change (see 22TAC §217.7)

RN License Number: _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

(Address) (City) (State/Country) (Zip/Postal Code)

(E-Mail Address) *() Business Fax Number

*For statistical information, please use the statistical code sheet provided

*Employment Status: _____ *Primary Practice Setting: _____ *Primary Practice Position: _____
*Primary Specialty: _____ *Highest Degree: _____ Primary Employment Zip: _____
*APRN Certification Exam: _____

** Please note that your business fax number is being collected for use by an emergency relief program, as authorized by the Texas Occupations Code §301.206 and is confidential and not subject to disclosure.

Continued:

No Yes Is your APRN certification current?

No Yes Currently practicing in APRN role, e.g., direct patient care? If yes, indicate whether full time or part time _____.

No Yes Have you practiced nursing by using your nursing knowledge, skills and abilities within the past four (4) years?

You are required to have practiced in the advanced role and specialty you wish to reactivate for at least 400 hours in the past two years. (Refer to Board Rule 221.4(3)) Please provide the requested information about the location where you obtained the required hours of clinical practice. If you had more than one employer or preceptor, use a separate sheet to list the following information:

Employer Name: _____ Phone Number: _____

Address: _____

City, State: _____

Your Position Title _____ Area of Practice _____

No Yes I have completed 20 contact hours of continuing education in the advanced role and specialty listed above (and an additional five (5) contact hours in pharmacotherapeutics if reactivating prescriptive authority) within the last two years in accordance with 22 TAC Chapter 216. If yes, enclose a copy of CE certificate(s).

No Yes I have completed 400 hours of current practice in the above advanced practice role and specialty within the last two years.

No Yes I hold current national certification in the above advanced specialty. **A copy of the current national certification document(s) must accompany this form.** If you graduated after 12/31/95, you must be certified or have completed the requirements for waiver.

In which states are you currently practicing nursing

electronically _____,

telephonically _____, or

physically _____.

List all states that apply.

Eligibility Questions - Answering the questions below and signing the form is mandatory.

- 1) **No** **Yes** *Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:
- 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 or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

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 may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't 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 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 and fitness.

- 2) **No** **Yes** *Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) **No** **Yes** Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions issued by the Texas Board of Nursing and disciplinary actions previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)
- 4) **No** **Yes** *In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)
- 5) **No** **Yes** *In the past 5 years, have you been addicted to or treated for the use of alcohol or any other drug? (You may answer "no" if you have completed and/or are in compliance with TPAPN)

I attest that I understand and meet all the requirements to practice for the type of renewal requested. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of 22 TAC §217.12(6)(l) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: _____ Date: _____
 (SIGNATURE REQUIRED)

*Pursuant to the Texas 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 Texas Occupations Code §301.466.

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO INSTRUCTIONS

STATISTICAL CODES

HIGHEST DEGREE:

- 1 = DIPLOMA
- 2 = ASSOCIATE DEGREE
- 3 = BACCALAUREATE IN NURSING
- 4 = MASTERS IN NURSING
- 5 = DOCTORATE IN NURSING

APRN CERTIFICATION BY EXAMINATION:

- 1 = NATIONAL BOARD ON CERTIFICATION AND RECERTIFICATION OF NURSE ANESTHETISTS (NBCRNA)
- 2 = AMERICAN MIDWIFERY CERTIFICATION BOARD (AMCB)
- 3 = PEDIATRIC NURSING CERTIFICATION BOARD (PNCB)
- 4 = NATIONAL CERTIFICATION CORPORATION (NCC)
- 5 = AMERICAN NURSES CREDENTIALING CENTER (ANCC)
- 6 = AMERICAN ACADEMY OF NURSE PRACTITIONERS (AANP)
- 7 = NOT CERTIFIED AS APRN BY ANY OF THE ABOVE
- 8 = AACN CERTIFICATION CORPORATION

PRIMARY PRACTICE SETTING:

- 1 = INPATIENT HOSPITAL CARE
- 2 = OUTPATIENT HOSPITAL CARE
- 3 = SCHOOL OF NURSING
- 4 = COMMUNITY/PUBLIC HEALTH
- 5 = SCHOOL/COLLEGE HEALTH
- 6 = SELF-EMPLOYED/PRIVATE PRACTICE
- 7 = PHYSICIAN OR DENTIST/PRIVATE PRACTICE
- 8 = RURAL HEALTH CLINIC
- 9 = FREESTANDING CLINIC
- 10 = HOME HEALTH AGENCY
- 11 = MILITARY INSTALLATION
- 12 = TEMPORARY AGENCY/NURSING POOL
- 13 = NURSING HOME/EXTENDED CARE FACILITY
- 14 = BUSINESS/INDUSTRY
- 15 = OTHER:

EMPLOYMENT STATUS:

- 1 = EMPLOYED IN NURSING FULL TIME
- 2 = EMPLOYED IN NURSING PART TIME
- 3 = EMPLOYED IN OTHER FIELD FULL TIME
- 4 = EMPLOYED IN OTHER FIELD PART TIME
- 5 = UNEMPLOYED, RETIRED OR INACTIVE

PRIMARY PRACTICE POSITION:

- 1 = ADMINISTRATOR OR ASSISTANT
- 2 = CONSULTANT
- 3 = SUPERVISOR OR ASSISTANT
- 4 = FACULTY/EDUCATOR
- 5 = HEAD NURSE OR ASSISTANT
- 6 = STAFF NURSE/GENERAL DUTY
- *7 = NURSE PRACTITIONER
- *8 = CLINICAL NURSE SPECIALIST
- *9 = NURSE ANESTHETIST
- *10 = NURSE MIDWIFE
- 11 = INSERVICE/STAFF DEVELOPMENT
- 12 = SCHOOL NURSE
- 13 = OFFICE NURSE
- 14 = RESEARCHER
- 15 = OTHER:

* TEXAS BOARD OF NURSING APPROVAL REQUIRED

PRIMARY SPECIALTY:

- 1 = COMMUNITY/PUBLIC HEALTH
- 2 = GENERAL PRACTICE
- 3 = GERIATRICS
- 4 = OBSTETRICS/GYNECOLOGY
- 5 = MEDICAL/SURGICAL
- 6 = PEDIATRICS
- 7 = PSYCHIATRIC/MENTAL HEALTH/SUBSTANCE ABUSE
- 8 = ANESTHESIA
- 9 = EMERGENCY CARE
- 10 = HOME HEALTH
- 11 = INTENSIVE/CRITICAL CARE
- 12 = NEONATOLOGY
- 13 = ONCOLOGY
- 14 = OPERATING/RECOVERY CARE
- 15 = REHABILITATION
- 16 = OCCUPATIONAL/ENVIRONMENTAL HEALTH
- 17 = OTHER:

GENERAL INSTRUCTIONS
(Do not return this sheet)

Our records show you have authorization to practice as an Advanced Practice Registered Nurse (APRN) in the State of Texas. In order to maintain your APRN recognition, you must have a current RN license as well. To renew your APRN authorization(s) you must meet the requirements under 22 TAC §221.8, in addition to requirements in 22 TAC §§ 213.27 - 213.29, 213.33, 217.6, 217.7, and chapter 216, and pay the appropriate fee. There is no additional charge for more than one APRN authorization. There is no renewal fee for Prescriptive Authority.

APRN RENEWAL REQUIREMENTS 221.8 (in addition to requirements in 22 TAC §§213.27-213.29, 213.33, 217.6, 217.7, and chapters 216 & 223.)

1. You must pay the required recredentialing fee. Note: Failure to renew APRN authorization shall result in expiration of the Board's approval as an advanced practice registered nurse [Rule 221.8(b)];
2. You must have a minimum of 400 hours of current practice (within the preceding biennium) in each advanced specialty you are renewing;
3. If you graduated from an APRN program after January 1, 1996, you must be currently certified by a certifying body recognized by the Board.
4. You must meet the continuing competency requirements of Rule 216. You must hold current national certification, recertification, or completed certification maintenance requirements set by the respective national certifying body. If you are not required to be certified by 22 TAC §221.4(c), then you must have at least 20 contact hours of continuing education targeted for your advanced practice role and population focus area. If you have Prescriptive Authority, you are required to have an additional 5 contact hours of continuing education in pharmacotherapeutics.

*The Board's APRN continuing competency requirements under Rule 221.8 are in lieu of RN required CE under Rule 216. Only 20 hours of CE are required. Category I Continuing Medical Education (CME) will meet requirements for continuing competency.

"A registered nurse who practices professional nursing or a vocational nurse who practices vocational nursing after the expiration of the nurse's license is an illegal practitioner whose license may be revoked or suspended." Texas Occupations Code § 301.301(f).

ACTIVE APPLICATIONS

An application and payment are considered to be active for up to one year from the date of receipt in the Board's office per our Records Retention Policy. All licensure requirements must be met within that year's timeframe or the application and payment will be considered null and void. Should this occur, a new application and payment would need to be submitted; and the nurse will need to meet all current requirements in effect at that time.

APRN CERTIFICATION FOR RENEWAL

Board Rule 221.8 addresses the requirements that must be met in order to maintain licensure as an APRN. Board Rule 221.8(a)(1) addresses the requirement related to maintaining national certification/recertification in order to be eligible to maintain the APRN license.

NAME CHANGE

For name change, you must submit a copy of legal documentation, (e.g., marriage license, divorce decree, corrected driver's license) which states the name change.

APRN and/or Rx Auth. INACTIVATION(S)

To inactivate your APRN and/or Rx Auth. recognition(s), check the appropriate box on the front of the renewal form, fill out other applicable areas of this form and mail it to the Board's address. No fee is required. If you desire to reactivate an APRN and/or Rx Auth. recognition(s) you will be required to pay a reactivation fee and meet all current requirements in effect at that time.

CRIMINAL BACKGROUND CHECK

If you have not previously completed a criminal background check for the Texas Board of Nursing, or the **BON does not have a disposition with an SID (state identification number)** on file for fingerprints previously submitted, you may be required to complete the process at this time. You will be notified by **our office** if this is a requirement.

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

***QUESTION #1.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and **all** military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

***QUESTION #2.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3. The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of:

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

***QUESTION #4.** The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html.

The evaluation process could potentially delay consideration of your renewal. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the renewal process. By doing so, the renewal should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the renewal. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

*QUESTION #5. The practice of nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

*Pursuant to the Texas 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 Texas Occupations Code §301.466.

APRN Compact Renewal Form Checklist

- _____ Checked all applicable boxes for this renewal?
- _____ Have you answered all the questions on the renewal form?
- _____ Have you signed and dated the renewal form?
- _____ Have you enclosed the appropriate fee?
- _____ Have you completed 20 hrs of Continuing Competency that meet the criteria in 22 TAC Chapter 216 (if applicable)?
- _____ Worked 400 hrs in advanced specialty since last renewal?
- _____ If applicable, renewing Prescriptive Authority?
- _____ If applicable, have you completed 5 hrs of CE in pharmacology?
- _____ If applicable, have you enclosed a copy of the current national certification document?
- _____ If applicable, have you enclosed a copy of your current Compact RN License?