



## INSTRUCTIONS FOR APPLYING FOR A NURSE PRACTITIONER FURNISHING NUMBER

### APPLICATION PROCESS

**For applicants who completed a California-Based Nurse Practitioner Education Program or a Non-California Based Nurse Practitioner Education Program and the Advanced Pharmacology Course was completed within the last 5 years of the date of your application, please provide the following:**

- Completed Online Nurse Practitioner Furnishing Number Application and applicable fee.
- Advanced Pharmacology Course Verification form completed by the director of the Nurse Practitioner program.

**For applicants who completed a California-Based Nurse Practitioner Education Program or a Non-California Based Nurse Practitioner Education Program and the Advanced Pharmacology Course has been completed more than five (5) years preceding the date of the application, you must provide the following:**

- Completed Online Nurse Practitioner Furnishing Number Application and applicable fee.
- Advanced Pharmacology Course Verification form completed by the director of the Nurse Practitioner program.
- A verification(s) of employment history which contains a minimum of five (5) years experience working as a Nurse Practitioner and prescribing/furnishing medication.
- A copy of your state license/certificate that allows you to prescribe/furnish medication as a Nurse Practitioner.
- A copy of your Drug Enforcement Agency (DEA) pocket identification card.
- A copy of that State's rules/regulations regarding prescriptive/furnishing authority for Nurse Practitioners.
- If applicable, a copy of the procedures/protocols/collaborative/practice agreement set in place by the supervising physician that allowed the Nurse Practitioner to use their prescriptive/furnishing authority in the state where they are licensed/certified.

Falsification of information on the application is a violation of the Nursing Practice Act and may result in not only denial of the issuance of the furnishing number, but also in Board disciplinary action against the applicant's registered nursing license.

## **HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES RECEIVE EXPEDITED REVIEW**

Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged (Business and Professions Code section 115.4.).

If you would like to be considered for this expedited review and process, please provide the following documentation with your application:

### **1. Report of Separation form.**

The report of separation form issued in most recent years is the **DD Form 214, Certificate of Release or Discharge from Active Duty**. Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD and the NAVCG 553.

Information shown on the Report of Separation may include the service member's date and place of entry into active duty, date and place of release from active duty, last duty assignment and rank, military job specialty, military education, total creditable service, separation information, etc.



**BOARD OF REGISTERED NURSING**  
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**NURSE PRACTITIONER  
 ADVANCED PHARMACOLOGY COURSE VERIFICATION**

In order to furnish drugs and/or devices pursuant to Business and Professions Code, Section 2836.1, the Nurse Practitioner must complete a California Board of Registered Nursing approved advanced pharmacology course. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

**TO BE COMPLETED BY APPLICANT**

*(PRINT OR TYPE)*

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number & Street				DATE OF BIRTH: (Month/Day/Year)	
City		State	Country	Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home ( ) Alternate ( )		PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
CALIFORNIA RN LICENSE NUMBER:		CA NP NUMBER:		DATES COURSE WAS TAKEN:	

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO BE COMPLETED BY THE DIRECTOR OF THE NURSE PRACTITIONER  
 ACADEMIC PROGRAM**

The above applicant has applied for a Nurse Practitioner furnishing number in California. Please provide the following information and mail to the California Board of Registered Nursing at the above address. The criteria for the advanced pharmacology course is listed on the two (2) page attachment.

NAME OF NURSE PRACTITIONER PROGRAM:			TELEPHONE NUMBER:		
ADDRESS: Number & Street		City	State	Zip Code	
<b>ADVANCED PHARMACOLOGY COURSE/CONTENT:</b>					
Entrance and completion dates for course: Entrance: _____ Completion: _____ <small>(Month/Day/Year) (Month/Day/Year)</small>					
Was a separate course? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify the course title: _____ If NO, was integrated in the program curriculum? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Equivalent to: 3 semester units: <input type="checkbox"/> YES <input type="checkbox"/> NO		5 quarter units: <input type="checkbox"/> YES <input type="checkbox"/> NO		45 hours: <input type="checkbox"/> YES <input type="checkbox"/> NO	
The drugs or devices are furnished or ordered by a Nurse Practitioner in accordance with standardized procedures or protocols developed when the drugs or devices furnished or ordered are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained. <input type="checkbox"/> YES <input type="checkbox"/> NO					
The Advanced Pharmacology course includes the key points and course objectives listed on the two (2) page attachment. <input type="checkbox"/> YES <input type="checkbox"/> NO					

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and Correct.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
 (DATE)