

NOTICE PUBLICATION / REGULATIONS SUBMISSION

RESUBMITTAL

See instructions on reverse

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2018-1206-02 SR	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

2018 DEC -6 P 3:58
OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY
Board of Registered Nursing

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Advanced Practice Registered Nurses		TITLE(S) 16	FIRST SECTION AFFECTED 1417	2. REQUESTED PUBLICATION DATE August 5, 2016
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Dean Fairbanks	TELEPHONE NUMBER 916-574-7684	FAX NUMBER (Optional) 916-574-7700
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Advanced Practice Registered Nurse	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2017-1020-015
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 1483.1, 1483.2, and 1486
	AMEND 1480, 1481, 1482, 1483 and 1484
	REPEAL 16

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
11/21/16-12/6/16 (First); 5/22/17-6/6/17 (Second); 3/26/18-4/10/18 (Third); 5/15/18-5/30/18 (Fourth); 10/1/18-10/15/18 (Fifth)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input checked="" type="checkbox"/> Other (Specify) <u>Dean R. Grafilo, Director, Department of Consumer Affairs</u> <i>Dean R. Grafilo</i>			

7. CONTACT PERSON Dean Fairbanks	TELEPHONE NUMBER (916) 574-7684	FAX NUMBER (Optional) (916) 574-7700	E-MAIL ADDRESS (Optional) dean.fairbanks@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Stacie Berumen</i>	DATE 12/6/2018 <i>SR</i>
TYPED NAME AND TITLE OF SIGNATORY Stacie Berumen, Assistant Executive Officer	

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BOARD OF REGISTERED NURSING

ORDER OF ADOPTION

Amend Sections 1480, 1481, 1482, 1483, and 1484, and adopt Sections 1483.1, 1483.2 and 1486 of Division 14 of Title 16 of the California Code of Regulations, to read as follows:

1480. Definitions.

- (a) “Nurse practitioner” means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and/or acute care, who has been prepared in a program conforms to board standards as specified in Section 1484.
- (b) “Primary health care” is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. “Primary care” means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.
- (c) “Clinically competent” means that one the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care.
- (d) “Holding oneself out” means to use the title of nurse practitioner. “Acute care” means restorative care provided by the nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.
- (e) “Category” means the population focused area of practice in which the certified nurse practitioner provides patient care.
- (f) “Advanced health assessment” means the knowledge of advanced processes of collecting and interpreting information regarding a patient’s health care status. Advanced health assessment provides the basis for differential diagnoses and treatment plans.
- (g) “Advanced pathophysiology” means the advanced knowledge and management of physiological disruptions that accompany a wide range of alterations in health.
- (h) “Advanced pharmacology” means the integration of the advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics content across the lifespan and prepares the certified nurse practitioner to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions.
- (i) “Nurse practitioner curriculum” means a curriculum that consists of the graduate core; advanced practice registered nursing core, and nurse practitioner role and population-focused courses.
- (j) “Graduate core” means the foundational curriculum content deemed essential for all students pursuing a graduate degree in nursing.
- (k) “Advanced practice registered nursing core” means the essential broad-based curriculum required for all nurse practitioner students in the areas of advanced health assessment, advanced pathophysiology, and advanced pharmacology.

- (l) “California based nurse practitioner education program” means a board approved academic program, physically located in California that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and is accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation.
- (m) “Clinical practice experience” means supervised direct patient care in the clinical setting that provides for the acquisition and application of advanced practice nursing knowledge, skills, and competencies.
- (n) “Direct supervision of students” means a clinical preceptor or a faculty member is physically present at the practice site. The clinical preceptor or faculty member retains the responsibility for patient care while overseeing the student.
- (o) “Lead nurse practitioner faculty educator” means the nurse practitioner faculty member of the nurse practitioner education program who has administrative responsibility for developing and implementing the curriculum in the nurse practitioner category.
- (p) “Major curriculum change” means a substantive change in a nurse practitioner education program curriculum, structure, content, method of delivery, or clinical hours.
- (q) “National Certification” means the certified nurse practitioner has passed an examination provided by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties, as approved by the board.
- (r) “Nurse practitioner education program director” means the individual responsible for administration, implementation, and evaluation of the nurse practitioner education program and the achievement of the program outcomes in collaboration with program faculty.
- (s) “Non-California based nurse practitioner education programs” means an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and does not have a physical location in California. Preparation at the graduate level must be comprehensive and focus on the clinical practice of providing direct care to individuals.
- (t) “Clinical field related to nursing” means a specialized field of clinical practice in one of the following categories of nurse practitioners as recognized by the National Organization of Nurse Practitioner Faculties (NONPF), which are: Family/Individual across the lifespan; Adult-gerontology, primary care; Adult-gerontology, acute care; Neonatal; Pediatrics, primary care; Pediatrics, acute care; Women’s health/gender-related; and Psychiatric-Mental Health across the lifespan.

Note: Authority cited: Sections 2715, 2725 and 2836, Business and Professions Code. Reference: Sections 2725.5, 2834, 2835.5 and 2836.1, Business and Professions Code.

1481. Categories of Nurse Practitioners.

A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters “R.N., N.P.” after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.

- (a) Categories of nurse practitioners include:
 - (1) Family/individual across the lifespan;
 - (2) Adult-gerontology, primary care or acute care;

- (3) Neonatal;
 - (4) Pediatrics, primary care or acute care;
 - (5) Women's health/gender-related;
 - (6) Psychiatric-Mental Health across the lifespan.
- (b) A registered nurse who has been certified by the board as a nurse practitioner may use the title, "advanced practice registered nurse" and/or "certified nurse practitioner" and may place the letters APRN-CNP after his or her name or in combination with other letters or words that identify the category.

Note: Authority cited: Sections 2715 and 2836, Business and Professions Code. Reference: Sections 2834, 2835.5, 2836, 2836.1 and 2837, Business and Professions Code.

1482. Requirements for Holding Out As a Certification as a Nurse Practitioner.

~~The requirements for holding oneself out as a nurse practitioner are:~~

- (a) To obtain certification as a Nurse Practitioner, an applicant must hold a valid and active license as a registered nurse in California and possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and one of the following:
- ~~(a) Active licensure as a registered nurse in California; and~~
 - ~~(b) One of the following:~~
 - ~~(1) Successful completion of a nurse practitioner education program approved by the Board; of study which conforms to board standards; or~~
 - ~~(2) National Certification as a nurse practitioner by a national or state organization whose standards are equivalent to those set forth in Section 1484; or in one or more categories listed in Section 1481(a) from a national certification organization accredited by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.~~
 - ~~(3) (b) A nurse who has not completed an academically affiliated nurse practitioner education program of study which meets board standards as specified in Section 1484, shall be able to provide: evidence of having completed equivalent education and supervised clinical practice, as set forth in this article.~~
 - ~~(A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and~~
 - ~~(B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(e), of clinical competence in the delivery of primary health care.~~
 - ~~(c) Graduates who have completed a nurse practitioner education program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit the required credential evaluation through a board-approved evaluation service evidencing education equivalent to a master's or doctoral degree in Nursing.~~

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2835, and 2835.5 and 2836, Business and Professions Code.

1483. Evaluation of Credentials.

- (a) An application for evaluation of a registered nurse's qualifications to hold out to be certified as a nurse practitioner shall be filed with the board by submitting the Application for Nurse Practitioner (NP) Certification (Rev. 03/2018), which is hereby incorporated by reference. A temporary Nurse Practitioner (NP) certificate shall be obtained by submitting the Application for Temporary Nurse

Practitioner (NP) Certificate (Rev. 03/2018), which is hereby incorporated by reference. In order to furnish drugs or devices in California as a Nurse Practitioner, the certified nurse practitioner must be issued a Nurse Practitioner Furnishing Number by submitting the Nurse Practitioner Furnishing Number Application (Rev. 03/2018), which is hereby incorporated by reference, for approval, on a form prescribed by the board and Submission of each application shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board, to conform with Sections 1482 and 1484.

(b) The Application for Nurse Practitioner (NP) Certification, the Application for Temporary Nurse Practitioner (NP) Certificate and the Nurse Practitioner Furnishing Number Application shall include submission of the name of the graduate nurse practitioner education program or post-graduate nurse practitioner education program.

(c) The Application for Nurse Practitioner (NP) Certification shall include submission of an official sealed transcript with the date of graduation or post-graduate program completion, nurse practitioner category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.

(d) A graduate from a board-approved nurse practitioner education program shall be considered a graduate of a nationally accredited program if the program held national nursing accreditation at the time the graduate completed the program. The program graduate is eligible to apply for nurse practitioner certification with the board regardless of the program's national nursing accreditation status at the time of submission of the application to the Board.

(e) The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.

Note: Authority cited: Sections 2715 and 2718, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.

1483.1. Requirements for Nurse Practitioner Education Programs in California.

(a) The California based nurse practitioner education program shall:

- (1) Provide evidence to the board that the nurse practitioner program is in an accredited academic institution located in California.
- (2) Be an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in Nursing or graduate level certificate in Nursing to qualified students.
- (3) Provide the board with evidence of ongoing continuing nurse practitioner education program accreditation within 30 days of the program receiving this information from the national nursing accreditation body.
- (4) Notify the board of changes in the program's institutional and national nursing accreditation status within 30 days.

(b) The board shall grant the nurse practitioner education program initial and continuing approval when the board receives the required accreditation evidence from the program.

(c) The board may change the approval status for a board-approved nurse practitioner education program at any time, if the board determines the program has not provided necessary compliance evidence to meet board regulations notwithstanding institutional and national nursing accreditation status and review schedules.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815 and 2835.5, Business and Professions Code.

1483.2. Requirements for Reporting Nurse Practitioner Education Program Changes.

(a) A board-approved nurse practitioner education program shall notify the board within thirty (30) days of any of the following changes:

(1) A change of legal name or mailing address prior to making such changes. The program shall file its legal name and current mailing address with the board at its principal office and the notice shall provide both the old and the new name and address as applicable.

(2) A fiscal condition that adversely affects students enrolled in the nursing program.

(3) Substantive changes in the organizational structure affecting the nursing program.

(b) An approved nursing program shall not make a substantive change without prior board notification. Substantive changes include, but are not limited to the following:

(1) Change in location;

(2) Change in ownership;

(3) Addition of a new campus or location;

(4) Major curriculum change.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2715 and 2835.5, Business and Professions Code.

1484. Standards of Nurse Practitioner Education.

(a) The program of study preparing a nurse practitioner shall meet the following criteria: be approved by the board and be consistent with the nurse practitioner curriculum core competencies as specified by the National Organization of Nurse Practitioner Faculties in "Nurse Practitioner Core Competencies Content" (2017), which is hereby incorporated by reference.

(a) (b) Purpose, Philosophy and Objectives

(1) have as its primary purpose the preparation of registered nurses who can provide primary health care; The purpose of the nurse practitioner education program shall be to prepare a graduate nurse practitioner to provide competent primary care and/or acute care services in one or more of the categories.

(2) have a clearly defined philosophy available in written form; Written program materials shall reflect the mission, philosophy, purposes, and outcomes of the program and be available to students.

(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate. Learning outcomes for the nurse practitioner education program shall be measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies required of the graduate.

(b) (c) Administration and organization of the nurse practitioner education program shall:

~~(1) Be conducted in conjunction with one of the following:~~

~~(A) (1) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health. Be taught in a college or university accredited by a nursing organization that is recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree to qualified students.~~

~~(B) (2) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department. Prepare graduates for national certification as a certified nurse practitioner in one or more nurse practitioner category by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.~~

~~(2) (3) Have admission requirements and policies for withdrawal, dismissal and readmission that are clearly stated and available to the student in written form.~~

~~(3) (4) Have written policies for clearly informing applicants of the academic accreditation and board approval status of the program.~~

~~(4) (5) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program. Document the nurse practitioner role and the category of educational preparation on the program's official transcript.~~

~~(5) (6) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval. Maintain a method for retrieval of records in the event of program closure.~~

~~(6) (7) Provide for program evaluation by faculty and students during and following the program and make results available for public review. Have and implement a written total program evaluation plan.~~

~~(8) Have sufficient resources to achieve the program outcomes.~~

~~(e) (d) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.~~

~~(1) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated outcomes.~~

~~(1) (2) Each faculty person member shall demonstrate current competence in the area in which he/ or she teaches.~~

~~(3) There shall be a lead nurse practitioner faculty educator who meets the faculty qualifications.~~

~~(4) Faculty who teach in the nurse practitioner education program shall be educationally qualified and clinically competent in the same category as the theory and clinical areas taught. Faculty shall meet the following requirements:~~

~~(A) Hold an active, valid California registered nurse license;~~

~~(B) Have a Master's degree or higher degree in nursing;~~

~~(C) Have at least two years of clinical experience as a nurse practitioner, certified nurse midwife, clinical nurse specialist, or certified registered nurse anesthetist within the last five (5) years of practice and consistent with the teaching responsibilities.~~

~~(5) Faculty teaching in clinical courses shall be current in clinical practice.~~

~~(6) Each faculty member shall assume responsibility and accountability for instruction, planning, and implementation of the curriculum, and evaluation of students and the program.~~

~~(7) Interdisciplinary faculty who teach non-clinical nurse practitioner nursing courses, such as but not limited to, pharmacology, pathophysiology, and physical assessment, shall have a valid and active California license issued by the appropriate licensing agency and an advanced graduate degree in the appropriate content areas.~~

~~(e) Director.~~

(1) The nurse practitioner education program director shall be responsible and accountable for the nurse practitioner education program within an accredited academic institution including the areas of education program, curriculum design, and resource acquisition, and shall meet the following requirements:

(2) The director or co-director of the program shall:

(A) be a Hold an active, valid California registered nurse license;

(B) Have held a Master's or a higher degree in nursing or a related health field from an accredited college or university;

(C) Hhave had one academic year of experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners; and

(D) Be certified by the board as a nurse practitioner.

(2) The director, if he or she meets the requirements for the certified nurse practitioner role, may fulfill the lead nurse practitioner faculty educator role and responsibilities.

(f) Clinical Preceptor.

(1) A clinical preceptor in the nurse practitioner education program shall:

(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.

(4) (A) A clinical instructor shall Hhold an active licensure valid, California license to practice his/ or her respective profession and demonstrate current clinical competence.

(5) (B) A clinical instructor shall Pparticipate in teaching, supervising, and evaluating students, and shall be appropriately matched competent with in the content and skills being taught to the students.

(2) Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.

(3) A clinical preceptor is oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(4) A clinical preceptor shall be evaluated by the program faculty at least every two (2) years.

(d) (g) Curriculum—Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(h) Nurse Practitioner Education Program Curriculum.

The nurse practitioner education program curriculum shall include all theoretical and clinical instruction that meet the standards set forth in this section and be consistent with national standards for graduate and nurse practitioner education, including nationally recognized core role and category competencies and be approved by the board.

(1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.

(2) The program shall provide evaluation evaluate of previous education and/ or experience in primary health care for the purpose of granting credit for meeting program requirements.

(3) (2) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression. The curriculum shall provide broad educational preparation and include a graduate core, advance practice registered nursenursing core, the nurse practitioner core role competencies, and the competencies specific to the category.

(4) (3) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty. The program shall prepare the graduate to be eligible to sit for a

specific national nurse practitioner category certification examination consistent with educational preparation.

~~(5) (4) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program. The curriculum plan shall have appropriate course sequencing and progression, which includes, but is not limited to the following:~~

~~(A) The advanced practice registered nursing core courses in advanced health assessment, advanced pharmacology, and advanced pathophysiology shall be completed prior to or concurrent with commencing clinical course work.~~

~~(B) Instruction and skills practice for diagnostic and treatment procedures shall occur prior to application in the clinical setting.~~

~~(C) Concurrent theory and clinical practice courses in the category shall emphasize the management of health-illness needs in primary and/or acute care.~~

~~(D) The supervised direct patient care precepted clinical experiences shall be under the supervision of a certified nurse practitioner.~~

~~(6) (5) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program. The program shall meet the minimum of 500 clinical hours of supervised direct patient care experiences as specified in current nurse practitioner national education standards. Additional clinical hours required for preparation in more than one category shall be identified and documented in the curriculum plan for each category.~~

~~(6) The nurse practitioner education curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners", and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners," including, but not limited to:~~

~~(A) Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";~~

~~(B) Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices."~~

~~(7) The program may be full-time or part-time, and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), and shall be consistent with standards as established by The National Organization of Nurse Practitioner Faculties (NONPF) in "Nurse Practitioner Core Competencies Content" (2017) or the American Association of Colleges of Nursing (AACN) in "Criteria for Evaluation of Nurse Practitioner Programs" (2016), which is hereby incorporated by reference, which shall. The program must also include theory and supervised clinical practice.~~

~~(8) The course of instruction shall be calculated according to the following formula: The course of instruction program units and contact hours shall be calculated using the following formulas:~~

~~(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.~~

~~(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Academic year means two semesters, where each semester is 15-18 weeks; or three quarters, where each quarter is 10-12 weeks.~~

~~(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.~~

~~(9) Supervised clinical practice shall consist of two phases: at least 12 semester units or 18 quarter units.~~

~~(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.~~

~~(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.~~

- ~~(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.~~
- ~~(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared shall be sufficient for the student to demonstrate clinical competencies in the nurse practitioner category.~~
- ~~(11) The nurse practitioner education program shall have the responsibility arrange for arranging for clinical instruction and supervision for of the student.~~
- ~~(12) The curriculum shall include, but is not limited to:~~
- ~~(A) Normal growth and development~~
 - ~~(B) Pathophysiology~~
 - ~~(C) Interviewing and communication skills~~
 - ~~(D) Eliciting, recording and maintaining a developmental health history~~
 - ~~(E) Comprehensive physical examination~~
 - ~~(F) Psycho-social assessment~~
 - ~~(G) Interpretation of laboratory findings~~
 - ~~(H) Evaluation of assessment data to define health and developmental problems~~
 - ~~(I) Pharmacology~~
 - ~~(J) Nutrition~~
 - ~~(K) Disease management~~
 - ~~(L) Principles of health maintenance~~
 - ~~(M) Assessment of community resources~~
 - ~~(N) Initiating and providing emergency treatments~~
 - ~~(O) Nurse practitioner role development~~
 - ~~(P) Legal implications of advanced practice~~
 - ~~(Q) Health care delivery systems~~
- ~~(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.~~

Note: Authority cited: Sections 2715, 2835.7 and 2836, Business and Professions Code. Reference: Sections 2835, 2835.5, 2835.7, 2836, 2836.1, 2836.2, 2836.3 and 2837, Business and Professions Code.

1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs.

- (a) The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:
- (1) Obtain prior board approval;
 - (2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;
 - (3) Secure clinical preceptors who meet board requirements;
 - (4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in "Nurse Practitioner Core Competencies Content" (2017) or the American Association of Colleges of Nursing (AACN) in "Criteria for Evaluation of Nurse Practitioner Programs" (2016);
 - (5) A clinical preceptor in the nurse practitioner education program shall:

(a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.

(b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.

(c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.

(d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;

(e) Be evaluated by the program faculty at least every two (2) years.

Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.

(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.

(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.

(1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, "Nurse Practitioners" and California Code of Regulations Title 16, Division 14, Article 7, "Standardized Procedure Guidelines" and Article 8, "Standards for Nurse Practitioners", including, but not limited to:

(A) Section 2835.7 of Business & Professions Code, "Additional authorized acts; implementation of standardized procedures";

(B) Section 2836.1 of Business & Professions Code, "Furnishing or ordering of drugs or devices".

(d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.

(e) The board may withdraw authorization for program clinical placements in California, at any time.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.



NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE FOR FURNISHING

These revised guidelines are established for Nurse Practitioner programs who offer advanced pharmacology courses in order to meet Furnishing requirements.

MINIMUM COURSE OFFERINGS

- A post-RN licensure advanced pharmacology course based on the RN's previous knowledge of pharmacology and pharmacotherapeutics.
- A three (3) semester units or five (5) quarter units academic course.

KEY POINTS:

The advanced pharmacology course must include:

- The mechanism for ongoing communication between the student and course instructor.
- The requirements for approved standardized procedures to be in place prior to beginning practice.
- The requirement to furnish drugs/devices pursuant to a standardized procedure.
- The furnishing responsibility for Schedule II, III, IV, V controlled substances that are to be furnished with a patient-specific protocol in compliance with the Health and Safety Code (HSC) Division 10, Uniform Controlled Substances Act, Sections 11000-11051, Chapter 1. General Provisions and Definitions, for Nurse Practitioners.
- The furnishing responsibility for Schedule II, III, IV and V controlled substances that are to be furnished with a patient specific protocol in compliance with Health and Safety Code (HSC) Division 10, Uniform Controlled Substances Act, Section 11056, for Certified Nurse Midwives.

COURSE OBJECTIVES:

1. Uses the data base obtained from the health assessment of the client to identify an appropriate therapeutic regimen, including drugs and/or devices
2. Uses knowledge of pharmacokinetics when developing a therapeutic regimen that maximizes the therapeutic effectiveness while minimizing adverse reactions.
3. Uses knowledge of pharmacodynamics to observe the effects of drugs and/or devices on a client; to predict the client's response; and to understand the effects of the drugs and/or devices.
4. Evaluates the response and compliance of the client to the drugs and/or devices and implement appropriate action.
5. Provides appropriate client education regarding the furnished drugs and/or devices.
6. Furnishes drugs and/or devices pursuant to standardized procedures and in conformance with applicable laws, codes and/or regulations.
7. Examines appropriate guidelines for the pharmacological management of selected health care syndromes/diseases commonly encountered with awareness of client's nutrition, culture, ethnicity and socioeconomic status.
8. Uses knowledge and awareness of the role of herbal and natural remedies while treating disease states.

Advanced Pharmacology Enabling Objectives have been developed through public input and are available upon request.

FACULTY QUALIFICATIONS

All stated qualifications must be met by the faculty, include Directors and instructors.

- Current, valid and clear license to practice in the appropriate discipline.
- Demonstrates expertise in the theoretical and clinical aspects of pharmacology/pharmacotherapeutics.
- Possesses at least two years of experience in the teaching of advanced pharmacology.
- Includes a faculty member who has completed a doctoral level pharmacology/pharmacotherapeutics degree.
- Demonstrates evidence of advanced clinical practice within the past five years applying the principles of advanced pharmacology.

ADVANCED PHARMACOLOGY ENABLING OBJECTIVES

- Defines and verbalizes an understanding of the terminology of advanced pharmacology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs from each drug source.
- Describes the "targets" of drugs.
- Describes the pharmacokinetic process of absorption, distribution, metabolism, and excretion.
- Identifies factors that alter the processes of absorption, distribution, metabolism, and excretion.
- Analyzes how the body's acid base environment affects the pharmacokinetic process of absorption, distribution, metabolism, and excretion of drugs.
- Describes variables that determine the correct dosages of drugs.
- Defines half-life and explains the importance of a drug's half-life in a therapeutic drug regimen.
- Describes factors that influence a drug's half-life.
- Analyzes the relationship between drugs and their physiological and pathophysiological responses.
- Understands the pharmacokinetic and pharmacodynamic effects of broad categories of drugs, i.e., antibiotics, antiarrhythmics, antihypertensives, contraceptives, etc. used in specific treatment regimens.
- Uses data obtained during a client's history and Physical Examination (H&P) to identify appropriate drug choice/s and herbs, vitamins, minerals, and trace elements regimen/s, and recognizes the role of herbal and natural remedies in the treatment of health and disease states.
- Based upon the principles of pharmacokinetics and pharmacodynamics, identifies the indications, rationale, and mechanism of action for drugs and contrasts drugs used to treat specific conditions.
- Understands the potential interactions between drugs and herbs, vitamins, minerals, and trace elements.
- Performs appropriate monitoring before, during, and after specific drug regimens.
- Monitors efficacy of drugs, evaluates the response and compliance of the client to the drugs/devices and provides interventions for side effects, and manages adverse events that may occur.
- Identifies drugs with a narrow therapeutic range.
- Identifies appropriate methods to write and transmit prescriptions.
- Furnishes drugs pursuant to applicable legal requirements, standardized procedures, and ethical standards, and in compliance with health and safety codes.
- Identifies resources for drug information and uses the resources to maintain clinical competency for furnishing.
- Describes the essential components of client education re: medications including: name of medication/s frequency, time of doses, correct dosage/s to take, how to take the medication/s i.e., with or without food, what to do if a dose of a medication is missed, side effects to expect, and adverse event/s to report to the prescriber.
- Identifies factors that influence medication compliance.
- Provides comprehensive and appropriate client and family education re: drugs of choice and alternatives and involves the client and family in the decision making process re: drug treatments.
- Chooses most appropriate drug for a disease base upon client's symptomatology, health status and lifestyle.



APPLICATION FOR NURSE PRACTITIONER (NP) CERTIFICATION

APPLICATION FEE - \$500.00

MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

PERSONAL DATA (PRINT OR TYPE)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street					
City		State	Country	Postal/Zip Code	
HOME TELEPHONE NUMBER: ()		ALTERNATE TELEPHONE NUMBER: ()		E-MAIL ADDRESS:	
DATE OF BIRTH: (Month/Day/Year)	U.S. SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER ID NUMBER:	PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	

RN LICENSURE/NURSE PRACTITIONER CERTIFICATION

California RN License Number: _____	List ALL States Where You Hold/Held an <u>RN License</u> and Status: _____
Date Issued: _____	
Expiration Date: _____	List ALL States Where You Hold/Held a <u>Nurse Practitioner License/Certificate</u> and Status: _____

RN EDUCATION

Name of Professional Registered Nursing Program _____ _____ _____ City State Country	TYPE OF PROGRAM: <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> MASTERS DEGREE/NURSING Entrance Date: _____ Graduation/Completion Date: _____
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NURSE PRACTITIONER EDUCATION

Name of Nurse Practitioner Academic Program _____ _____ _____ City State Country	TYPE OF NURSE PRACTITIONER ACADEMIC PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS Entrance Date: _____ Graduation/Completion Date: _____
Area of Specialization: _____	

NAME OF APPLICANT: _____

NURSE PRACTITIONER PROFESSIONAL CERTIFICATION (If Applicable):

<p>Name of Organization/Association _____</p> <p>Area of Specialization: _____</p> <p>Certification Number: _____</p>	<p>METHOD OF CERTIFICATION:</p> <p><input type="checkbox"/> EXAMINATION</p> <p><input type="checkbox"/> OTHER (Please Explain): _____</p> <p>Original Date of Certification: _____</p> <p>Current Recertification Cycle Dates: _____</p>
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BACKGROUND INFORMATION

Have you applied for a Nurse Practitioner certificate in California? If yes, name on previous application: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been issued a Nurse Practitioner certificate in California? If yes: STOP! DO NOT CONTINUE. Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Nurse Practitioner certification.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of any offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Attach a recent 2"x2" passport type photograph.
Please tape on all four sides.

Head and shoulders only

SIGNATURE OF APPLICANT

DATE

**** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT**

Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC section 405(d)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



VERIFICATION OF NURSE PRACTITIONER ACADEMIC PROGRAM

TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the nurse practitioner academic program for completion. Official transcripts submitted must include all completed coursework with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts.

A. 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	Postal/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)	
E-MAIL ADDRESS:			CALIFORNIA RN LICENSE NUMBER: _____ EXPIRATION DATE: _____		
NAME OF ACADEMIC PROGRAM:				SPECIALTY:	
SIGNATURE OF APPLICANT: _____				DATE: _____	

B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE PRACTITIONER ACADEMIC PROGRAM

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:		TELEPHONE NUMBER: ()			
ADDRESS: Number & Street		City		State	Postal/Zip Code
TYPE OF PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS SPECIALTY: _____		Entrance Date: _____ (Month/Day/Year) Completion Date: _____ (Month/Day/Year) Date Certificate/Degree Status Conferred: _____ (Month/Day/Year)			
OUT OF STATE NP ACADEMIC PROGRAM GRADUATES: Recognized by Commission on Collegiate Nursing Education: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name: _____ Program Approval Cycle Dates: _____					

I certify under penalty of perjury that the documentation regarding the completion of the nurse practitioner academic program for the above named applicant is true and correct.

SIGNATURE: _____ TITLE: _____
 (DATE)



VERIFICATION OF NURSE PRACTITIONER CERTIFICATION BY NATIONAL ORGANIZATION/ASSOCIATION

METHOD 2

TO BE COMPLETED BY APPLICANT: Please complete Section A and submit to the applicable national organization/association to verify your nursing practitioner certification status. A fee is required by the national organization/association for the processing of the verification form.

A. 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	Postal/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)	
E-MAIL ADDRESS:			CALIFORNIA RN LICENSE NUMBER: _____ EXPIRATION DATE: _____		
NAME OF ACADEMIC PROGRAM:				SPECIALTY:	
SIGNATURE OF APPLICANT: _____				DATE: _____	

B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION			TELEPHONE NUMBER: ()		
ADDRESS: Number & Street		City	State	Postal/Zip Code	
METHOD OF CERTIFICATION:		CERTIFICATE NUMBER:		ORIGINAL DATE OF CERTIFICATION:	
NURSE PRACTITIONER SPECIALTY AREA:					
CURRENT RENEWAL CYCLE DATES FOR CERTIFICATION/RECERTIFICATION: (If not applicable, please explain)					
			From: _____	To: _____	
			(Month/Year)	(Month/Year)	

I certify under penalty of perjury that the documentation regarding the nurse practitioner certification status for the above named applicant is true and correct.

SIGNATURE: _____ TITLE: _____
 _____ (DATE)

(OFFICIAL SEAL)



VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. (*California Code of Regulations Section 1480(b)*).

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. (*California Code of Regulations Section 1480(c)*).

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary care.
3. Direct observations of clinical practice.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:
SIGNATURE OF APPLICANT: _____		
		DATE: _____

B. TO BE COMPLETED BY THE EVALUATING "NURSE PRACTITIONER"

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: Number & Street	City	State
		Postal / Zip Code
TELEPHONE NUMBER:	U.S. SOCIAL SECURITY NUMBER:	
RN LICENSE NUMBER: _____	DATES EMPLOYED IN SPECIALTY AREA:	
EXPIRATION DATE: _____	From: _____ To: _____	
NP CERTIFICATION NUMBER: _____	PROFESSIONAL SPECIALTY: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:	PERIOD OF CLINICAL EVALUATION:	
	From: _____ To: _____ (Month/Year) (Month/Year)	

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary care.

SIGNATURE OF EVALUATOR: _____ DATE: _____



VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. (*California Code of Regulations Section 1480(b)*).

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. (*California Code of Regulations Section 1480(c)*).

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary care.
3. Direct observations of clinical practice.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: <small>(Month/Day/Year)</small>	CALIFORNIA RN LICENSE NUMBER:

SIGNATURE OF APPLICANT: _____ **DATE:** _____

B. TO BE COMPLETED BY THE EVALUATING "PHYSICIAN"

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: <small>Number & Street</small>	City	State <small>Postal / Zip Code</small>
TELEPHONE NUMBER:	U.S. SOCIAL SECURITY NUMBER:	
MD LICENSE NUMBER: _____ EXPIRATION DATE: _____	DATES EMPLOYED IN SPECIALTY AREA: From: _____ To: _____ PROFESSIONAL SPECIALTY: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:	PERIOD OF CLINICAL EVALUATION: From: _____ To: _____ <small>(Month/Year) (Month/Year)</small>	

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary care.

SIGNATURE OF EVALUATOR: _____ **DATE:** _____



VERIFICATION OF "CLINICAL EXPERIENCE" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the nurse's clinical experience in the delivery of primary care is required in order for him/her to use the title "Nurse Practitioner" in California.

PRIMARY CARE means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings. (*California Code of Regulations Section 1480(b)*).

CLINICALLY COMPETENT means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care. (*California Code of Regulations Section 1480(c)*).

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary care.
3. Direct observations of clinical practice.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:
SIGNATURE OF APPLICANT: _____		
DATE: _____		

B. TO BE COMPLETED BY THE PHYSICIAN/NURSE PRACTITIONER VERIFYING THE APPLICANT'S CLINICAL EXPERIENCE

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF AGENCY:				
ADDRESS OF AGENCY: Number & Street		City	State	Postal/Zip Code
NAME OF APPLICANT'S SUPERVISOR:		SUPERVISOR'S TELEPHONE NUMBER:		
SUPERVISOR'S TITLE: _____		DATES OF SUPERVISOR'S EMPLOYMENT:		
LICENSE NUMBER: _____		From: _____ To: _____		
EXPIRATION DATE: _____		SPECIALTY AREA: _____		
DATES OF SUPERVISED CLINICAL EXPERIENCE:		NUMBER OF HOURS:	CLINICAL SPECIALITY:	
From: _____ To: _____		_____	_____	
From: _____ To: _____		_____	_____	
From: _____ To: _____		_____	_____	

I certify under penalty of perjury that I have verified that the above named applicant received the number of supervised clinical hours in the appropriate discipline in clinical practice in the performance of diagnostic and treatment procedures essential to the provision of primary care.

SIGNATURE OF SUPERVISOR: _____ DATE: _____



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance:	EXECUTIVE OFFICER	
Address:	P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information:	SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
ALL INFORMATION IS MANDATORY.		
The consequences, if any of not providing all or any part of the requested information:	FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.	
The principal purpose(s) for which the information is to be used:	TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC section 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:	POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.	
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.		

MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Penal Code Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.

ADOPT



APPLICATION FOR TEMPORARY NURSE PRACTITIONER (NP) CERTIFICATE

INSTRUCTIONS:

1. The application fee for the Temporary Nurse Practitioner Certificate (TC/NP) is \$150.00.
2. The TC/NP will not be issued until the **Application for Nurse Practitioner Certification** is complete with exception of criminal record clearance from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).
3. The TC/NP will not be mailed to an in-care-of address or a third party address.
4. Possession of a current and active California Temporary RN License (TL) is required.

PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RN LICENSE, YOU ARE **NOT ELIGIBLE** FOR THE TEMPORARY NURSE PRACTITIONER CERTIFICATE (TC/NP) AND YOUR APPLICATION FEE FOR THE TC/NP WILL NOT BE REFUNDED.

TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number & Street				DATE OF BIRTH: <i>(Month/Day/Year)</i>	
City		State	Country	Postal/Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home () Alternate ()		PREVIOUS NAMES: <i>(Including Maiden)</i>		MOTHER'S MAIDEN NAME: <i>(Last Name Only)</i>	
E-MAIL ADDRESS:			TEMPORARY RN LICENSE NUMBER: _____		
			EXPIRATION DATE: _____		
NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:					
ADDRESS: Number & Street		City		State	Postal/Zip Code
TYPE OF PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS SPECIALTY: _____			ENTRANCE DATE: _____ <i>(Month/Day/Year)</i> COMPLETION DATE: _____ <i>(Month/Day/Year)</i>		

I certify under penalty of perjury that the above information regarding the Application for the Temporary Nurse Practitioner Certificate is true and correct.

SIGNATURE OF APPLICANT: _____ **DATE:** _____



BOARD OF REGISTERED NURSING
 PO Box 944210, Sacramento, CA 94244-2100
 P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name: BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance: EXECUTIVE OFFICER	
Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information: SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
ALL INFORMATION IS MANDATORY.	
The consequences, if any of not providing all or any part of the requested information: FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.	
The principal purpose(s) for which the information is to be used: TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.	
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.	

MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Penal Code Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.



NURSE PRACTITIONER FURNISHING NUMBER APPLICATION

APPLICATION FEE - \$400.00

MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

PERSONAL DATA (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 ()	PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
Alternate ()				
CA RN LICENSE NUMBER:	CA NP NUMBER:	NP SPECIALTY:		

NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE

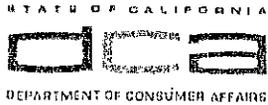
NAME OF NURSE PRACTITIONER PROGRAM	COURSE TITLE:	COMPLETION DATE:	# QTR/SEM UNITS:
NAME OF ACADEMIC COURSE:			
SCHOOL ADDRESS: Number & Street	City	State	Zip Code

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

SIGNATURE OF APPLICANT: _____ **DATE:** _____

**** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT**

Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorizes collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



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

Form with fields: LAST NAME, FIRST NAME, MIDDLE NAME, ADDRESS, DATE OF BIRTH, City, State, Country, Zip Code, U.S. SOCIAL SECURITY NUMBER, TELEPHONE NUMBER, PREVIOUS NAMES, MOTHER'S MAIDEN NAME, 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.

Form with fields: NAME OF NURSE PRACTITIONER PROGRAM, TELEPHONE NUMBER, ADDRESS, ADVANCED PHARMACOLOGY COURSE/CONTENT, Entrance and completion dates, Was a separate course?, Equivalent to: 3 semester units, 5 quarter units, 45 hours, 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, The Advanced Pharmacology course includes the key points and course objectives listed on the two (2) page attachment.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and Correct.
SIGNATURE: _____ TITLE: _____
(DATE)



NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE FOR FURNISHING

These revised guidelines are established for Nurse Practitioner programs who offer advanced pharmacology courses in order to meet Furnishing requirements.

MINIMUM COURSE OFFERINGS

- A post-RN licensure advanced pharmacology course based on the RN's previous knowledge of pharmacology and pharmacotherapeutics.
- A three (3) semester units or five (5) quarter units academic course.

KEY POINTS:

The advanced pharmacology course must include:

- The mechanism for ongoing communication between the student and course instructor.
- The requirements for approved standardized procedures to be in place prior to beginning practice.
- The requirement to furnish drugs/devices pursuant to a standardized procedure.
- The furnishing responsibility for Schedule II, III, IV, V controlled substances that are to be furnished with a patient-specific protocol in compliance with the Health and Safety Code (HSC) Division 10, Uniform Controlled Substances Act, Sections 11000-11651, Chapter 1. General Provisions and Definitions, for Nurse Practitioners.
- The furnishing responsibility for Schedule II, III, IV and V controlled substances that are to be furnished with a patient specific protocol in compliance with Health and Safety Code (HSC) Division 10, Uniform Controlled Substances Act, Section 11056, for Certified Nurse Midwives.

COURSE OBJECTIVES:

1. Uses the data base obtained from the health assessment of the client to identify an appropriate therapeutic regimen including drugs and/or devices
2. Uses knowledge of pharmacokinetics when developing a therapeutic regimen that maximizes the therapeutic effectiveness while minimizing adverse reactions.
3. Uses knowledge of pharmacodynamics to observe the effects of drugs and/or devices on a client; to predict the client's response; and to understand the effects of the drugs and/or devices.
4. Evaluates the response and compliance of the client to the drugs and/or devices and implement appropriate action.
5. Provides appropriate client education regarding the furnished drugs and/or devices.
6. Furnishes drugs and/or devices pursuant to standardized procedures and in conformance with applicable laws, codes and/or regulations.
7. Examines appropriate guidelines for the pharmacological management of selected health care syndromes/diseases commonly encountered with awareness of client's nutrition, culture, ethnicity and socioeconomic status.
8. Uses knowledge and awareness of the role of herbal and natural remedies while treating disease states.

Advanced Pharmacology Enabling Objectives have been developed through public input and are available upon request.

FACULTY QUALIFICATIONS

All stated qualifications must be met by the faculty, include Directors and instructors.

- Current, valid and clear license to practice in the appropriate discipline.
- Demonstrates expertise in the theoretical and clinical aspects of pharmacology/pharmacotherapeutics.
- Possesses at least two years of experience in the teaching of advanced pharmacology.
- Includes a faculty member who has completed a doctoral level pharmacology/pharmacotherapeutics degree.
- Demonstrates evidence of advanced clinical practice within the past five years applying the principles of advanced pharmacology.

ADVANCED PHARMACOLOGY ENABLING OBJECTIVES

- Defines and verbalizes an understanding of the terminology of advanced pharmacology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs from each drug source.
- Describes the "targets" of drugs.
- Describes the pharmacokinetic process of absorption, distribution, metabolism, and excretion.
- Identifies factors that alter the processes of absorption, distribution, metabolism, and excretion.
- Analyzes how the body's acid base environment affects the pharmacokinetic process of absorption, distribution, metabolism, and excretion of drugs.
- Describes variables that determine the correct dosages of drugs.
- Defines half-life and explains the importance of a drug's half-life in a therapeutic drug regimen.
- Describes factors that influence a drug's half-life.
- Analyzes the relationship between drug and their physiological and pathophysiological responses.
- Understands the pharmacokinetic and pharmacodynamic effects of broad categories of drugs, i.e., antibiotics, antiarrhythmics, antihypertensives, contraceptives, etc. used in specific treatment regimens.
- Uses data obtained during a client's History and Physical Examination (H&P) to identify appropriate drug choice/s and herbs, vitamins, minerals, and trace elements regimen/s, and recognizes the role of herbal and natural remedies in the treatment of health and disease states.
- Based upon the principles of pharmacokinetics and pharmacodynamics, identifies the indications, rationale, and mechanism of action for drugs and contrasts drugs used to treat specific conditions.
- Understands the potential interactions between drugs and herbs, vitamins, minerals, and trace elements.
- Performs appropriate monitoring before, during, and after specific drug regimens.
- Monitors efficacy of drug/s evaluates the response and compliance of the client to the drugs/devices and provides interventions for side effects, and manages adverse events that may occur.
- Identifies drugs with narrow therapeutic range.
- Identifies appropriate methods to write and transmit prescriptions.
- Furnishes drugs pursuant to legal requirements, standardized procedures, ethical standards, and in compliance with health and safety codes.
- Identifies resources for drug information and uses the resources to maintain clinical competency for furnishing.
- Describes the essential components of client education re: medications including: name of medication/s frequency/time of doses, correct dosage/s to take, how to take the medication/s i.e., with or without food, what to do if a dose of a medication is missed, side effects to expect, and adverse event/s to report to the prescriber.
- Identifies factors that influence medication compliance.
- Provides comprehensive and appropriate client and family education re: drugs of choice and alternatives and involves the client and family in the decision making process re: drug treatments.
- Chooses most appropriate drug for a disease base upon client's symptomatology, health status and lifestyle.



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance:	EXECUTIVE OFFICER	
Address:	P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information:	SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
ALL INFORMATION IS MANDATORY.		
The consequences, if any of not providing all or any part of the requested information: FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.		
The principal purpose(s) for which the information is to be used: TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USC 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.		
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.		
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.		

MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Penal Code Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.



GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS FOR NURSE PRACTITIONER (NP) CERTIFICATION

GENERAL INSTRUCTIONS

I. GENERAL APPLICATION REQUIREMENTS

Nurse Practitioner certification eligibility requires the possession of an active California registered nurse (RN) license (California Code of Regulations, Section 1482).

If you do not possess an active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must either renew or reactivate the California RN license.

Nurse Practitioner application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary depending on the receipt of documentation from academic programs, associations/national organizations or evaluators. Processing a Nurse Practitioner certification application indicating a conviction(s) and/or disciplinary action(s) may take longer. A pending application file is not a disclosable public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information relating to NP application to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request.

II. NAME AND/OR ADDRESS CHANGES

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation along with legal documentation of the name change to the Board. Examples of acceptable forms of legal documentation are birth certificate, marriage certificate, divorce decree and/or court documents, social security card or passport. A copy of a driver's license is not acceptable.

III. SOCIAL SECURITY NUMBER & INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN)

Disclosure of your social security number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your social security number/ITIN. Your social security number/ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. If you fail to list your social security number/ITIN, your application for initial or renewal license/certification will not be processed. You will also be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Questions regarding the Franchise Tax Board should be directed to (800) 852-5711.

ALERT: Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011).

GENERAL INSTRUCTIONS – (continued)

IV. REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES/CERTIFICATES

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been adjudicated, dismissed or expunged or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's nurse practitioner, registered nurse, practical nurse, vocational nurse or other health care related license or certificate must be reported. Also any fine, infraction, or traffic violation over \$1,000.00 must be reported.

Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Provide certified copies of arrest and court documents and for disciplinary proceedings against any license as a RN or any health-care related license; include copies of state board determinations/decisions, citations and letters of reprimand.

NOTE: For drug and alcohol convictions include documents that indicate blood alcohol content (BAC) and sobriety date.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing the event and rehabilitative efforts or changes in life to prevent future problems or occurrences.
- Recent and signed letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, Support Group Facilitators or sponsors, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Submit copies of recent work evaluations.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed directly to the Board by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice Certification (NP), P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California Nurse Practitioner certificate is issued. Failure to report this information is grounds for denial of licensure or revocation of license/certificate.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

GENERAL INSTRUCTIONS – (continued)

V. TEMPORARY NURSE PRACTITIONER CERTIFICATE

The Nurse Practitioner certification applicant may apply for the Temporary Nurse Practitioner Certificate (TC/NP) only if the applicant does not possess a permanent California RN license at the time of application.

Eligibility for the TC/NP is based on:

- Possession of a temporary California RN license (TL).
- A completed Application for Licensure by Endorsement which includes written verification from a state where you hold an active and permanent RN license and results from the background check received from the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). You also must request an official transcript be sent directly from your nursing program.
- A completed Application for Nurse Practitioner Certification which includes verification of completion of a Nurse Practitioner academic program, official transcript, and if applicable, verification of national certification as a Nurse Practitioner.

VI. BOARD ADDRESS & WEB SITE INFORMATION

Mailing Address: Advanced Practice Unit – NP Certification
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94214-2100

Street Address for overnight or in-person delivery:

Advanced Practice Unit – NP Certification
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834-1924

Web Site: www.rn.ca.gov

VII. CALIFORNIA NURSING PRACTICE ACT

California statutes and regulations pertaining to Registered Nurses/Nurse Practitioners may be obtained by accessing the Board of Registered Nursing web site at www.rn.ca.gov

APPLICATION REQUIREMENTS FOR NURSE PRACTITIONER (NP) CERTIFICATION

METHOD ONE (California Graduates Only)

Successful completion of a nurse practitioner program of study which conforms with the Board's educational standards set forth in the California Code of Regulations Section 1484.

Documentation submitted directly to the Board of Registered Nursing:

1. Completed **Application for Nurse Practitioner (NP) Certification** and applicable fee.
2. Completed **Verification of Nurse Practitioner Academic Program form** submitted by the nurse practitioner academic program. (Page 8)
3. Official transcripts for the completed nurse practitioner academic program submitted by the nurse practitioner academic program.

METHOD TWO

Certification by a national organization/association whose standards are equivalent to those set forth in the California Code of Regulations Section 1484.

Documentation submitted directly to the Board of Registered Nursing:

1. Completed **Application for Nurse Practitioner (NP) Certification** and applicable fee.
2. Completed **Verification of Nurse Practitioner Academic Program form** submitted by the nurse practitioner academic program. (Page 8)
3. Completed **Verification of Nurse Practitioner Certification by National Organization/Association form** submitted by the respective organization. (Page 9)
(See page 5 for a list of National Organizations/Associations)
4. Official transcripts for the completed nurse practitioner academic program submitted by the nurse practitioner academic program.

METHOD THREE - EQUIVALENCY

A registered nurse who has not completed a nurse practitioner program of study which **meets** the Board of Registered Nursing's educational standards as specified in the California Code of Regulations Section 1484.

Documentation submitted directly to the Board of Registered Nursing:

1. Completed **Application for Nurse Practitioner (NP) Certification** and applicable fee.
2. Completed **Verification of Nurse Practitioner Academic Program form** submitted by the nurse practitioner academic program. (Page 8)
3. Completed **Verification of "Clinical Competency" as a Nurse Practitioner form** submitted by a **nurse practitioner**. (Page 10)
4. Completed **Verification of "Clinical Competency" as a Nurse Practitioner form** submitted by a **physician**. (Page 11)
5. Completed **Verification of "Clinical Experience" as a Nurse Practitioner form** submitted by the physician **and/or** nurse practitioner. (Page 12)
6. Official transcripts for the completed nurse practitioner academic program and/or academic program submitted by the applicable program.
7. Curriculum and course descriptions for the completed academic program for the period of time attended.

**APPLICATION REQUIREMENTS FOR
NURSE PRACTITIONER (NP) CERTIFICATION – (continued)**

The national organizations/associations listed below have met the certification requirements that are equivalent to the Board's standards for nurse practitioner certification:

- **American Academy of Nurse Practitioners (AANP)**
P. O. Box 12846, Austin, TX 78711
(512) 442-4262
www.aanp.org

- **American Nurses Association - American Nurses Credentialing Center (ANCC)**
8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3402
(800) 284-2378
www.nursecredentialing.org

- **Pediatric Nursing Certification Board**
800 S. Frederick Ave., Suite 204, Gaithersburg, MD 20877-4152
(888) 641-2767
www.pncb.org

- **National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC)**
142 E. Ontario Street, Suite 1700, Chicago, IL 60601
(312) 951-0207
www.nccwebsite.org

- **American Association of Critical-Care Nurses (AACN)**
101 Columbia, Aliso Viejo, CA 92656-4108
(800) 899-2226
www.aacn.org

**PLEASE REFER QUESTIONS REGARDING THE NURSE PRACTITIONER APPLICATION PROCESS
TO THE ADVANCED PRACTICE UNIT IN SACRAMENTO AT (916) 322-3350.**

VIII. 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 Ilcensure 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.

REPEAL



BOARD OF REGISTERED NURSING
 PO Box 944210, Sacramento, CA 94244-2100
 P (916) 322-3350 F (916) 574-8637 | www.m.ca.gov

APPLICATION FOR NURSE PRACTITIONER (NP) CERTIFICATION

APPLICATION FEE - \$150.00

— MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

PERSONAL DATA (PRINT OR TYPE)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street					
City		State	Country	Postal/Zip Code	
HOME TELEPHONE NUMBER: ()		ALTERNATE TELEPHONE NUMBER: ()		EMAIL ADDRESS:	
DATE OF BIRTH: (Month/Day/Year)	SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER ID NUMBER:	PREVIOUS NAMES: (including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	

RN LICENSURE/NURSE PRACTITIONER CERTIFICATION

California RN License Number: _____ Date Issued: _____ Expiration Date: _____	List ALL States Where You Hold/Held an <u>RN License</u> and Status: List ALL States Where You Hold/Held a <u>Nurse Practitioner License/Certificate</u> and Status:
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RN EDUCATION

Name of Professional Registered Nursing Program City State Country	TYPE OF PROGRAM: <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> MASTERS DEGREE/NURSING Entrance Date: _____ Graduation/Completion Date: _____
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NURSE PRACTITIONER EDUCATION

Name of Nurse Practitioner Academic Program City State Country Area of Specialization: _____	TYPE OF NURSE PRACTITIONER ACADEMIC PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS Entrance Date: _____ Graduation/Completion Date: _____
--	--

NAME OF APPLICANT: _____

NURSE PRACTITIONER PROFESSIONAL CERTIFICATION (If Applicable)

Name of Organization/Association _____ Area of Specialization: _____ Certification Number: _____	METHOD OF CERTIFICATION: <input type="checkbox"/> EXAMINATION <input type="checkbox"/> OTHER (Please Explain): _____ Original Date of Certification: _____ Current Recertification Cycle Dates: _____
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BACKGROUND INFORMATION

Have you applied for a Nurse Practitioner certificate in California? If yes, name on previous application: _____ Date Submitted: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been issued a Nurse Practitioner certificate in California? If yes: STOP! DO NOT CONTINUE. Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Nurse Practitioner certification.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation including the date and state or country where the discipline occurred.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of any offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes a plea of <i>nolo contendere</i> (no contest), as well as pleas or verdicts of guilty. YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.	<input type="checkbox"/> YES <input type="checkbox"/> NO

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of ANY offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against ANY health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

Attach a recent 2"x2" passport type photograph.
Please tape on all four sides.
Head and shoulders only

SIGNATURE OF APPLICANT

DATE

**** SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-465 (42 USCA (e)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17620 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

VERIFICATION OF NURSE PRACTITIONER ACADEMIC PROGRAM

TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the nurse practitioner academic program for completion. Official transcripts submitted must include all completed coursework with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts.

A. 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	Postal/Zip Code	SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	
TELEPHONE NUMBER: Home () Alternate ()		PREVIOUS NAMES: (including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS:			CALIFORNIA RN LICENSE NUMBER: _____		
			EXPIRATION DATE: _____		
NAME OF ACADEMIC PROGRAM:				SPECIALTY:	
SIGNATURE OF APPLICANT: _____					DATE: _____

B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE PRACTITIONER ACADEMIC PROGRAM

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address:

NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:		TELEPHONE NUMBER: ()	
ADDRESS: Number & Street		City	State
		Postal/Zip Code	
TYPE OF PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS SPECIALTY: _____		Entrance Date: _____ (Month/Day/Year) Completion Date: _____ (Month/Day/Year) Date Certificate/Degree Status Conferred: _____ (Month/Day/Year)	
OUT OF STATE NP ACADEMIC PROGRAM GRADUATES: Recognized by Commission on Collegiate Nursing Education: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name: _____ Program Approval Cycle Dates: _____			

I certify under penalty of perjury that the documentation regarding the completion of the nurse practitioner academic program for the above named applicant is true and correct.

SIGNATURE: _____ (DATE) TITLE: _____

VERIFICATION OF NURSE PRACTITIONER CERTIFICATION BY NATIONAL ORGANIZATION/ASSOCIATION

METHOD 2

TO BE COMPLETED BY APPLICANT: Please complete Section A and submit to the applicable national organization/association to verify your nursing practitioner certification status. A fee is required by the national organization/association for the processing of the verification form.

A. 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	Postal/Zip Code	SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS NAMES: (Including Maiden)		MOTHER'S MAIDEN NAME: (Last Name Only)		
E-MAIL ADDRESS:			CALIFORNIA RN LICENSE NUMBER: _____		
			EXPIRATION DATE: _____		
NAME OF ACADEMIC PROGRAM:			SPECIALTY:		
SIGNATURE OF APPLICANT: _____				DATE: _____	

B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION		TELEPHONE NUMBER: ()	
ADDRESS: Number & Street		City	State
		Postal/Zip Code	
METHOD OF CERTIFICATION:	CERTIFICATE NUMBER:	ORIGINAL DATE OF CERTIFICATION:	
NURSE PRACTITIONER SPECIALTY AREA:			
CURRENT RENEWAL CYCLE DATES FOR CERTIFICATION/RE-CERTIFICATION: <i>(If not applicable, please explain)</i>			
		From: _____	To: _____
		(Month/Year)	(Month/Year)

I certify under penalty of perjury that the documentation regarding the nurse practitioner certification status for the above named applicant is true and correct.

SIGNATURE: _____ TITLE: _____
 _____ (DATE)

(OFFICIAL SEAL)

VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary health care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY HEALTH CARE is that care which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. (*California Code of Regulations Section 1480(b)*).

CLINICALLY COMPETENT means that one possesses and exercises that degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (*California Code of Regulations Section 1480(c)*). The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary health care.

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary health care.
3. Direct observations of clinical practice.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:
SIGNATURE OF APPLICANT: _____		DATE: _____

B. TO BE COMPLETED BY THE EVALUATING "NURSE PRACTITIONER"

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: Number & Street	City	State
		Postal/Zip Code
TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:	
RN LICENSE NUMBER: _____	DATES EMPLOYED IN SPECIALTY AREA:	
EXPIRATION DATE: _____	From: _____ To: _____	
NP CERTIFICATION NUMBER: _____	PROFESSIONAL SPECIALTY: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:	PERIOD OF CLINICAL EVALUATION:	
	From: _____ To: _____ (Month/Year) (Month/Year)	

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary health care.

SIGNATURE OF EVALUATOR: _____ DATE: _____

VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the applicant's clinical competency in the delivery of primary health care is one of the requirements, which must be met in order to qualify to use the title "Nurse Practitioner" in California.

PRIMARY HEALTH CARE is that care which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. (*California Code of Regulations Section 1480(b)*).

CLINICALLY COMPETENT means that one possesses and exercises that degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (*California Code of Regulations Section 1480(c)*). The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary health care.

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary health care.
3. Direct observations of clinical practice.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:
SIGNATURE OF APPLICANT: _____		DATE: _____

B. TO BE COMPLETED BY THE EVALUATING "PHYSICIAN"

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS OF AGENCY: Number & Street	City	State
TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:	
MD LICENSE NUMBER: _____	DATES EMPLOYED IN SPECIALTY AREA:	
EXPIRATION DATE: _____	From: _____ To: _____	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S CLINICAL COMPETENCY:		PROFESSIONAL SPECIALTY: _____
PERIOD OF CLINICAL EVALUATION:		
From: _____ To: _____		
		(Month/Year) (Month/Year)

I certify under penalty of perjury that I have evaluated the above named applicant and verify that he/she is clinically competent in the appropriate discipline in clinical practice in the provision of primary health care.

SIGNATURE OF EVALUATOR: _____ DATE: _____

VERIFICATION OF "CLINICAL EXPERIENCE" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

Verification of the nurse's clinical experience in the delivery of primary health care is required in order for him/her to use the title "Nurse Practitioner" in California.

PRIMARY HEALTH CARE is that care which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease. (*California Code of Regulations Section 1480(b)*).

CLINICALLY COMPETENT means that one possesses and exercises that degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (*California Code of Regulations Section 1480(c)*). The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary health care.

The verifying nurse practitioner and physician **MUST** meet the following requirements:

1. Current, clear and active licensure to practice.
2. Clinical competency in the provision of primary health care.
3. Direct observations of clinical practice.

A. TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)

LAST NAME	FIRST NAME	MIDDLE NAME:
SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:
SIGNATURE OF APPLICANT: _____		DATE: _____

B. TO BE COMPLETED BY THE PHYSICIAN/NURSE PRACTITIONER VERIFYING THE APPLICANT'S CLINICAL EXPERIENCE

The above applicant has applied for a nurse practitioner certification in California. Please provide the following information and mail to the Board of Registered Nursing at the above address.

NAME OF AGENCY:				
ADDRESS OF AGENCY: Number & Street		City	State	Postal/Zip Code
NAME OF APPLICANT'S SUPERVISOR:		SUPERVISOR'S TELEPHONE NUMBER:		
SUPERVISOR'S TITLE: _____		DATES OF SUPERVISOR'S EMPLOYMENT:		
LICENSE NUMBER: _____		From: _____ To: _____		
EXPIRATION DATE: _____		SPECIALTY AREA: _____		
DATES OF SUPERVISED CLINICAL EXPERIENCE:		NUMBER OF HOURS:	CLINICAL SPECIALTY:	
From: _____ To: _____	From: _____ To: _____	_____	_____	
From: _____ To: _____	From: _____ To: _____	_____	_____	
From: _____ To: _____	From: _____ To: _____	_____	_____	

I certify under penalty of perjury that I have verified that the above named applicant received the number of supervised clinical hours in the appropriate discipline in clinical practice in the performance of diagnostic and treatment procedures essential to the provision of primary health care.

SIGNATURE OF SUPERVISOR: _____ DATE: _____

APPLICATION FOR TEMPORARY NURSE PRACTITIONER (NP) CERTIFICATE

INSTRUCTIONS:

1. The application fee for the Temporary Nurse Practitioner Certificate (TC/NP) is \$30.00.
2. The TC/NP will not be issued until the California RN Endorsement Application and the Application for Nurse Practitioner Certification are complete with exception of criminal record clearance from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).
3. The TC/NP will not be mailed to an In-care-of address or a third party address.
4. Possession of a current and active California Temporary RN License (TL) is required.

PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RN LICENSE, YOU ARE NOT ELIGIBLE FOR THE TEMPORARY NURSE PRACTITIONER CERTIFICATE (TC/NP) AND YOUR APPLICATION FEE FOR THE TC/NP WILL NOT BE REFUNDED.

TO BE COMPLETED BY APPLICANT

(PRINT OR TYPE)		RECEIVED	
LAST NAME:		FIRST NAME:	
MIDDLE NAME:		DATE OF BIRTH: (Month/Day/Year)	
ADDRESS: Number & Street		CITY:	
State:	Country:	Postal/Zip Code:	SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS NAMES: (Including Maiden)	MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS:		TEMPORARY RN LICENSE NUMBER: _____	
		EXPIRATION DATE: _____	
NAME OF NURSE PRACTITIONER ACADEMIC PROGRAM:			
ADDRESS: Number & Street		City	State
		Postal/Zip Code	
TYPE OF PROGRAM: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> MASTERS <input type="checkbox"/> POST-MASTERS		ENTRANCE DATE: _____ <small>(Month/Day/Year)</small>	
SPECIALTY: _____		COMPLETION DATE: _____ <small>(Month/Day/Year)</small>	

I certify under penalty of perjury that the above information regarding the Application for the Temporary Nurse Practitioner Certificate is true and correct.

SIGNATURE OF APPLICANT: _____ **DATE:** _____



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance:	EXECUTIVE OFFICER	
Address:	P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information:	SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
ALL INFORMATION IS MANDATORY		
The consequences, if any of not providing all or any part of the requested information: FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.		
The principal purpose(s) for which the information is to be used: TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR SOCIAL SECURITY NUMBER WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.		
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING SOCIAL SECURITY NUMBER TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.		
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.		

MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.



INSTRUCTIONS FOR APPLYING FOR A NURSE PRACTITIONER FURNISHING NUMBER

Section 2836.3 of the Business and Professions Code requires that the Nurse Practitioner who wishes to furnish drugs and/or devices pursuant to Section 2836.1 have a California Board of Registered Nursing issued furnishing number. The number is renewable at the time of the applicant's Registered Nursing (RN) license renewal. To be eligible for the furnishing number, the California Board of Registered Nursing certified Nurse Practitioner must have completed a California Board of Registered Nursing approved advanced pharmacology course. The advanced pharmacology course must be completed at any nationally accredited master's or post-master's level academic Nurse Practitioner program. Continuing Education course(s) are not acceptable to meet the Nurse Practitioner Furnishing Number advanced pharmacology course requirement.

APPLICATION PROCESS

For applicants who completed a California Board of Registered Nursing approved Nurse Practitioner (NP) Advanced Pharmacology Course, please provide the following:

- Nurse Practitioner Furnishing Number Application form completed by the applicant and \$50.00 application fee.
- Advanced Pharmacology Course Verification form completed by the director of the Nurse Practitioner program.

For applicants who completed a Nurse Practitioner (NP) Advanced Pharmacology course more than five (5) years preceding the date of submitting the application to the California Board of Registered Nursing, in addition to the items noted above, you must also provide the following:

- 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.

REPEAL



NURSE PRACTITIONER FURNISHING NUMBER APPLICATION

FEE - \$50.00

MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

PERSONAL DATA (PRINT OR TYPE)

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

NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE

NAME OF NURSE PRACTITIONER PROGRAM	COURSE TITLE:	COMPLETION DATE:	# QTR/SEM UNITS:
NAME OF ACADEMIC COURSE:			
SCHOOL ADDRESS: Number & Street	City	State	Zip Code

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

SIGNATURE OF APPLICANT: _____ **DATE:** _____

**** SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT**

Disclosure of your social security number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-465 (42 USCA (a)(2)(C)) authorizes collection of your social security number/ITIN. Your social security number/ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number/ITIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



**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	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 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	
ADVANCED PHARMACOLOGY COURSE/CONTENT:					
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)



NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE FOR FURNISHING

These revised guidelines are established for Nurse Practitioner programs who offer advanced pharmacology courses in order to meet Furnishing requirements.

MINIMUM COURSE OFFERINGS

- A post-RN licensure advanced pharmacology course based on the RN's previous knowledge of pharmacology and pharmacotherapeutics.
- A three (3) semester units or five (5) quarter units academic course.

KEY POINTS:

The advanced pharmacology course must include:

- The mechanism for ongoing communication between the student and course instructor.
- The requirements for approved standardized procedures to be in place prior to beginning practice.
- The requirement to furnish drugs/devices pursuant to a standardized procedure.
- The furnishing responsibility for Schedule II, III, IV, V controlled substances that are to be furnished with a patient-specific protocol in compliance with Health and Safety Code section 11000 for NPs.
- The furnishing responsibility for Schedule II, III, IV and V controlled substances that are to be furnished with a patient specific protocol in compliance with Health and Safety Code 11056 for CNMs.
- The Pharmacy Rules and Regulations for NPs and CNMs, Health & Safety Codes and OBRA 1990 Section 483-40, Federal Register.

COURSE OBJECTIVES

1. Uses the data base obtained from the health assessment of the client to identify an appropriate therapeutic regimen including drugs and/or devices
2. Uses knowledge of pharmacokinetics when developing a therapeutic regimen that maximizes the therapeutic effectiveness while minimizing adverse reactions.
3. Uses knowledge of pharmacodynamics to observe the effects of drugs and/or devices on a client; to predict the client's response; and to understand the effects of the drugs and/or devices.
4. Evaluates the response and compliance of the client to the drugs and/or devices and implement appropriate action.
5. Provides appropriate client education regarding the furnished drugs and/or devices.
6. Furnishes drugs and/or devices pursuant to standardized procedures and in conformance with applicable laws, codes and/or regulations. Includes knowledge of Pharmacy rules and regulations, Health & Safety Code and Federal Register.
7. Examines appropriate guidelines for the pharmacological management of selected health care syndromes/diseases commonly encountered with awareness of client's nutrition, culture, ethnicity and socioeconomic status.
8. Uses knowledge and awareness of the role of herbal and natural remedies while treating disease states.

Advanced Pharmacology Enabling Objectives have been developed through public input and are available upon request.

FACULTY QUALIFICATIONS

All stated qualifications must be met by the faculty, include Directors and instructors.

- Current, valid and clear license to practice in the appropriate discipline.
- Demonstrates expertise in the theoretical and clinical aspects of pharmacology/pharmacotherapeutics.
- Possesses at least two years of experience in the teaching of advanced pharmacology.
- Includes a faculty member who has completed a doctoral level pharmacology/pharmacotherapeutics degree.
- Demonstrates evidence of advanced clinical practice within the past five years applying the principles of advanced pharmacology.

ADVANCED PHARMACOLOGY ENABLING OBJECTIVES

- Defines and verbalizes an understanding of the terminology of advanced pharmacology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs from each drug source.
- Describes the "targets" of drugs.
- Describes the pharmacokinetic process of absorption, distribution, metabolism, and excretion.
- Identifies factors that alter the processes of absorption, distribution, metabolism, and excretion.
- Analyzes how the body's acid base environment affects the pharmacokinetic process of absorption, distribution, metabolism, and excretion of drugs.
- Describes variables that determine the correct dosages of drugs.
- Defines half-life and explains the importance of a drug's half-life in a therapeutic drug regimen.
- Describes factors that influence a drug's half-life.
- Analyzes the relationship between drugs and their physiological and pathophysiological responses.
- Understands the pharmacokinetic and pharmacodynamic effects of broad categories of drugs, i.e., antibiotics, antiarrhythmics, anti-hypertensives, contraceptives, etc. used in specific treatment regimens.
- Uses data obtained during a client's H&P to identify appropriate drug choice/s and herbs, vitamins, minerals, and trace elements regimen/s, and recognizes the role of herbal and natural remedies in the treatment of health and disease states.
- Based upon the principles of pharmacokinetics and pharmacodynamics, identifies the indications, rationale, and mechanism of action for drugs and contrasts drugs used to treat specific conditions.
- Understands the potential interactions between drugs and herbs, vitamins, minerals, and trace elements.
- Performs appropriate monitoring before, during, and after specific drug regimens.
- Monitors efficacy of drug/s, evaluates the response and compliance of the client to the drugs/devices and provides interventions for side effects, and manages adverse events that may occur.
- Identifies drugs with narrow therapeutic range.
- Identifies appropriate methods to write and transmit prescriptions.
- Furnishes drugs pursuant to legal requirements, standardized procedures, ethical standards, and in compliance with health and safety codes.
- Identifies resources for drug information and uses the resources to maintain clinical competency for furnishing.
- Describes the essential components of client education re: medications including; name of medication/s frequency/time of doses, correct dosage/s to take, how to take the medication/s i.e., with or without food, what to do if a dose of a medication is missed, side effects to expect, and adverse event/s to report to the prescriber.
- Identifies factors that influence medication compliance.
- Provides comprehensive and appropriate client and family education re: drugs of choice and alternatives and involves the client and family in the decision making process re: drug treatments.
- Chooses most appropriate drug for a disease base upon client's symptomatology, health status, and lifestyle.



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	BOARD OF REGISTERED NURSING
Title of official responsible for information maintenance:	EXECUTIVE OFFICER
Address:	Telephone Number: P.O. BOX 944210, SACRAMENTO, CA 94244-2100 (916) 322-3350
Authority which authorizes the maintenance of the information:	SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE
ALL INFORMATION IS MANDATORY	
The consequences, if any of not providing all or any part of the requested information: FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.	
The principal purpose(s) for which the information is to be used: TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.	
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.	

MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a "Mandated Reporter" for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.