UMBERS Z-	64 67	-0319-04	EMERGENCY NUMBER	_
	For use by Office of Adm	inistrative Law (OAL) only		
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		OFFI	CE OF RATIVE LAW	
		ADMINIST	RAIIVE LAW	A
NOTICE GENCY WITH RULEMAKING AUTHORITY		F	REGULATIONS	AGENCY FILE NUMBER (If any)
Board of Registered Nursing				
PUBLICATION OF NOTIC	E (Complete for pu	blication in Notice R	egister)	
SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
NOTICE TYPE	Content of Content and Content of	ONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
Regulatory Action Other			NOTICE REGISTER NUMBER	PUBLICATION DATE
ONLY Approved as Submitted	Approved as Modified	Disapproved/ Withdrawn		
(List all section number(s) individually. Attach dditional sheet if needed.)	amend 1483			
TLE(S) 5	REPEAL			
TYPE OF FILING		2		
Regular Rulemaking (Gov. Code §11346)	below certifies that this a	e: The agency officer named igency complied with the	Emergency Readopt (Gov. Code, §11346.1(h))	Changes Without Regulatory Effect (Cal. Code Regs., title
Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3,	provisions of Gov. Code s before the emergency re within the time period re		File & Print	1, §100) Print Only
11349.4) Emergency (Gov. Code,	Resubmittal of disapprov emergency filing (Gov. C	ved or withdrawn	Other (Specify)	
			E RULEMAKING FILE (Cal. Code Regs. title 1, §	44 and Gov. Code §11347.1)
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ALL BEGINNING AND ENDING DATES OF AVAIL I/A EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 1 Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	Effective on filing Secretary of Stat	e with Billion Changes With Regulatory Effect	other (Specify)	
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BOARD OF REGISTERED NURSING

Changes without Regulatory Effect

Language

Proposed changes are designated by single underline and strikeout.

1483. Evaluation of Credentials.

(a) An application for evaluation of a registered nurse's qualifications to be certified as a nurse practitioner shall be filed with the board by submitting the Application for Nurse Practitioner (NP) Certification (Rev. 03/20182019), 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. 03/20182019), 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 by submitting the Section 1417 and such evidence, statements or documents as therein required by the board.

(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: Section 2715, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.

Board of Registered Nursing

Advance Practice Registered Nursing (APRN) Update

Title 16, California Code of Regulations, Section 1483

Section 100. Change Without Regulatory Effect

The Board of Registered Nursing (Board) is amending Section 1483 of Article 8, Standards for Nurse Practitioners, Division 14 of Title 16 of the California Code of Regulations (Cal. Code Regs.) to reflect non-substantive changes to the language, specifically, the three applications that are incorporated by reference:

- Application for Nurse Practitioner (NP) Certification (Rev. 03/2018)
- Temporary Nurse Practitioner (NP) Certificate (Rev. 03/2018)
- Nurse Practitioner Furnishing Number Application (Rev. 03/2018)

On November 6, 2018, Gavin Newsom was elected as California's 40th Governor. He was inaugurated on January 7, 2019. The Board proposes to change the letterhead on these applications to reflect the new Governor, Gavin Newsom. The revision date is being changed to 03/2019 for each application. These are the only changes being made to these applications. These proposed changes do not materially alter any requirement, right, responsibility, condition, prescription, other regulatory element of any Cal Code Regs. provision.

The Board of Registered Nursing is proposing the following non-substantive changes to 16 Cal Code Regs., Section 1483:

1483. Evaluation of Credentials.

(a) An application for evaluation of a registered nurse's qualifications to be certified as a nurse practitioner shall be filed with the board by submitting the Application for Nurse Practitioner (NP) Certification (Rev. 03/20182019), 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. 03/20182019), 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. 03/20182019), which is hereby incorporated by reference, for approval. 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.

(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: Section 2715, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.

Specific Changes by Application – Incorporated by Reference

Application for Nurse Practitioner (NP) Certification (Rev. 03/20182019)

- Changes include 6 pages with letterhead changed to Governor Gavin Newsom; and the Revision date has been changed to 03/2019 on all 9 pages of the application.
- Changes to the letterhead and revision date meet the rules stated in 1 Cal. Code Regs., § 100(a).

Temporary Nurse Practitioner (NP) Certificate (Rev. 03/20182019)

- Changes include 2 pages with letterhead changed to Governor Gavin Newsom; and the Revision date has been changed to 03/2019 on all 9 pages of the application.
- Changes to the letterhead and revision date meet the rules stated in 1 Cal. Code Regs., § 100(a).

Nurse Practitioner Furnishing Number Application (Rev. 03/20182019)

- Changes include 4 pages with letterhead changed to Governor Gavin Newsom; and the Revision date has been changed to 03/2019 on all 6 pages of the application.
- Changes to the letterhead and revision date meet the rules stated in 1 Cal. Code Regs., § 100(a).

These changes do not materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of any CCR provision. It is for this reason; the Board submits this change without regulatory effect to the Office of Administrative Law (OAL) for determination as stated in 1. Cal. Code Regs., § 100(c).





APPLICATION FOR NURSE PRACTITIONER (NP) CERTIFICATION

APPLICATION FEE - \$500.00

PERSONAL DATA	(DDINT OD TYDE)			MILITARY HONORAB member of the Armed	LE DISCHARGE - (Forces of the United	Check here if you served as an active duty d States and were honorably discharged.
LAST NAME:	(PRINT OK TYPE)	F	FIRST N	AME:	MIDE	DLE NAME:
	umber and Street					
City		State		Country		Postal/Zip Code
HOME TELEPHONE ()		()		HONE NUMBER:	E-MAIL ADD	
DATE OF BIRTH: (Month/Day/Year)	U.S. SOCIAL SECT OR INDIVIDUAL TA NUMBER:	AXPAYER ID	ER PRE	EVIOUS NAMES: (Inclu	ding Maiden)	(Last Name Only)
	RN LICEN	SURE/NU	RSE PF	ACTITIONER CER	TIFICATIO	N
				List <u>ALL</u> States V Status:	Vhere You Hole Vhere You Hole	d/Held an <u>RN License</u> and d/Held a <u>Nurse Practitioner</u>
			RN E	DUCATION		
Name of Profession	al Registered Nursi	ing Program		TYPE OF PROGE	RAM: SOCIATE DEG PLOMA CCALAUREA ASTERS DEGR	TE DEGREE
City	State	Cou	untry		e: Completion Dat	te:
NURSE PRACTITIONER EDUCATION						
Name of Nurse Prac	ctitioner Academic					ER ACADEMIC PROGRAM:
City	State		untry	-	te:	
Area of Specializati	on:			- Graduation/0	Completion Da	te:

NURSE PRACTITIONER PROFESSIONAL	CERTIFICATION	(If Annlicable)
NORSE FRACILITORER FROTESSIONAL	CERTITIONITON	(II Applicable)

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······································	METHOD OF CERTIFICATION:			
Name of Organization/Association				
	OTHER (Please I	Explain):		
Area of Specialization:	Original Date of Certification:			
Contification Number				
Certification Number:	Current Recertification Cycle E	ates:		
		,, <u>.</u>		<u> </u>
BACKGROUND				
Have you applied for a Nurse Practitioner certificate in California? If yes, name on previous application:				
	Nate Supported:			NO
				·
Have you ever been issued a Nurse Practitioner certificate in cartor hia			YES	NO NO
If yes: STOP! DO NOT CONTINUE. Please contact the conse regard for reinstatement of your California Nurse Practitioner center 2 ion.	ing whether you should rectantly or file		. 20	No
Have you ever had disciplinary proceedings applies any licence certificate including revocation, suspension accertation buttary su	s any health related	license or		
country? If yes, please provide a detailed written expension, inclu	the date and state of Sountry	where the	YES	NO
discipline occurred.				
Have you ever been convicted any offense and than many raffic		las suit s d in		
the applicant instructions. Convictors must be reached event they or if a diversion program the been completed. Traffic and they involve	have been active ated, dismissed o	r expunged	TES	L NO
or if a diversion program the peen completed. Traffic and the involv or providing false information must be reported. The detention of cor	ing driving under the influence, injury wiction includes a plea of nolo con	to persons tendere (no	TEO	NO
contest), as well as pleased, verdicts of guilty. YOU WEST INC	LUDE MISDEMEANOR AS WELL A	S FELONY		
I understand that I are equired to report mmediately to the Californ occurs of the date that a californ	ia Board of Registered Nursing if I prnia registered nurse license is Issu	am convicted led. I am also	d of ANY off o required to	fense that
occurs between the date of this application and the date that California the California Board of Registered Nurses any discourse	tion and/or voluntary surrender	against AN	health-car	e related
license/certificate that course between the description understand the deliver to do some result in denied of the application of	or subsequent disciplinary action agai	nst my license	e incense is e/certificate.	issued. I
I certify, under penalty of perjuty under the laws of the	State of California that all	<u> </u>		
information provided in connection with this application for	licensure is true, correct and			
complete. Providing Value information or omitting required denial of licensure or licenservocation in California.	l information is grounds for		i a recent 2' type photo	
			be on all fou	
				. 510051
		Head ar	nd shoulders	s only
SIGNATURE OF APPLICANT	DATE			
** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT		L		

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.

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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.

			ED BY APPLICA				
(PRINT OR TYPE)							
LAST NAME:		FIRST NAME		MIDDLE NAM	E:		
ADDRESS: Number & St	reet		and the second sec	DATE OF BIR	TH: (Month/Day/Year)		
City	Stat	te Countr	y Postal/Zip	Code UIS SOCIAL SE	CURITY NUMBER or		
ony	out		y i bothingip		XPAYER ID NUMBER:		
TELEPHONE NUMBER:	PREVIOUS NAM	NES: (Including N	Aaiden) M	OTHER'S MAIDEN NAM	IE: (Last Name Only)		
Home ()							
Alternate ()							
E-MAIL ADDRESS:			CALIFORNIA PN	CENSE NUMBER:			
				Contraction of the second seco			
				EXPIRATION DATE:			
NAME OF ACADEMIC PROGRA	M:		SI	ECIALTY:			
	The Part						
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							
	et	City		State	Postal/Zip Code		
	et	City		State	Postal/Zip Code		
TYPE OF PROGRAM:	et	City	Entrance Date:		Postal/Zip Code		
	et	City	Entrance Date:	(Month/Day/Year)	Postal/Zip Code		
TYPE OF PROGRAM:	et	City		(Month/Day/Year)	Postal/Zip Code		
TYPE OF PROGRAM:	et	City			Postal/Zip Code		
TYPE OF PROGRAM:	et	City	Completion Date	(Month/Day/Year)			
TYPE OF PROGRAM: CERTIFICATE MASTERS POST-MASTERS SPECIALTY:			Completion Date	(Month/Day/Year)			
TYPE OF PROGRAM: CERTIFICATE MASTERS POST-MASTERS SPECIALTY: OUT OF STATE NP ACADEMIC	PROGRAM GRADL	JATES:	Completion Date	(Month/Day/Year)			
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TYPE OF PROGRAM: CERTIFICATE MASTERS POST-MASTERS SPECIALTY: OUT OF STATE NP ACADEMIC Recognized by Commission on If yes, Name:	PROGRAM GRADU Collegiate Nursin	JATES: ng Education:	Completion Date Date Certificate/ UBANE Program garding the comp	(Month/Day/Year) : (Month/Day/Year) Degree Status Confer Approval Cycle Dates	rred:(Month/Day/Year)		
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3

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 B	E COMPLETED B	Y APPLICANT	7	
(PRINT OR TYPE) LAST NAME:			MIDDLE		
ADDRESS: Number & St			×		BIRTH: (Month/Day/Year)
City	Stat		Pontal/Zip Coo		AL SECURITY NUMBER or L TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS NAM	MES: (Including Maiden)		IGR'S MAIDEN	MAME: (Manual me Only)
E-MAIL ADDRESS:		CALI		NUME NATION DATE	
NAME OF ACADEMIC PROGRA	M:		SPE	ALTY:	
SIGNATURE OF APPLICANT	Г:		<u></u>		DATE:
B. TO BE COMPLE The above applicant has a full for a Registered Nursing at the boxe addre	nurse practitioner co				
NAME OF CERTIFYING NATION	VAL ORGANIZATI	ONADSOCIATION	TELEPHONE	NUMBER: ()
ADDRESSE Number & Stre		City		State	Postal/Zip Code
METHOD OF CERTIFICATION:		DECATE NUMBER	·	ORIGINAL D	DATE OF CERTIFICATION:
CURRENT RENEWAL CYC. B.D.A (If not applicable, please experie)	TES FOR CERTIFI	ICATION/RECERTI)m:(Month/Yea	To: ar) (Month/Year)
I certify under penalty of perj above named applicant is true		mentation regardi	ng the nurse pra	actitioner cert	tification status for the
SIGNATURE:	·		(DATE)	TITLE: _	
1		(OFFICIAL SE			

(Rev. 03/2018)





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

AST NAME:	FIRST NAME:	MIDDLE NAME:
J.S. SOCIAL SECURITY NUMBER or IDIVIDUAL TAXPAYER ID NUMBER:	CE 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 Norsing at the above address.

LAST NAME:	RST NAME:	MIDDLE	NAME:
ADDRESS OF AGENCY: Number & Street	City	State	Postal/Zip Code
TELEPHONE NUMBER:	U.S. SOCIAL SE	CURITY NUMBER:	
RN LICENSE NUMBER:	DATES EMPLOY	ED IN SPECIALTY AF	REA:
EXPIRATION DATE:	From:	To:	
NP CERTIFICATION NUMBER:	PROFESSIONAL	SPECIALTY:	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S	CLINICAL COMPETENCY:	PERIOD OF CLIN	ICAL EVALUATION:
		From:(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.

STOWALOVE OF EVALUATOR	SIGNAT	URE	OF E	EVAL	UATOR	:
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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

AST NAME:	FIR	ST NAME:	MI	DDLE NAME:
S. SOCIAL SECURITY NUMBER or DIVIDUAL TAXPAYER ID NUMBER:	DATE OF	BIRTH: (Month/Day/Year)	CALIFO	RNIA 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:	IRST NA	ME:		MIDDLE NAME	:
ADDRESS OF AGENCY: Number & Street	City		Sta	ite	Postal/Zip Code
TELEPHONE NUMBER:		U.S. SOCIAL SECUR	ITY N	UMBER:	
MD LICENSE NUMBER:		DATES EMPLOYED 1 From: PROFESSIONAL SPI	_ т	0:	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S	CLINIC				C EVALUATION:
I certify under penalty of perjury that I have evalu competent in the appropriate discipline in clinical p					e/she is clinically

SIGNATURE OF EVALUATOR:_





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 hm/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:

DATE OF BIRTH: (Month/Day/Year)

FIRST NAME:

MIDDLE NAME:

U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:

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 TELEP	HONE NUMBE	ER:
SUPERVISOR'S TITLE:		DATES OF SUPERVISO		
LICENSE NUMBER:		From:		
EXPIRATION DATE:		SPECIALTY AREA:		
DATES OF SUPERVISED CLINICAL EXPERIENCE	:	NUMBER OF HOU	RS:	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. DATE: SIGNATURE OF SUPERVISOR:



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR EDMUND G. BROWN JR.

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: 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 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 Storion 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine provide thousand dollars 1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Cord, Section 3. Bit, and subsequent sections.



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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 <u>NOT ELIGIBLE</u> FOR THE TEMPORARY NURSE PRACTITIONER CERTIFICATE (TC/NP) AND YOUR APPLICATION FEE FOR THE TC/NP WILL NOT BE REFUNDED.

(PRINT OR TYPE)			and a state				
LAST NAME:		IST NAM					27 11
ADDRESS: Number 8						DATE OF BIRT	H: (Month/Day/Year)
City	State	Countr		Postal/Z		INDIVIDUAL TAX	CURITY NUMBER or PAYER ID NUMBER:
TELEPHONE NUMBER: Home () Alternate ()	PRÉVIOUS NAMES:	(Including I	Maiden)		MOTHER	R'S MAIDEN NAM	E: (Last Name Only)
E-MAIL ADDRESS:			TEMPO	DRARY R			
NAME OF NURSE PRACTITIE	DNER ACADEMIC PROGR	RAM:					
ADDRESS: Number & S	treet	City			S	tate	Postal/Zip Code
TYPE OF PROGRAM						(Month/Day/Year, (Month/Day/Year,	
L certify under penalty of per	riury that the above inform	nation reg	arding	the Annli	cation fo	r the Temporary	Nurse Practitioner

TO BE COMPLETED BY APPLICANT

Certificate is true and correct.



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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:
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ALL INFORMATION IS MANDATORY.
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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 the scope of hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 4 166 is a misdementer, punishable by up to six months in a county jail, by a fine of the the sand dollars (\$ 000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11765 and subsequent sections.



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NURSE PRACTITIONER FURNISHING NUMBER APPLICATION

APPLICATION FEE - \$400.00

			BLE DISCHARGE - Check here if you served as an active d Forces of the United States and were honorably discharg	
PERSONAL DATA (PRINT OR T LAST NAME:		NAME:	MIDDLE NAME:	
ADDRESS: Number & St	reet		DATE OF BIRTH: (Month/Day/Ye	əar)
City	State (Country Zip Co	U.S. SOCIAL SECURITY NUMBER INDIVIDUAL TAXPAYER ID NUME	
TELEPHONE NUMBER: Home ()	PREVIOUS NAMES: (Inc	luding Maiden)	MOTHER'S MAIDEN NAME: Last Name O	nly)
Alternate ()				
CA RN LICENSE NUMBER:	CA NP NUMBE	ER:	NP SPECIALTY:	

NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE

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

** 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.



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NURSE PRACTITIONER ADVANCED PHARMACOLOGY COURSE VERIFICATION

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

		TO BE	COMPLE	TED BY	APPLI	CANT			
(PRINT OR TYPE) LAST NAME:		FIRST				MIDDLE			
LAST NAME.		FIRST							
ADDRESS: Number 8	& Street					DATE OF	BIRTH: (Month/Day/Ye	ear)
City	5	State Co	ountry	Zip Cod	ie		D NUMBER:	NUMBER or IN	DIVIDUAL
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS			iden)				(Last Name (onfy)
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SIGNATURE OF APPLIC	ANT:						_ DATE:		
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10 5			ACADEN			TOROLI	INTOTAL	LONEIX	
The above applicant has applied	for a Nurse Bra					provide the	following inf	ormation and	mail to the
California Board of Registered Nu	irsing at the abov	e address. Th	ne criteria for	the advance	ed pharmac	ology course	e is listed on	the two (2) page	ge attachment.
NAME OF NURSE PRACTIT	TONED DROG	PAM.				т			
NAME OF NURSE PRACTIT		GRAM:				_	ELEPHON	E NUMBER	:
NAME OF NURSE PRACTIT		IRAM:	City	•		T State	ELEPHON	E NUMBER Zip Code	:
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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.

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 OUALIFICATIONS

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 pharmaplogy. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs and drug source. •
- Describes the "targets" of drugs. •
- Describes the pharmacokinetic process of absorption, distribution, mean dism, and excre •
- Identifies factors that alter the processes of absorption, distribution, metabours been excretion. Analyzes how the body's acid base environment affects the phasmacokinetic processes of absorption. •
- of absorp • distribution, metabolism, and excretion
- Describes variables that determine the source dosages of drugs. •
- Defines half-life and explains the importance of a drug's half-life in a drug regimen. •
- Describes factors that influence a drug's have fe. .
- Analyzes the relationship between trugs and us observing ical and pathon siological responses. .
- Understands the pharmacounter of the machine of the second .
- . drug choice/s and herbs, shamins, minera , and trace the ments terminen/s, and recognizes the role of remedies the treat is herbal and man t of health and ates.
- Based up principles of physical activities and pharmacourtering, identifies the indications, rationate mechanism of action rations and contrasts drugs used to treat specific conditions. Understand, the potential interactions, only een drugs and herbs, vitamins, minerals, and trace elements.
- Performs appriate monthing before, and after specific drug regimens.
- evaluates the response and compliance of the client to the drugs/devices and Monitors efficiency of dealers side effects, and many adverse events that may occur. les intervention
- drugs with the approvement of the state of t ldeinane
- ppropriate **number** to write an **example** ansmit prescriptions. • Identifi
- arugs pursuant to policable team requirements, standardized procedures, and ethical standards. Furnishe sources for drug monomentation and uses the resources to maintain clinical competency for Identifie nist
- is the essential components of client education re: medications including; name of medication/s D frequency/time of doses represent dosage/s to take, how to take the medication/s i.e., with or without food, what to the 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 compressive 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.

1	
	Agency Name: BOARD OF REGISTERED NURSING
ſ	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:
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	The principal purpose(s) for which the information is to be used:
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	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
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Failure to comply with the requirements of Penal Code Section 11160 to misdemean punishable by up to six months in a comply jail, by a fine of one thousand collars (\$1,000, or by both imprisonment and fine.

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





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	e Coun	try Postal/Zip Code				
	TE TELEPHONE	NUMBER: E-MAIL ADDRESS:				
()						
DATE OF BIRTH: (Month/Day/Year) U.S. SOCIAL SECURITY NUM OR INDIVIDUAL TAXPAYER I NUMBER:	IBER PREVIOU	S NAMES: (Including Maiden) MOTHER'S MAIDEN NAME: (Last Name Only)				
RN LICENSURE/N	URSE PRACT	ITIONER CERTIFICATION				
California RN License Number:		ist <u>ALL</u> States Where You Hold/Held an <u>RN License</u> and status:				
Date Issued: Expiration Date:		List <u>ALL</u> States Where You Hold/Held a <u>Nurse Practitioner</u> License/Certificate and Status:				
	RN EDUC	ATION				
		TYPE OF PROGRAM:				
Name of Professional Registered Nursing Program	n	BACCALAUREATE DEGREE				
City State C.	ountry	Entrance Date:				
		Graduation/Completion Date:				
NURSE	PRACTITION	IER EDUCATION				
	1	TYPE OF NURSE PRACTITIONER ACADEMIC PROGRAM:				
Name of Nurse Practitioner Academic Program		CERTIFICATE MASTERS POST-MASTERS				
City State C	ountry					
Area of Specialization:		Entrance Date:				
		Graduation/Completion Date:				

NUDGE DDACTITIONED DDOEESSTONAL CER	DTTETCATION /IF	Annlicable
NURSE PRACTITIONER PROFESSIONAL CER	KITLICALION (TL	Applicable):

-				
	METHOD OF CERTIFICATION:			
Name of Organization/Association				
Area of Specialization:	OTHER (Please	Explain):		
	Original Date of Certification:			J
Certification Number:	Current Recertification Cycle D			
		ates		
BACKGROUND				
Have you applied for a Nurse Practitioner certificate in California? If yes, name on previous application:	Loss Submitted:		U YES	□ NO
Have you ever been issued a Nurse Practitioner certificate in California				
			⊥ ¥ES	NO
If yes: STOP! DO NOT CONTINUE. Please contact in the state egardi for reinstatement of your California Nurse Practition destruction	ng whether you should reapply or file	a petition		
			w	
Have you ever had disciplinary proceedings against any license as certificate including revocation, suspension, problem, voluntary surre- country? If yes, please provide a detailed written explanation, including	ender of any realth-care related	license or ny state or	YES	
country? If yes, please provide a detailed written polanation, includ discipline occurred.	ding the date and state or country	where the	120	NO
Have you ever been convicted of any offer souther thank for traffic the applicant instructions, convictions must be reported even withey	violations? If the explain fully as a			
or if a diversion program has been completed. Transactions devolvi	ng driving und the influence, injury	to persons	YES	NÖ
or providing false information that be reported. The difficution of each contest), as well as pleas of variations of guilty. YOU VAST INC.	iction included plea of nolo con			
CONVICTIONS.				_
	ia Board of Registered Nursing if I mia registered nurse license is issu			
the California Bond of Reastreed Nursing and disciplined ac	tion and/or voluntary surrender	against ANY	health-ca	re related
license/certificate that occurs between the date of the application understand that failure to do so may reaction denial of the solution of	r subsequent disciplinary action agai	nst my license	certificate.	5 1550CU. 1
I certify, under penalty of periory under the laws of the	State of California, that all			
information provided in connection with the application for complete. Providing false information or omitting required	licensure is true, correct and	Attach	a recent 2	"v)"
denial of licensure or license revocation in California.	mormation is grounds for		type photo	
		Please tap	e on all fou	ur sides.
SIGNATURE OF APPLICANT	DATE	Head ar	d shoulder	s only
			·	
** U.S. SOCIAL SECURITY NUMBER/ITIN DISCLOSURE STATEMENT	d Destancione, Ocale and Dublic Law 04 405 (40)	100	(0)(0))	

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.

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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

LAST NAME:	FI	RST NAME:		MIDDLE NAM	IE:		
ADDRESS: Number & St	reet			DATE OF BIR	TH: (Month/Day/Year)		
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		A STATE		and the second s			
City	State	Country	Postal/Zip Co		ECURITY NUMBER or		
				INDIVIDUAL TA	XPAYER ID NUMBER:		
TELEPHONE NUMBER:	PREVIOUS NAMES:	(Including Marden	MOL	HER'S MAIDEN NA	ME: (Last Name Only)		
Home ()		and the second					
Alternate ()		and the second second			•		
E-MAIL ADDRESS:		CAL	FORNIA RN LIC	ENSE NUMBER:			
			and the second				
			EXP	IRATION DATE:			
NAME OF ACADEMIC PROGRA	M:		SPEC	ALTY:			
			0. 4				
		(
SIGNATURE OF APPLICANT	r:			DAT	'E:		
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B. TO BE COMPLET	ED BY THE PROG	RAM DIRECT	OR/REPRESE	NTATIVE FOR 1	HE NURSE		
	PRACTITIO	NER ACADEI	MIC PROGRAM	1			
The above applicant has applied for a	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.							
Registered Nursing at the above addre	ess.	tion in California.	Please provide the fo	ollowing information an	nd mail to the Board of		
Registered Norsing at the above addre	255.		10	Dilowing information an DNE NUMBER: (nd mail to the Board of		
	255.		10	2	nd mail to the Board of		
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ADDRESS: Number & Strees TYPE OF PROGRAM: CERTIFICATE MASTERS POST-MASTERS SPECIALTY: OUT OF STATE NP ACADEMIC Recognized by Commission on If yes, Name:	est PROGRAM GRADUAT Collegiate Nursing E	City Entr Con Date ES: Education:	TELEPHC	DNE NUMBER: (State (Month/Day/Year) (Month/Day/Year) gree Status Confe) Postal/Zip Code rred: (Month/Day/Year) s:		
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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 COMPLE	TED BY APPLICANT	
(PRINT OR TYPE) LAST NAME:	FIRST NA	ME:	AIDDLE NAME:
ADDRESS: Number & St	treet		DATE OF BIRTH: (Month/Day/Year)
City	State Cou		S. SOCIAL SECURITY NUMBER or DIVIDUAL TAXPAYER ID NUMBER:
TELEPHONE NUMBER: Home () Alternate ()	PREVIOUS NAMES: (Include	MOTHER'S	MAION NAME: (Last Name Only)
E-MAIL ADDRESS:			NUMBER:
NAME OF ACADEMIC PROGRA	M:	SPECIALTY	···
SIGNATURE OF APPLICAN	T:		DATE:
B TO BE COMPLET	TED BY THE CEPTIEVING	A NATIONAL ORGANIZAT	
The above applicant has application a Registered Nursing at the above and	nurse practitioner each cation have ess.	fornia. Please product the following	information and mall to the Board of
NAME OF CERTIFYING NATIO	AL ORGANIZATION ASSOC	TANON TELEPHONE NUME	3ER: ()
ADDRESS: ADDRESS: ADDRESS:		State	e Postal/Zip Code
METHOD OF CERTIFICATION		IUMBER: ORIC	GINAL DATE OF CERTIFICATION:
NORSE PRACTITIONER SPECI			
CURRENT RENEWAL CYCLE C	TES FOR CERTIFICATION/R	ECERTIFICATION:	
CURRENT RENEWAL CYCLE C (If not applicable, please explain	ATES FOR CERTIFICATION/R	ECERTIFICATION:	To: (Month/Year) (Month/Year)
(If not applicable, please explain	jury that the documentation	From:	
(If not applicable, please explained of per-	jury that the documentation	From: regarding the nurse practitio	(Month/Year) (Month/Year)

(Rev. 03/2019)





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

LAST NAME:	FIRST NAME:	MIDDLE NAME:
U.S. SOCIAL SECURITY NUMBER or	DATE OF BIRTH: (Month/Day/Year)	CALIFORNIA RN LICENSE NUMBER:
NDIVIDUAL TAXPAYER ID NUMBER:	Divid Di Di di in (Monta Day Tody	

SIGNATURE OF APPLICANT:_

(PRINT OR TYPE)

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:	IRST NAM	1E:	MIDDLE NAM	IE:
ADDRESS OF AGENCY: Number & Street	City		State	Postal/Zip Code
TELEPHONE NUMBER:		U.S. SOCIAL SECURI	TY NUMBER:	
RN LICENSE NUMBER:		DATES EMPLOYED IN	SPECIALTY AREA	:
EXPIRATION DATE:		From:	То:	
NP CERTIFICATION NUMBER:		PROFESSIONAL SPEC	CIALTY:	
METHOD(S) UTILIZED TO EVALUATE APPLICANT'S	CLINICA	L COMPETENCY: P	ERIOD OF CLINIC	AL EVALUATION:
		F	rom:(Month/Year)	To:(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.

ST	GN	ATI	IRE	OF	EVAL	UAT	TOR:
-	0/14/			~	An W FLAN	Un.	· · ·

DATE:





VERIFICATION OF "CLINICAL COMPETENCY" AS A NURSE PRACTITIONER

METHOD 3 - EQUIVALENCY

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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

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:_

(DDINT OD TVDE)

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 N	AME:
ADDRESS OF AGENCY:	Number & Street	City		State	Postal/Zip Code
TELEPHONE NUMBER:		U.	S. SOCIAL SECUR	ITY NUMBER:	1
		D	ATES EMPLOYED	IN SPECIALTY AR	EA:
MD LICENSE NUMBER:		Fr	om:	То:	
		PI	ROFESSIONAL SP	ECIALTY:	
METHOD(S) UTILIZED T	O EVALUATE APPLICANT	'S CLINICAL C			ICAL EVALUATION: To:
				(Month/Year)	To:(Month/Year)

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.

А.	TO BE COMPLETED BY APPLICA	NT
(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 C	OF AGENCY:
--------	------------

ADDRESS OF AGENCY: Number & Street City	St	ate	Postal/Zip Code
NAME OF APPLICANT'S SUPERVISOR:	SUPERVISOR'S TELEPHON	NE NUMBER:	
SUPERVISOR'S TITLE:	DATES OF SUPERVISOR'S	EMPLOYMENT:	
LICENSE NUMBER:	From: To	D:	ă.
EXPIRATION DATE:	SPECIALTY AREA:		
DATES OF SUPERVISED CLINICAL EXPERIENCE:	NUMBER OF HOURS:	CLINIC	CAL 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:



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR GAVIN NEWSOM

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: 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 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 neglets. The mandated reporter must make a report to the agency immediately or as soon as is practiced by possible by telephone, and the mandated reporter must prepare and send a written report interporter within 36 hours of receiving the information concerning the incident.

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

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



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR GAVIN NEWSOM

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



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 <u>NOT ELIGIBLE</u> 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)		A Statement		
LAST NAME:	FIRST NAME		MIDDLE NAME	
ADDRESS: Number & Street				'H: (Month/Day/Year)
City	State Countr		INDIVIDUAL TAX	CURITY NUMBER or (PAYER ID NUMBER:
Home ()	NAMES: (Including I	Maiden) MOTI	HER'S MAIDEN NAN	IE: (Last Name Only)
E-MAIL ADDRESS:		TEMPORARY RN LIC	ENSE NUMBER:	
NAME OF NURSE PRACTITIONER ACADEM				
ADDRESS: Number & Street	City		State	Postal/Zip Code
TYPE OF PROGRAM:				
		ENTRANCE DATE:		
□ MASTERS				
SPECIALTY:		COMPLETION DATE	(Month/Day/Year)
I certify under penalty of perjury that the abo Certificate is true and correct.	ove information reg	arding the Application	for the Temporary	Nurse Practitioner
SIGNATURE OF APPLICANT:			DAT	E:





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 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 94-435 (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 pope 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 practice by possible by telephone, and the mandated reporter must prepare and send a written report the convertion of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 11166 is a misumeanor, punishable by up to six months in a county jail, by of the of one thousand dollar, 161,000), or by both imprisonment and fine.

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



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 FURNISHING NUMBER APPLICATION

APPLICATION FEE - \$400.00

			ABLE DISCHARGE - Check here of Forces of the United States and	
PERSONAL DATA (PRINT OR T			and the second s	
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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

** 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.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY · GOVERNOR GAVIN NEWSOM

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. <u>The criteria for the advanced pharmacology course is listed on the two (2) page attachment.</u>

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The above applicant has applied California Board of Registered Nu	for a Nurse Prac	titioner furni		IIC PROGR	AM lease provide t	he following in	formation and mail to the
NAME OF NURSE PRACTIT	ONER PROG	RAM:				TELEPHON	IE NUMBER:
							1
ADDRESS: Number &			City		Stat	e	Zip Code
ADVANCED PHARMACOLO	GY COURSE/	CONTENT	:				
Entrance and completion dates for course: Entrance: Completion: (Month/Day/Year)							
Was a separate cou	And in case of the local division of the loc			he course tit			
	YES NO	TING	was integ	rated in the	program cu	Irriculum?	YES NO
Equivalent to: 3 semester	units: VES	NO	5 qu	arter units:		45 ho	ours: VES NO
The drugs or devices are f	urnished or o	ordered by			n accordanc		dardized procedures or
protocols developed when preparation or for which cli	the drugs or nical compete	devices f ncy has be	urnished o een establis	r ordered are shed and main	e consistent ntained.		
The Advanced Pharmacolo	gy course in	cludes th	ne key poi	ints and cou	rse objectiv	es listed o	on the two (2) page
attachment.							
I certify under penalty of p	erjury under	the laws o	of the State	of California	that the for	egoing is tru	e and Correct.
SIGNATURE:						TIT	LE:
					(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 first ars applying the principles of advanced pharmacology.

ADVANCED PHARMACOLOGY ENABLING OBJECTIVES

- Defines and verbalizes an understanding of the terminology of a vance barmacology. (Vocabulary list to be included)
- Identifies sources of drugs and provides examples of drugs from each drug solution
- Describes the "targets" of drugs.
- Describes the pharmacokinetic process of absorption distributed metabolism, and exception.
- Identifies factors that alter the processes of absorption, distribution, intabolism, and exercise.
- Analyzes how the body's acid base environment and the pharmadox netic process of an entition, distribution, metabolism, and excretion of drugs.
- Describes variables that determine the power dosages of the
- Defines half-life and explains the angentance of a brug's half the interimeter properties of the pro
- Describes factors that influence by ug's half-life.
- Analyzes the relationship between drugs and their physiological and the physiological responses.
- Understands the pharmacokine wand pharmacodynamic offects of brom sategories of drugs, i.e., antibiotics, antiarrhythmics, anti-the retensives contraceptives atc. used in succific treatment regimens.
- Uses data obtained during a chartis History and Physical emination (TPP) to identify appropriate drug choice/section vitamins, innerals, and trace elements regimen/s, and recognizes the role of herbal and database remediates the insertment of health and discuss states.
- Based upon the principles of the pacokine is and pharmacodynamics, identifies the indications, rationale, and mechanism of action to drugs and contrasts drugs they to treat specific conditions.
- Understands, propotential interactions, between day, sand herbs, standing, minerals, and trace elements.
- Performs appropriate monitoring before thring, and appropriate drug regimens.
- Monitors efficacy derug/s evaluates the exponse and compliance of the client to the drugs/devices and exponents that may occur.
- Clean los drugs with nation therapeutic range

entine and temporiate methods to write and temporiate prescriptions.

- Annishes dura sursuant to appreable legenter uirements, standardized procedures, and ethical standards.
- Identifies resources for drug internation and uses the resources to maintain clinical competency for furnishing.
- Describes the excited components of client education re: medications including: name of medication/s frequency unergroups of a medication is missed, side effects to expect, and adverse event/s to report to the prescriber.
- Identifies factors hat influence medication compliance.
- Provides compressive 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				
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 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 34-455 (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 up sible by telephone, and the mandated reporter must prepare and send at the report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Penal Code Section 1166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of overthousand dollars (51,000), or by both imprisonment and fine.

For further details about these requirements consult Renal code Section 11164, and subsequent sections.

