

Nevada State Board of **NURSING**

Application for Advanced Practice Registered Nurse

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547
(888) 590-6726 | fax (775) 687-7707 | www.nevadanursingboard.org

To practice as an advanced practice registered nurse in Nevada, you must hold both an active RN and APRN license.

First Name

Middle Name

Last Name

Social Security #

Date of Birth

Telephone #

Email Address

Address (if you move, please notify the Board immediately, in writing, or via the Board's website)

Apt. #

City

State

ZIP

Male

Female

Please answer all questions and include fee. Incomplete applications will be returned to you for completion.

It is a violation of Nevada law to falsify this application,
and sanctions may be imposed for fraud or misrepresentation.

Section 1. Educational Preparation*

(Please list all educational preparation, with the highest level first. Submit a separate piece of paper if necessary.)

School	City/State	Major	Degree	Grad Date

**If you graduated from a program to prepare an advanced practice registered nurse after June 1, 2005, you must hold a master's degree in nursing.*

My Advanced Nursing Practice Program is accredited by _____

I am currently nationally certified by _____.

My practice site is _____

My DEA # _____ In what state? _____ expires on: _____

I was educated for the role of *{please circle: Nurse Practitioner --- Nurse Midwife – Clinical Nurse Specialist}* in the

Population focus of: *Please circle one or any combination based on your education*

Women's health --- Family/individual across the life span --- Mental health --- Adult health --- Gerontology --- Pediatrics --- Neonatal

My collaborating physician (if applicable) is _____

Collaborating physician NV license # _____

Date collaboration commenced _____

Section 2. Basic Qualifications

Yes	No	N/A	Completed APRN program before July 1, 1992 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse.
Yes	No	N/A	Completed APRN program between July 1, 1992 and June 1, 2005 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse.
Yes	No	N/A	I affirm (swear) I hold current national certification as an advanced practice registered nurse OR I hold a bachelor's degree in nursing.
Yes	No	N/A	Completed APRN program after June 1, 2005 I affirm (swear) that I have completed a program designed to prepare an advanced practice registered nurse.
Yes	No	N/A	I affirm (swear) I hold a master's degree in nursing.
Yes	No		I affirm that I have an active license/certificate in another jurisdiction and have actively practiced as an advanced practice registered nurse, have maintained my licensure/certification in good standing, and have complied with the requirements for continuing education of that state or jurisdiction.

Section 3. Prescribing Privileges

Yes	No		I am applying for prescribing privileges.
Yes	No	N/A	I have provided documentation of 1,000 hours of active practice prescribing medication in the immediately preceding five years as an advanced practice registered nurse.
Yes	No	N/A	I affirm (swear) I will only prescribe controlled substances, poisons, dangerous drugs, or devices which are within the standard of my identified role and focus population.

Section 4. Affirmation that current requirements of Nevada law will be met

Yes	No	N/A	I affirm that I have clinically practiced for at least 2 years or 2,000 hours an APRN. The documentary evidence that supports this statement is attached. Documentary evidence may include but is not limited to: a. A signed letter from your employer(s) stating that you have clinically practiced for a total of 2 years OR 2,000 hours; b. A signed letter from your collaborating physician or another APRN whom you have been working with stating that you have at least 2,000 hours or 2 years of clinical practice; c. Any other available form of verification. (Will be reviewed individually for acceptance.)
Yes	No	N/A	I affirm that I have not clinically practiced for at least 2 years or 2,000 hours as an APRN. I am applying for prescribing privileges, and I prescribe Schedule II controlled substances. Therefore, I am required to have a protocol with a collaborative physician for prescribing Schedule II controlled substances until I meet this requirement. The protocol is attached.
Yes	No	N/A	I affirm that I have not clinically practiced for at least 2 years or 2,000 hours as an APRN. I am not applying for prescribing privileges. Therefore, I am not required to have a protocol with a collaborative physician.
Yes	No	N/A	I affirm that I have not clinically practiced for at least 2 years or 2,000 hours as an APRN. Although I will have prescribing privileges, I do not prescribe Schedule II controlled substances. Therefore, I am not required to have a protocol with a collaborative physician.

Section 5. Malpractice

Yes	No	<p>1. Do you have any pending malpractice suits? <u>If the answer is Yes</u>, you must submit:</p> <p><i>a. A detailed letter of explanation; and</i> <i>b. Copies of any court records or official documentation regarding this action.</i></p>
Yes	No	<p>2. Have you ever had a malpractice judgment or settlement? <u>If the answer is Yes</u>, you must submit:</p> <p><i>a. A detailed letter of explanation; and</i> <i>b. Copies of any court records or official documentation regarding this action.</i></p>
Yes	No	<p>3. Have your clinical privileges in any state <u>ever</u> been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation, or is any investigation, complaint or action pending? <u>If the answer is Yes</u>, you must submit:</p> <p><i>a. A detailed letter of explanation; and</i> <i>b. Copies of documents from the board or agency taking the action identifying the allegations, action taken and current action status (documentation of completion of requirements of any order).</i></p>

Section 6. Application Screening Questions

(If you answer "Yes" to any question below, you **MUST** submit the required documents to avoid delays in processing your application).

Yes	No	<p>1. Has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <p>a. Ever been denied? b. Ever been disciplined including but not limited to reprimanded, censured, fined, suspended, revoked, limited or restricted, or placed on probation or monitoring? c. Ever been subject to a non-disciplinary probation or monitoring program? d. Are you the subject of a current investigation or inquiry in any state or jurisdiction? e. Are you the subject of a pending hearing, settlement or action in any state or jurisdiction?</p> <p><u>If any answer is Yes</u>, you must submit the following:</p> <p><i>a. A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending and:</i> <i>b. Copies of documents from the state or jurisdiction where there has been action, a current investigation or inquiry</i></p>
Yes	No	<p>2. Have you <u>ever</u> had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><u>If the answer is Yes</u>, you must submit the following:</p> <p><i>a. A detailed letter of explanation including the circumstances leading to your conviction, date convicted, actual conviction (i.e. DUI, theft, etc.), what your sentence was, and if and when you completed it; and</i> <i>b. Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole/Probation Officer, etc.) or a letter/form from the court indicating no records available.</i></p>
Yes	No	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p><u>If the answer is Yes</u>, you must submit the following:</p> <p><i>a. A letter of explanation that addresses the impairment or limitations of practice; and</i> <i>b. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations, and</i> <i>c. Documentation of inpatient or outpatient chemical dependency treatment.</i></p>

Yes	No	<p>4. Are you currently in recovery for chemical dependency chemical abuse or addiction?</p> <p><u>If the answer is Yes</u>, you must submit:</p> <p><i>a. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, and current recovery activities;</i></p> <p><i>b. Documentation from knowledgeable individual(s) documenting your length of sobriety; and</i></p> <p><i>c. Documentation of inpatient or outpatient substance use disorder treatment.</i></p>
Yes	No	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p><u>If the answer is Yes</u>, you must submit:</p> <p><i>a. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability practice your full scope of nursing safely; and</i></p> <p><i>b. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of the condition, and a statement regarding your ability to carry out nursing duties reliably and with good judgment</i></p>

Affirmation. All Applicants Must Complete

Yes	No	<p>I affirm (swear) that I have read this application and the statements made are true and correct.</p> <p>Signature _____ Date _____</p>
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Fee Payment

Please pay the \$200 application fee by credit card (Visa, MasterCard, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing. U.S. Funds only.
Please note: If you do not submit the required fees, your application will be returned to you, unprocessed.

Before you submit your application, please make sure you

- Have answered ALL the questions in the top portion and Sections 1 through 6, and signed the Affirmation
- Have included all required documentation (see attached instructions for list of documents)
- Have included the correct fee
- Have included your current mailing address and practice location

If Paying By Credit Card, Please Complete

Choose one: Visa	MasterCard	Discover	American Express	Card number	Exp. date
Name on card		Amount \$200.00	Signature		