

Instructions for the APRN Professional Portfolio

Regulations passed in February, 2014 require all Nevada APRNs to maintain a Professional Portfolio which is subject to audit by the Board. Pursuant to NAC 632.295, the Board may deny the issuance or renewal of, or suspend or revoke a license to practice as an APRN after a hearing if it finds that an APRN has failed to maintain the portfolio required to be maintained pursuant to section 5 of this regulation. Section 5 states, "Each APRN shall maintain a portfolio, which must include, without limitation:

1. A copy of each license relating to nursing that the APRN holds,
2. A copy of the license issued by the Board pursuant to NAC 632.2595, if applicable,
3. A copy of the policy of professional liability insurance required pursuant to section 6 of the regulation which states, "Each APRN who is not otherwise covered under a policy of professional liability insurance shall maintain a policy of professional liability insurance."
4. A list of all locations at which the APRN currently practices and has practiced within the 2 years immediately preceding the most recent application for a license or renewal of the APRN license,
5. Evidence of any national certifications or other certifications relating to nursing which the APRN has received,
6. The protocol required if the APRN prescribes a Schedule II controlled substance and has not practiced for 2 years or 2000 hours,
7. Proof of the hours of continuing education that the APRN has completed in the 4 years immediately preceding the most recent application for a license or license renewal to practice as an APRN,
8. Copies of the transcripts from the program to educate an advanced practice registered nurse completed by the APRN and from any other institution of higher education attended by the APRN, and
9. An attestation which states that the APRN will not practice outside the scope of the APRN's education, role or population of focus.

This portfolio may consist of a hardcopy of all of the documents listed in 1-9 above or may be maintained in electronic form. Upon request by the NSBN, the APRN shall submit the contents of the portfolio for review by the NSBN within the stated timeframe. Copies of documents previously submitted to the NSBN may not be returned to the APRN to complete the portfolio. Failure to submit the contents of the portfolio to the NSBN may result in allegations of unprofessional conduct and may be used as grounds for discipline.

Item #6 refers to a protocol that is required by an APRN who prescribes Schedule II controlled substances and has practiced for less than 2 years or 2000 hours. The Protocol must outline the process by which the APRN may prescribe the Schedule II CS and be signed by the APRN and the collaborative physician. Upon completion of 2 years or 2000 hours of practice, the APRN is required to inform the NSBN of the discontinuation of the protocol and no further protocol is required for the APRN to practice within the role and population focus for which the APRN has been educated.

Items #1-5, 7 and 8 are self-explanatory.

Item #9 may be in the form of a written statement by the APRN attesting that the APRN will not practice outside the role and population focus in which the APRN has been educated. Roles that are recognized in Nevada for licensure as an APRN are listed in NAC 632.2597(1) and include: nurse practitioner, clinical nurse specialist, and nurse midwife. The populations that are recognized in Nevada for licensure are listed in NAC 632.2597(5) and include: women's health, family health, mental health, adult health, gerontology, pediatrics, and neonatal. The NSBN does not license APRNs in a clinical specialty, but the APRN should include the practice specialty in the written statement in Item #9. The APRN should also include any documentation supporting the APRN's competence in the practice specialty. This documentation may include one or more of the following:

1. A post masters certificate in another role, population, or clinical specialty,
2. A formal education program, including clinical hours, specific to the practice specialty,
3. A certificate of completion by a recognized entity of a specialty specific workshop or seminar,
4. Extensive continuing education in the specialty area,
5. Formal documented training by another APRN/physician who has expertise in the clinical specialty with documented return demonstration and competence in the clinical specialty, and/or
6. Other documentation subject to review and approval by the NSBN.

It is imperative that the APRN maintain a current and up-to-date portfolio which reflects the current practice of the APRN. Competence in any specialized practice area must be well documented to support the practice of the APRN.