

MONTANA BOARD OF NURSING
PO BOX 200513
(301 S PARK, 4th FLOOR - Delivery)
Helena MT 59620-0513
PHONE: (406) 841-2340 FAX: (406) 841-2305
EMAIL: nurse@mt.gov WEBSITE: www.nurse.mt.gov

To apply for Prescriptive Authority, the applicant must have, or be currently applying for, an active APRN license as a NP, CNW, CRNA

INITIAL EDUCATION REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY (ARM 24, 159.1463):

- ◆ For initial Prescriptive Authority Applications, 15 continuing education units (CEU) in the last three years. A unit is 50 minutes of instruction. Six of the 15 CEUs must be within the last year. Two of those six must be interactive instruction. At least 5 of the fifteen total must be interactive instruction. (The date your application is received will determine the end date of your CEUs. All CEUs submitted must be obtained within this three-year period.)
- ◆ For new graduates, pharmacology courses taken as part of the Master's and advanced practice curriculum may be used to meet the initial pharmacy education requirements.

FEE: \$100.00 Prescriptive Authority
Fees can be paid by check, money order, or cashier's check.
Make check, money order or cashier's check payable to
the Montana Board of Nursing

DOCUMENTS:

The following documents must be submitted to the Board office in order to complete your license application:

- ◆ A copy of current national certification in advanced practice registered nurse specialty. (If concurrently applying for APRN recognition, this should already have been submitted with the APRN application.)
- ◆ Prescriptive Authority application Form (*see below*)
- ◆ Continuing Education Form (*see below*) with copies of certificates of completion and/or attendance. (New graduates need official transcripts, but these should already have been submitted with APRN application.)
- ◆ Copy of Quality Assurance Review Form used by your QA reviewer when performing chart review

APPLICATION PROCEDURES:

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered an irregular application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during an regularly scheduled Board meeting and/or the application may required Board consideration. Irregular applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES:

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved a permanent license will be issued.

For information with regard to the processing of this application or other concerns, please contact the Board of Nursing staff at (406) 841-2397 for APRN and examination applications, or (406) 841-2345 for endorsement applications, or email us at dlibsdnur@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF NURSING
ON OUR WEBSITE: www.nurse.mt.gov

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ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. Application Fees must be paid before your application can be reviewed. When the board has all necessary documentation, your application will be processed.

NURSES ARE NOT PERMITTED TO PRACTICE NURSING IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE. To safeguard life and health, a person practicing or offering to practice professional nursing or practical nursing in this state shall be required to submit evidence that the person is qualified to practice and is licensed by the Board [37-8-101 MCA]

THE FOLLOWING INSTRUCTIONS APPLY TO ALL APPLICANTS: *A valid Social Security Number is required to submit an application *Applications will **NOT** be processed without a valid Social Security Number *Photocopied or faxed application will **NOT** be accepted

FEES:

\$100.00 Prescriptive Authority

Fees are payable by check, money order, cashiers check, credit card or electronic check. Please enclose your payment or complete the Virtual Cashier document if you wish to pay by credit card or electronic check. All application fees are **NON-REFUNDABLE** and must be received with your application to insure proper processing. Make all checks payable to the Montana Board of Nursing.

PRESCRIPTIVE AUTHORITY REQUIREMENTS

NP, CNM, CRNA applicants requesting Prescriptive Authority must submit a completed application for prescriptive authority including:

- 1) Evidence of successful completion of a graduate level course that provides a minimum of the equivalent of three academic semester credit hours (equaling a minimum of 45 contact hours) from an accredited program in pharmacology, pharmacotherapeutics, and the clinical management of drug therapy related to the applicant's area of specialty. The academic credits must be obtained within a three-year period immediately prior to the date the application is received at the board office and must meet the following requirements:
 - **no more than 6 of the 45 contact hours may concern the study of herbal or complementary therapies
 - **a minimum of 18 of the 45 contact hours must have been obtained within one year immediately prior to the date of application; and a minimum of one-third of all contact hours must be face-to-face or interactive instruction.
- 2) Evidence of the course content and clinical preceptorship
- 3) A copy of the current certification from the APRN's national certifying body
- 4) A description of the proposed practice sites and typical caseload
- 5) An updated quality assurance plan, if needed

*****NOTE: For new graduates, pharmacology courses taken as part of the Master's and Advance Practice curriculum may be used to meet the initial pharmacy education requirements**

ADDITIONAL INFORMATION

- **Once a routine application is complete, allow up to 30 days to process. When an application is processed and approved a permanent license will be issued.
- **The applicant will be notified in writing of any deficient or missing items from the application file.
- **It is the responsibility of the applicant to keep the Board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against your license in this or any other state. Doing so is essential for timely processing of applications; subsequent licensure, and ongoing licensure. All such information changes must be requested in writing.

For information with regard to the processing of this application or other concerns, please contact the Board of Nursing staff at (406) 841-2340, or email us at nurse@mt.gov

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Nurse Midwife Nurse Anesthetist Nurse Practitioner

1. Name _____

2. Other names known by (i.e. maiden name) _____

3. Address _____

4. Social Security Number _____ 5. Birthdate _____

6. Montana APRN/RN License Number _____ 7. Phone Number _____

8. Montana Practice Site(s) _____

Address(es) _____

City _____ State _____ Zip Code _____

Date of employment as an APRN _____

9. Type of Practice: Joint Practice Number of Physicians _____ Number of APRNs _____
 Independent Practice
 Other _____

10. Advance Practice Specialty
Applicable Standards: (See Rule 24.159.1404 and 1405, ARM)
Describe anticipated referral processes and availability of providers to whom referrals would be made:

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DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

SIGNATURE: _____ DATE: _____

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EDUCATION IN PHARMACOTHERAPEUTICS: (attach documentation*)

- 1) Evidence of successful completion of a graduate level course that provides a minimum of the equivalent of three academic semester credit hours (equaling a minimum of 45 contact hours) from an accredited program in pharmacology, pharmacotherapeutics, and the clinical management of drug therapy related to the applicant's area of specialty. The academic credits must be obtained within a three-year period immediately prior to the date the application is received at the board office and must meet the following requirements:
 - **no more than six of the 45 contact hours may concern the study of herbal of complementary therapies
 - **a minimum of 18 of the 45 contact hours must have been obtained within one year immediately prior to the date of application; and a minimum of one-third of all contact hours must be face-to-face or interactive instruction.
- 2) CEUs should be predominately in your specialty certification/practice
 - **face-to-face includes conferences, seminars, workshops, and live, interactive video/teleconference presentations.
 - **Independent study includes online, phone conference, video presentations and other independent study formats.

***Documentation includes certificate of completion/attendance with pharmacology hours identified (course syllabus/agenda or objective/description must be sent if pharmacology hours are not broken down)**

PHARMACOTHERAPEUTIC CONTINUING EDUCATION UNIT (CEU) DOCUMENTATION

Name of Program	Dates Attended	Pharmacology Hours	General Hours	Type (check box)
				<input type="checkbox"/> face to face <input type="checkbox"/> independent study
				<input type="checkbox"/> face to face <input type="checkbox"/> independent study
				<input type="checkbox"/> face to face <input type="checkbox"/> independent study
				<input type="checkbox"/> face to face <input type="checkbox"/> independent study
				<input type="checkbox"/> face to face <input type="checkbox"/> independent study
				<input type="checkbox"/> face to face <input type="checkbox"/> independent study

Attach additional typed pages as needed