REQUIREMENTS/INFORMATION - ADVANCED PRACTICE REGISTERED NURSES PRESCRIPTIVE AUTHORITY (APRN-RX)

Access this form via website at: **cca.hawaii.gov/pvl**

NO RECIPROCITY

Hawaii does not reciprocate with any other state or jurisdiction. Each applicant is required to meet requirements according to Hawaii laws and rules.

DEFINITIONS

"Advanced practice registered nurse (APRN)" means a Hawaii licensed registered nurse who has met the requirements of and received recognition as an advanced practice registered nurse from the Board of Nursing as a nurse practitioner, clinical nurse specialist, certified nurse midwife or nurse anesthetist.
"Board" means the Hawaii Board of Nursing.
"Collegial" means the power or authority vested equally in each of the working parties.
"Contact hour" means a minimum of fifty minutes of actual organized instruction. Academic credit will be converted to contact hours as follows:

(1) One quarter academic credit equals ten contact hours; and
(2) One semester academic credit equals fifteen contact hours.

"Department" or "DCCA" means the Department of Commerce and Consumer Affairs.
"Institution" means hospitals, health maintenance organizations, home health agencies, hospice programs, community health centers receiving state or federal funds, state agencies, clinics, physicians' offices, long term care facilities, and authorized contractors of the state.
"Physician" means a person licensed under chapter 453 or 460, Hawaii Revised Statutes.
"Recognized national certifying body" means credentialing agencies recognized by the board which include the American Nurses Credentialing Center; the National Certification Board of Pediatric Nurse Practitioners/Nurses; the National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties; the American College of Nurse Midwives Certification Council; the American Academy of Nurse Practitioners; or a national certifying body which is a successor to any body listed and recognized by the board.

PREREQUISITES

Each applicant is required to have a current and unencumbered recognition as an Advanced Practice Registered Nurse ("APRN") **and** be currently licensed as a Registered Nurse ("RN") in Hawaii. Three separate applications are required: RN, APRN and APRN-RX.

DOCUMENTS REQUIRED

1. We are creating a separate file for APRN-RX recognition. As such, this file requires original documentation as required below. Similar documents that may be in Hawaii APRN recognition file will not be transferred unless recognition granted no more than 12 months prior.

2. Master's degree transcript: Arrange with your school to have your official transcript of a master's degree in clinical nursing or nursing science sent directly to the Department of Commerce & Consumer Affairs ("DCCA").

3. Certification of nursing practice specialty: Arrange with the recognized national certifying body to have proof of your current certification sent directly to DCCA.

4. Proof of education in advanced pharmacology, including advanced pharmacotherapeutics: Arrange with your educational institution or continuing education course provider to provide verification of the item you checked in question 3 of your application form. Refer to rules for continuing education requirements.

   To facilitate the review of your application, and to receive proper credit for your coursework, attach course descriptions from your college/university catalog or continuing education course provider. The applicant has the burden of proving he/she meets recognition requirements.

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MAILING ADDRESS

Board of Nursing
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
OR
Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:
Kauai - 274-3141 Ext. 6-3000
Maui - 984-2400 Ext. 6-3000
Hawaii - 974-4000 Ext. 6-3000
Molokai - 1-800-468-4644 Ext. 6-3000
Lanai - 1-800-468-4644 Ext. 6-3000

APPLICATION STATUS

APRN prescriptive authority requirements are subject to change as a result of new laws or rules, or from new policies and procedures adopted by the Hawaii Board of Nursing. Applicants must meet current recognition requirements.

It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The DCCA does NOT have an obligation to notify applicants of incomplete documentation. Applicants may contact DCCA periodically to monitor the status of their file with regard to the receipt of supporting documents.

You may write, or call the Licensing Branch at (808) 586-3000. We do not accept, nor send, application materials by fax.

ABANDONED APPLICATIONS

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

LAWS AND RULES

APRN-RX is held accountable for knowing and complying with the laws and rules of advanced practice registered nurse prescriptive authority practice as failure to comply may result in disciplinary action. Obtain copies by submitting a written request to APRN-RX Authority, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Please indicate the specific chapters in your request.

- Advanced Practice Registered Nurse Prescriptive Authority,
  Hawaii Administrative Rules, Chapter 89C
- Nurses, Hawaii Revised Statutes, Chapter 457
- Nurses, Hawaii Administrative Rules, Title 16, Chapter 89
- Professional & Vocational Licensing Law, Hawaii Revised Statutes, Chapter 436B
- *Food, Drugs & Cosmetics, Hawaii Revised Statutes, Chapter 328

***NOTE**: For your information, the Department of Health, Food and Drug Branch, has jurisdiction over the laws relating to drugs (Chapter 328, HRS). Questions relating to prescriptions and over-the-counter drugs, other laws relating to drugs, and information on how to obtain a copy of the laws and rules should be directed to the Department of Health, Food and Drug Branch at (808) 586-4725.

The laws and rules are also posted on the website at: **cca.hawaii.gov/pvl**. Click on "APRN-RX".

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ADDRESS CHANGES

Report your change of address in writing. Report each change of address separately, and the effective date of change.

RENEWAL OF RECOGNITION

All APRN-RX authority, **regardless of when issued**, expire on December 31 of each **odd-numbered** year and are subject to renewal by the expiration date. A "Renewal Application" is mailed approximately 60 days prior to the expiration date to your last address on file with DCCA. DCCA is not responsible for non-receipt of any mail. The burden is on the APRN-RX to ensure that his/her recognition is kept current.

Refer to section 16-89C-20, Advanced Practice Registered Nurse Prescriptive Authority, Hawaii Administrative Rules, for license renewal requirements on current certification, continuing education, etc.

ORAL CODE DESIGNATION

The Department of Health, Food & Drug Branch, in cooperation with the Department of Public Safety, Narcotics Enforcement Division ("NED"), has jurisdiction over assignment of your oral code designation.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

MAINTENANCE OF LICENSE

Any encumbrance on one nurse license shall automatically and similarly affect any other nursing license, recognition as an APRN, or prescriptive authority held by that nurse (§16-89C-25, HAR). See §16-89C-30, HAR for grounds for disciplinary action.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION - ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORITY (APRN-RX)

Read the instructions before completing this form. Print legibly or type.

OFFICE USE ONLY		
Approval date	Ineligible	Initial
Date Effective:	Recognition No. RX -	
RN - Exp 6/30/_____ APRN - Exp 6/30/_____		
Category Code:		

Legal Name (First, Middle)	(Last)	
Other Names Used (Include maiden name)		
Residence Address (Include Apt. No., City, State & Zip Code) - **REQUIRED**		
Mailing Address (Only if different from above)		
Social Security Number	Hawaii APRN Recognition No. APRN -	Effective date of Hawaii Recognition
Date of Birth	Board of Nursing Approved Specialty/Code:	
Email Address	Phone No. (Daytime)	Hawaii RN License No. RN -

Check answers and provide details when required:

1. Have you arranged for an official transcript of a master's degree in clinical nursing or nursing science, be sent directly from the school to DCCA? ..... ☐ Yes ☐ No

   Name of school: _____ Graduation date: _____ Date requested: _____

2. Have you arranged for verification of current certification in your practice specialty, be sent from a national certifying body recognized by the Hawaii Board of Nursing to DCCA? ..... ☐ Yes ☐ No

   Name of certifying body: _____ Date requested: _____

3. Which one of the following have you successfully completed within the three-year period immediately preceding this application AND have you enclosed verification of such successful completion from your educational institution or national certifying body?

   a. ☐ At least 30 contact hours*, as part of a master's degree program from an accredited college/university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum? ..... ☐ Yes ☐ No

   OR

   b. ☐ At least 30 contact hours* of advanced pharmacology, including advanced pharmacotherapeutics, from an accredited college/university? ..... ☐ Yes ☐ No

   OR

   c. ☐ At least 30 contact hours* of continuing education from a Hawaii Board of Nursing approved recognized certifying body, in advanced pharmacology, including advanced pharmacotherapeutics related to your practice specialty? ..... ☐ Yes ☐ No

   Name of school/provider: _____

**Contact hours means a minimum of fifty minutes of actual organized instruction. Academic credit shall be converted to contact hours as (1) one quarter academic credit = 10 contact hours, or (2) one semester academic credit = 15 contact hours.*

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Print Applicant Name: _____ Date: _____

4. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? . . . . . ☐ Yes ☐ No

If "YES", arrange to have certified court documentation on the date, place, violation for each conviction and fulfillment of conditions of each sentence sent directly to DCCA.

5a. List all states in which you are currently recognized or licensed as an APRN-RX:

State: _____ No. _____ Expiration date: _____

State: _____ No. _____ Expiration date: _____

State: _____ No. _____ Expiration date: _____

b. Has any of the above prescriptive authority, recognition, or licenses ever been revoked, suspended, or otherwise subject to disciplinary action? . . . . . ☐ Yes ☐ No

If "YES", arrange to have certified documents from the state in which disciplinary action was taken, sent directly to DCCA. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order, and whether you have been reinstated. If re-instated, date and conditions of license.)

c. Are you presently being investigated or is any disciplinary action pending against any of the licenses, prescriptive authority, recognitions, certifications, or registrations you hold? . . . . . ☐ Yes ☐ No

If "YES", arrange to have certified documents from the state in which disciplinary action or investigation is pending against you, sent directly to DCCA.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of recognition and is a misdemeanor (Section 710-1017, Sections 436B-19 and 457-12, Hawaii Revised Statutes). I also certify that I have read, understand, and agree to comply with Chapters 89 and 89C, Hawaii Administrative Rules for Advanced Practice Registered Nurse practice and APRN Prescriptive Authority.

_____ _____

Signature of Applicant Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print name of individual who is assisting you: _____

_____ _____

Signature of Applicant Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.