

IMPORTANT – PLEASE READ CAREFULLY BEFORE SUBMITTING YOUR APPLICATION FOR APRN WITH PRESCRIPTIVE AUTHORITY LICENSE

Applications will not be processed or be delayed if:

- ✓ An older version of the application is submitted;
- ✓ Incomplete applications, not responding to all questions or failing to provide required signed statement/explanation and court documents or Board orders for any if you answered “yes” to the prior conviction or prior disciplinary action question or not responding to the question truthfully;
- ✓ Filing incorrect application; or
- ✓ Failure to submit required documents as applicable, i.e. copy of government photo I.D., social security card.

Prescriptive Authority for Advanced Practice Registered Nurse (“APRN”) Licensees

If you are currently licensed as a Hawaii APRN and wish to apply for prescriptive authority as a “privilege” under your APRN license, you must complete the application for “Advanced Practice Registered Nurse Prescriptive Authority”.

If you are applying for initial license as a Hawaii APRN with prescriptive authority, you may use the APRN license application and you do not need to complete this application. This is application is only for currently licensed Hawaii APRNs.

- **CURRENT APPLICATIONS**

We will only accept the most current revised applications that are posted online. No “old” applications will be accepted. Submitting an outdated application will delay processing. There are no fees for this application.

- **CURRENT HAWAII RN AND APRN LICENSE**

In order to apply for prescriptive authority, you must have a current and valid Hawaii RN and APRN license.

- **CRIMINAL HISTORY RECORD CHECK**

All applicants for a Hawaii nurse license and for prescriptive authority are required to be fingerprinted for a criminal history record check.

Any application received after July 1, 2017 or license issued on or after July 1, 2017 are required to be fingerprinted.

CRIMINAL HISTORY RECORD CHECK LICENSE REQUIREMENT

REQUIREMENTS AND INSTRUCTIONS

REQUIREMENTS:	<ul style="list-style-type: none">• Any licensed issued on or after July 1, 2017 or if you are applying for restoration or reactivating your Hawaii nurse license (LPN, RN, APRN or Prescriptive authority)• You will be required to comply with the electronic fingerprinting requirements for the purpose of obtaining federal (FBI national criminal history check) and the State of Hawaii (Hawaii Criminal Justice Data Center) criminal history record checks in accordance with section 847-2.7.
.	ELECTRONIC FINGERPRINTING

INSTRUCTIONS:	<ul style="list-style-type: none">• Please visit Fieldprint Inc., at: http://fieldprinthawaii.com to make an appointment or to inquire about other available site locations on the Continental United States, or call (877) 614-4361;
.	<ul style="list-style-type: none">• Fieldprint code that you must enter is FPHIBrdNursing (not case sensitive);
.	<ul style="list-style-type: none">• The applicant shall bear the cost of the fingerprint processing and all fingerprinting fees shall be paid directly to Fieldprint; and
.	<ul style="list-style-type: none">• You must file your license application within thirty (30) days of the fingerprinting to ensure that the results can be obtained.
.	<ul style="list-style-type: none">• If we are unable to obtain the results, you will be required to submit to the fingerprinting process again.
NOTE:	<ul style="list-style-type: none">• If you were previously fingerprinted by another board of nursing or employer, you still have to submit to the electronic fingerprinting for a Hawaii nurse license. The Fieldprint code is specifically for Hawaii nurse licensees and applicants.• If you do not use this code, FPHIBrdNursing (not case sensitive), we will not be able to retrieve your report and you will have to go back to get fingerprinted and pay another fee.

Applicants who are not in the U.S. or in a location that Fieldprint is unable to service will have to wait until you enter the U.S. and be fingerprinted. Please be advised that a license to practice will not be issued until the fingerprint requirement(s) are met.

If you were previously fingerprinted in order to receive a Hawaii LPN, RN or APRN license after July 1, 2017, you need not be fingerprinted again when applying for the APRN license.

- **RENEWAL REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY**

Please be advised that the prescriptive authority you are applying for is a “privilege” attached to your APRN license and must be renewed.

At the time of renewal, you will be asked if you wish to “renew” your prescriptive authority. If you answer “yes”, your prescriptive authority will be renewed along with your APRN license. If you fail to indicate “yes” or leave blank, your prescriptive authority will NOT be renewed.

You will have until December 31 of the odd-numbered year to restore your prescriptive authority. If you do not restore your prescriptive authority by the end of December of the odd-numbered year, you will have to reapply as a new applicant for prescriptive authority and meet all current requirements.

Any APRN who fails to renew his or her prescriptive authority and continues to practice as an APRN with prescriptive authority shall be considered an illegal practitioner and shall be subject to penalties provided for by law.

REQUIREMENTS/INFORMATION - ADVANCED PRACTICE REGISTERED NURSES PRESCRIPTIVE AUTHORITY

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

If you are NOT currently licensed as an Advanced Practice Registered Nurse (APRN) and is applying for APRN with prescriptive authority, then please complete the Application for APRN License, form NSG-23.

This form is for **currently licensed** APRNs who wish to apply for prescriptive authority.

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.

PREREQUISITES Each applicant is required to have a current and unencumbered license as an Advanced Practice Registered Nurse ("APRN") and as a Registered Nurse ("RN") in Hawaii. Once approved, your prescriptive becomes a "special privilege" under your APRN license.

DOCUMENTS REQUIRED

1. Application form: We are creating a separate file for prescriptive authority 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 the APRN license was granted no more than 12 months prior.
2. Graduate-level degree transcript: Arrange with your school to have your official transcript of a graduate-level 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 Board 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.

CRIMINAL HISTORY RECORD CHECK FEDERAL BUREAU OF INVESTIGATION ("FBI") REPORT

All applicants are required to submit to a FBI fingerprint check through the Hawaii Criminal Justice Data Center (HCJDC). To obtain a FBI national Criminal History Record check and the State of Hawaii Criminal History Record check, applicants shall be fingerprinted electronically at **Fieldprint Inc.** locations nationwide or any other fingerprinting agency approved to send electronic fingerprints to the Hawaii Criminal Justice Data Center ("HCJDC").
Please visit Fieldprint Inc. at: <http://fieldprinthawaii.com> to make an appointment, inquire about other available site locations on the Continental United States, or call (877) 614-4361. Fees for the FBI and the State of Hawaii Criminal History Record checks shall be paid directly to Fieldprint and will be electronically sent to the HCJDC.

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**CRIMINAL
HISTORY
RECORD CHECK
FEDERAL
BUREAU OF
INVESTIGATION
("FBI") REPORT
(cont'd)**

NOTE: A license application must be filed within 30 days of the fingerprinting to ensure that the results are obtainable from the HCJDC. If the results are not obtainable, you will be required to obtain new fingerprints.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

**DOCUMENTATION
REQUIREMENTS
FOR "YES"
ANSWERS TO
QUESTIONS (4),
(5b), (5c)**

The following documentation/materials must be submitted with the license application or submitted directly from the official source. Applications will not be processed without this documentation/materials.

1. If you answered "YES" to question #4, "Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged?", you must submit the following:
 - a) A detailed statement signed by you explaining the underlying circumstances that led to the conviction(s);
 - b) Certified copies of court documents related to the conviction that include but is not limited to the indictment(s), judgments, disposition of the court, terms of sentence and sanctions. Also, if applicable, proof of compliance with any sanctions imposed by the court(s) i.e. proof of payment of fines, completion of course, etc; and
 - c) If you are currently on parole or probation, a certified copy of the terms of the parole or probation and a statement from your parole or probation officer as to your compliance with the court orders.

2. If you answered "YES" to question #5b, "Has any of the above prescriptive authority, recognition, or licenses ever been revoked, suspended, or otherwise subject to disciplinary action?", you must submit the following:
 - a) A detailed statement signed by you explaining the underlying circumstances that led to the disciplinary action(s); and
 - b) Certified copies of any documents from the agency (other Board of Nursing) including final orders, petitions, complaints, findings of fact and conclusions of law, consent orders, and any other relevant documents.

3. If you answered "YES" to question #5c, "Are you presently being investigated or is any disciplinary action pending against any of the licenses, prescriptive authority, recognitions, certifications, or registrations you hold?", you must submit the following:
 - a) A detailed statement signed by you explaining the underlying circumstances that led to the disciplinary action(s); and
 - b) Certified copies of any documents from the agency (other Board of Nursing) including petitions, complaints, findings of fact and conclusions of law, consent orders, and any other relevant documents.

If you previously filed an application for nurse license and provided the previous information and was approved by the Board and have not had any subsequent convictions, disciplinary actions or are currently being investigated, then you may submit a signed statement indicating that the information was previously disclosed and documents submitted and that there has not been any subsequent convictions, disciplinary actions or pending investigations.

Also, for any pending disciplinary actions or investigations, you are required to report the outcome with documentation of the investigation within thirty (30) days of the disposition.

(CONTINUED ON PAGE 3)

FEES

NOTE: One of the numerous legal requirements that you must meet in order for your new recognition to be issued is the payment of fees as set forth in this application. You may be sent a recognition certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required RX fee and your recognition will not be valid, and you **may not** do business under that recognition. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the recognition you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for recognition has been denied.

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

ABANDONED APPLICATIONS

Pursuant to HRS §436B-9 Your application shall be considered abandoned, will be destroyed, if you fail to complete the license process within one year after filing the application, or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

LAWS AND RULES

An APRN with prescriptive authority 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.

- 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
- Uniform Controlled Substances Act, Chapter 329

The laws and rules are also posted on the website at: [cca.hawaii.gov/pvl/boards/nursing/statute rules](http://cca.hawaii.gov/pvl/boards/nursing/statute_rules).

ADDRESS CHANGES

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

**RENEWAL OF
PRESCRIPTIVE
AUTHORITY**

All APRNs with prescriptive authority, **regardless of when issued**, expire on June 30 of each **odd-numbered** year and are subject to renewal by the expiration date. A "Renewal postcard" 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 to ensure that his/her APRN license is kept current.

Refer to section 16-89-123, Hawaii Administrative Rules, for license renewal requirements on current certification, continuing education, etc.

**ORAL CODE
DESIGNATION**

The Department of Public Safety, Narcotics Enforcement Division ("NED"), has jurisdiction over assignment of your oral code designation. You may contact the office at (808) 837-8470.

**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, and the prescriptive authority held by that nurse.

APPLICATION - ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORITY

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

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

• Provide date you were fingerprinted to obtain the national (FBI) and State Criminal History Record Check. Date: _____

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 - _____
Date of Birth	Board of Nursing Approved Specialty/Code:
PERSONAL E-Mail Address	Phone No. (Daytime)
	Hawaii RN License No. RN - _____

	Approval date	Ineligible	Initial
Date Effective:	Recognition No. RX - _____		
RN - APRN -	Exp 6/30/_____ Exp 6/30/_____		
Category Code:			
CBC: <input type="checkbox"/>		EO: <input type="checkbox"/>	
OFFICE USE ONLY			
Effective date of Hawaii Recognition			

Check answers and provide details when required:

1. Have you arranged for an official transcript of a graduate-level 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 graduate-level degree in clinical nursing or nursing science 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.*

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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. Your fingerprints will also be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back programs. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

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 Chapter 457, Hawaii Revised Statutes and Chapter 89, Hawaii Administrative Rules.

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