

LOUISIANA STATE BOARD OF NURSING

17373 Perkins Road, Baton Rouge, LA 70810 * (225) 755-7500 or (225) 755-7521 * www.lsbn.state.la.us *

REQUEST FOR REVIEW OF CE ACTIVITIES TO MEET REQUIREMENTS FOR APRNs PRESCRIBING CONTROLLED SUBSTANCES

APRN Name: _____ APRN license #: _____

Last 4 of SS# _____ Email address: _____

The Louisiana State Board of Nursing (LSBN) may review continuing education (CE) activities, conferences, workshops, and courses other than those previously approved by LSBN to meet the requirements for APRNs with or applying for controlled substance privileges as specified in §4513D.2.b and §4516. It is recommended that approval be sought prior to attending an activity if the APRN intends to use the CEs to meet prescriptive authority and licensure renewal requirements. By signing below, the licensee deposes and says that they are the party referred to in this document; that the information provided is true in every respect; that they will comply with and otherwise abide by all applicable laws, rules, and regulations, including but not limited to those relating to APRN practice as specified in accord with LAC Title 46, Part XLVII, Subpart 2, Chapter 45; and that they further comply with and attest to acknowledging and understanding the following:

- The CE activity must be provided by a board approved national certifying body, a board approved accrediting organization, a provider approved by the board, or be provided by the board.
- The educational activity must clearly meet the requirements of current laws and rules and “adequately address the topics of required instruction at the advanced practice level with the focus and objectives of the continuing education program on content relevant to drug diversion training, best practices regarding prescribing of controlled substances, and appropriate treatment for addiction” (§4516.B.2).
- Submit supporting documentation that was provided directly from the CE provider which must include:
 1. Name of the conference, workshop, or course.
 2. Name of the provider.
 3. Details verifying and identifying the content of the program including course descriptions, objectives, dates, specific hours awarded, location, etc.
 4. A copy of the certificate awarded if the program has already been attended.
 5. A statement explaining how the educational activity meets the requirements of §4513D.2.b and §4516 if not clearly indicated in the course descriptions and objectives.

Signature of APRN: _____

Mail completed form and documents to:

LSBN

Attention: CDS CE Requirement

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